file Public Vis	ual Render	ObjectId: 20	1801319349303650 - Subm	ission: 2	018-05	-11		TIN:	13-5562204	
990	Re	turn of Orc	anization Exempt Fr	om Ind	come	Тах	T	OMB N	o. 1545-0047	
mJJU		-	7, or 4947(a)(1) of the Internal F				vate	2	016	
	foundatio	ons)	al security numbers on this form as					L		
rtment of the Treasury nal Revenue Service			it Form 990 and its instructions is at					Open to Public Inspection		
	alondar		ning 07-01-2016	6-20-20-	7					
	C Name of organi	· · ·	ning 07-01-2016 , and ending (06-30-201		D Emple	over ider	ntificatio	on number	
neck if applicable: Address change	GREENWICH HO	OUSE INC				-	562204			
ame change	Doing business	as				15 55	02201			
nitial return inal return/terminated	-									
mended return		reet (or P.O. box if ma H STREET 6TH FLOOR		m/suite		E Teleph	one numt	ber		
pplication pending						(212)	991-00	03		
	NEW YORK, NY		ntry, and ZIP or foreign postal code			G Gross	receipts s	\$ 14,554	,102	
		address of principa	al officer:	H(a) Is this					
	ROY LEAVITT 122 WEST 27T	TH STREET 6TH FL	OOR			inates?			🗌 Yes 🗹 No	
	NEW YORK, NY				 Are all include 		ates		□ Yes □No	
ax-exempt status:	≤ 501(c)(3)	□ 501(c) () ◀ ((insert no.) 🗌 4947(a)(1) or 🗌 52			attach			uctions)	
Vebsite: 🕨 🕷	WW.GREENWICH	HOUSE.ORG		псс	Group	exemption	on numb	er 🕨		
m of organization	Cornoration		ciation Other	L Yea	r of format	ion: 1902	M Sta	ate of leg	al domicile: NY	
Form of organization: 🗹 Corporation 🗌 Trust 🗌 Association 🗌 Other 🕨 🛛 L Year of formation: 1902 🥅 S										
	imary		r most significant activities:							
Chock th	iis box ▶ □									
		ers of the governin	ng body (Part VI, line 1a)				:	3	16	
4 Number	of independent v	oting members of	the governing body (Part VI, line 1)				4	15	
5 Total nur	mber of individua	als employed in cal	lendar year 2016 (Part V, line 2a)	• •				5	237	
			essary)		• •	•		6	168	
			VIII, column (C), line 12	• •				'a 'b	34,766	
D Net unit				· ·	Prio	r Year		-	rent Year	
8 Contribu	tions and grants	(Part VIII, line 1h)	_		5,50	0,929		5,362,795	
9 Program	service revenue	(Part VIII, line 2g)			6,47	1,824		7,534,529	
			lines 3, 4, and 7d)				1,148		127,281	
	• •		5, 6d, 8c, 9c, 10c, and 11e)	2)			2,281		1,394,844	
+			st equal Part VIII, column (A), line 1 column (A), lines 1-3)	2)		13,47	2,184		14,419,449	
			olumn (A), line 4)	-			0		0	
15 Salaries,	other compensa	ition, employee be	enefits (Part IX, column (A), lines 5–	10)		7,98	1,093		8,367,105	
16a Professio	onal fundraising f	fees (Part IX, colu	mn (A), line 11e)				0		0	
b Total fund	raising expenses (P	Part IX, column (D), li	ne 25) b <u>399,094</u>							
			11a-11d, 11f-24e)			4,45	-		4,790,143	
			al Part IX, column (A), line 25)			12,54	8,719 7,463		13,260,077	
	less expenses. a	Subtract line 18 ht		В	eginning c			En	id of Year	
20 Total ass21 Total liab22 Net asse					.,					
	20 Total assets (Part X, line 16) 7,033,993 21 Total liabilities (Part X, line 26) 1,600,189								8,559,858	
									1,707,129 6,852,729	
_	ature Block					5,45.	3,804		0,032,729	
rledge and belie knowledge.			ined this return, including accompan . Declaration of preparer (other than		based on					
e <u>CPA E</u>	XECUTIVE DIR.									
	or print name and ti	tle								
	Print/Type preparer' ROBERT LYONS	's name	Preparer's signature ROBERT LYONS	Date	Chec	k 🗌 if	PTIN P00227	472		
id		ARKS PANETH LLP			self-e	s EIN 🕨				
parer -	Firm's name 🕨 M Firm's address 🕨 68					e no. (212				
e Only		EW YORK, NY 10017				(21	,			
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ror F	'aperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y	F	orm 99	0 (2016)
	Page 2			
	990 (2016) t III Statement of Program Service Accomplishments			Page 2
rai	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:	-		
	NWICH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLING LIVES BY OFFERING SOCIAL AND HEALTH S EDUCATION PROGRAMS, AND OPPORTUNITIES FOR CIVIC INVOLVEMENT TO NEW YORKERS OF ALL AGES AND BACKGRO			ſURAL
2	Did the exercitation undertake any clarificant program convises during the year which were not listed on			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ΩY	'es 🔽	No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		Yes	7
	services?		Yes	MO NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 6,772,298 including grants of \$) (Revenue \$ BEHAVIORAL HEALTH PROGRAMS: IN FY17 GREENWICH HOUSE STAFF (INCLUDING ADMINISTRATIVE, BEHAVIORAL HEALTH AND MENTAL I WERE TRAINED IN AND BEGAN IMPLEMENTING TRAUMA-INFORMED CARE (TIC). THE TRAINING IS IN COLLABORATION WITH THE MCSILUP POVERTY POLICY AND RESEARCH AT NEW YORK UNIVERSITY SILVER SCHOOL OF SOCIAL WORK. TRAUMA INFORMED CARE (TIC). THE TRAINING IS IN COLLABORATION WITH THE MCSILUP ADJUSTMENT OF EVERY ASPECT OF OPERATIONS AND SERVICE DELIVERY WITHIN THE PROGRAM AND THE ORGANIZATION. THE OUTCOM IMPROVING STAFF SKILLS AND SERVING CLIENTS MORE HOLISTICALLY. IN RECOGNIZING THAT OVER 70% OF THE CLIENT POPULATION C HOUSE'S TREATMENT PROGRAMS FOR SUBSTANCE USE DISORDERS HAVE EXPERIENCED TRAUMA, GREENWICH HOUSE BEGAN PROVIDING MENTAL HEALTH TREATMENT TO ADDRESS CLIENTS' UNTREATED TRAUMA. WHEN APPROPRIATE, ADULTS ARE REFERRED TO ITS CHILDREN (CSP), WHICH SERVES CHILDREN AND ADULTS. CSP ALSO RUNS AN ART THERAPY GROUP FOR ADULT CLIENTS AT MMTP.	ER INST ASSES ES ACHI F BOTH G TRAUN	PROFESS ITUTE FC SMENT A IEVED IN OF GREE MA-INFOF	OR ND CLUDE ENWICH RMED
4b	(Code:) (Expenses \$ 1,599,556 including grants of \$) (Revenue \$	61.	977)	
	SENIOR SERVICES: IN FY17, GREENWICH HOUSE SERVED OVER 81,000 HOT LUNCHES TO SENIORS, AS WELL AS OFFERING CLASSES, AC TRIPS. THE GREENWICH HOUSE SOCIAL WORK STAFF ARE ON SITE TO PROVIDE CASE MANAGEMENT SERVICES, CASE ASSISTANCE, DAIL AND REFERRALS FOR OTHER SOCIAL SERVICES.	TIVITIE	S AND FI	
4d	POTTERY AND THE GREENWICH HOUSE AFTER-SCHOOL AND SUMMER ARTS CAMP. THESE PROGRAMS PROVIDE GROUP AND INDIVIDUAL L PROGRAMMING INCLUDING EXHIBITIONS, CONCERTS AND RECITALS. ADDITIONALLY, RESIDENCIES, FELLOWSHIPS, WORKSHOPS, AND M THE RICH CULTURAL FABRIC OF THE PROGRAMS. IN FY17 THERE WERE MORE THAN 50 PUBLIC CONCERT PERFORMANCES AND TEN PUBLI WELCOMING THOUSANDS OF ART LOVERS TO GREENWICH HOUSE. IN FY17 OVER 4,000 STUDENTS ENROLLED IN ARTS EDUCATION AT GF APPROXIMATELY 5% RECEIVING SCHOLARSHIP SUPPORT. Other program services (Describe in Schedule 0.)	ASTER (C ART E	CLASSES XHIBITIC	ADD TO DNS,
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 10,894,017			a (2016)
		F	orm 99	0 (2016)
	Page 3			
Form	990 (2016)			Page 3
	t IV Checklist of Required Schedules			Tage D
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 📆	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🐒	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 📆	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 🔞	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔞	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🔞	11a	Yes	

b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🗐	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕲	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 📆	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 😨	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
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Form 990 (2016)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I \cdot	31		No

27 Did the organization cell exchange dispose of or transfer more than 25% of its net ascets?

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Page **4**

52	If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI \mathfrak{B}	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
		F	orm 99	0 (2016)

– Page 5 –

Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of prome w-2G included in line 1a. <i>Enter</i> -0- if not applicable Image: Check if Schedule O contains a response or note to applicable Image: Check if Schedule O contains a response or note in applicable 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Image: Check if Schedule O contains a response or check is a covered by this return Image: Check is a covered on line 2a, did the organization file all required federal employment tax returns? Zt 3b If Tyes," has it filed a Form 90-1 for this year? If "Not to line 3b, provide an explanation in Schedule O Image: Check is a cover a signature or other authority over, a financial account in a foreign country is cover a signature or other authority over, a financial account in a foreign country: Image: Check is a cover a signature or other authority over, a financial account in a foreign country: Image: Check is a cover	Ye :	/es //es //es	No No No
b Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 237 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3a b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3a c If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3a d If "Yes," has it filed a form 900-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3a d If "Yes," has it filed a form 900-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3a d If "Yes," is in file a permemoting the organization have an interest in, or a signature or other authority over, a financial account; see instructions of filing requirements for FinCEN	Ye Y	/es	No
b Enter the number of Forms W-2G included in line 1a.Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 237 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 4a 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: See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization file Form 8886-T? 5a 5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5a 6a Does the		/es	No
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed of the calendar year ending with or within the year covered by this return 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed of the calendar year ending with or within the year covered by this returns? 2 If at least one is reported on lines 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Bid the organization have unrelated business gross income of \$1,000 or more during the year? 3 A tan st 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: bese instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization file Form 8886-T? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? f "Yes," did the organization notify the donor of the value of the goods or services provided? f "Yes," indicate the number of Forms 8282 filed during the		/es	No
(gambling) winnings to prize winners? 14 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 237 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 2a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O 3a 4a 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 Accounts (FBAR). 5a Was the organization have interest in the value of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization have not tax feductible tax shelter transaction at any time during the tax year? 5a 5a Was the organization have that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5a 6a Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization not tax deductible? 5a		/es	No
Tax Statements, filed for the calendar year ending with or within the year covered by 2a 237 2 237 237 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 248 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule 0 3a content If "Yes," and the dargen 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)? 4a b If "Yes," enter the name of the foreign country: 5e See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a c If "Yes," di the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5a of the organization neceive apayment in excess of \$75 made partly as a contribution and partly for goods and se		/es	No
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule 0 3b 4a 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)? 4a b If "Yes," enter the name of the foreign country: Image: account, securities account, or other financial accounts (FBAR). 4a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6t 7 Organizations that may receive deductible contributions under section 170(c). 7t a Did the organization netify the donor of the		/es	No
 b If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule 0	• Ye		No
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			No
	;		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9th			
 Section 501(c)(7) organizations. Enter: 			_
a Initiation fees and capital contributions included on Part VIII, line 12 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12	1		

ng Forin Joe in nea

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 14a b If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule 0 14a Page 6 Form 990 (2016) Page 6 If the covernance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" re 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0. See instructions. Check if Schedule 0 contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a 1a	3a 4a		
additional information the organization must report on Schedule 0. 11 b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14 b If "Yes," has it filed a Form 720 to report these payments?!/f "No," provide an explanation in Schedule O 14 b If "Yes," has it filed a Form 720 to report these payments?!/f "No," provide an explanation in Schedule O 14 Page 6 Form 990 (2016) Part VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" resta, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 14 Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year similar committee, explain in Schedule O. 14 b Enter the number of voting members included in line 1a, above, who are independent 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors or trustees, or key employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 2 4 <th>4a</th> <th></th> <th></th>	4a		
Page 6 Form 990 (2016) Part VI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No" response to its Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a 1a 1f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 1b 15 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			No
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of officers, directors or trustees, or key employees to a management company or other person?	2	Yes	
· · · · · · · · · · · · · · · · · · ·	3		No
	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
	6		No
 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 	7a		No
	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	Ba	Yes	
	3b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
10 Did the supervise how level shows have been as offlictor?	0a	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Ua		No
	0b		
	1a	Yes	
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the according to pure the second seco	2-	Vac	
 12a Did the organization have a written conflict of interest policy? If "No," go to line 13	2a	Yes	
conflicts?	2b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	2c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	5a	Yes	
b Other officers or key employees of the organization	5b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	T		
, , , , , , , , , , , , , , , , , , , ,			No
 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 	6a		110

17 List the States with which a copy of this Form 990 is required to be filed
--

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

NY

Own website Another's website Upon request Other (explain in Schedule O)
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

policy, and financial statements available to the public during the tax year.

20	State the name, address, and telephone nur	nber of the person who possesses the organization's books and records:
	▶JANET ROSS 122 W 27TH ST 6TH FLOOR	NEW YORK, NY 10001 (212) 991-0003

Form 990 (2016) Form 990 (2016) Page 7

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	hours per week (list any hours	tha perse	an one on is	e bo botł	ix, u 1 an	eck m nless office ustee	er	compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
01		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ROY L LEAVITT	30.00	х		х				207,462	0	22,625
EXEC. DIR./CEO	5.00									
(2) SAMIR H HUSSEIN CHAIR	0.50	x		x				0	0	0
(3) ELISSA KRAMER VICE CHAIR	0.50	x		x				0	0	0
(4) GEORGE A DAVIDSON	0.50									
VICE CHAIR		х		х				0	0	0
(5) MYRNA CHAO	0.50									
TREASURER	0.50	х		х				0	0	0
(6) JAN-WILLEM VAN DEN DORPEL	0.50	х		x				0	0	0
SECRETARY	0.50	^		^				U	0	0
(7) ALISON BERKE DIRECTOR	0.50	x						0	0	0
(8) CRAIG DELAURIER DIRECTOR	0.50	x						0	0	0
(9) MARY ANN EDDY	0.50 0.50									
DIRECTOR		х						0	0	0
(10) CHRISTINE GRYGIEL-WEST	0.50 0.50									
DIRECTOR		х						0	0	0
(11) CHRISTOPHER KIPLOK	0.50									
DIRECTOR	0.50	х						0	0	0
(12) DIANE C KOEPPEL	0.50	х						0	0	0
DIRECTOR	0.50	^						0	0	0
(13) EDWARD AK ADLER DIRECTOR	0.50	x						0	0	0
(14) JOAN RAPPOPORT ROSENFELD	0.50 0.50									
		х						0	0	0
(15) MEGAN THOMAS	0.50	x						0	0	0
DIRECTOR	0.50	X						0	U	U

(16) LAURA VALEROSO DIRECTOR	0.50	х			0	0	0
(17) ROSS JANET	30.00		v		137,725	0	11,805
СЕО	5.00		^		137,723	0	11,005
							Form 990 (2016)

Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours		one bo	ox,ι n of	t ch Inle ficei	ss pers and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
(18) NEWMAN ANDREA S DIRECTOR OF DEVELOPMENT, P						х		134,188	0	11,219
(19) REID GAIL DIRECTOR OF BEHAVIORAL HEA						х		133,026	0	31,060
							_			
1b Sub-Total	VII, Section A				1			612,401	0	76,709

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 4

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

Form 990 (2016)

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LENZ'S	CATERING	281,500
514 EAST 20TH STREET NEW YORK, NY 10009		
PROFESSIONAL COMPUTER ASSOCIATES	IT/COMPUTER SERVICES	189,046
3944 ROUTE 9G RED HOOK, NY 12571		
ABACUS STAFFING	TEMP STAFFING	118,636
14 PENN PLAZA 14TH FLOOR NEW YORK, NY 10122		
2 Total number of independent contractors (including but not limited to those listed above) who r compensation from the organization ► 3	eceived more than \$100,000 of	

1	D	2	0		٥	_
	г	a	u	e.	9	_

Form 9	990 (2016)									Page
Part	VIII Statement of						_			
	Check if Schedul	e O contains	a respo	onse or note to a		this Part VII (A) revenue	Rel e> fu	(B) ated or cempt nction venue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a Federated campaig	ns	1a		_1			Venue		512 514
ants	b Membership dues		1b							
-29 g	c Fundraising events		1c	233,52	24					
fts,	d Related organizatio	ns	1d							
, Gi	e Government grants (co	ontributions)	1e	4,131,17	70					
utions er Sir	 f All other contributions, and similar amounts n above 		1f	998,10)1					
Contributions, Gifts, Grants and Other Similar Amounts	9 Noncash contribution in lines 1a-1f:\$		80,5							
с В	h Total.Add lines 1a-1	.f	• •	•		5,362,795				
ue				Busin	ess Code					
ever	2a SOCIAL SERVICES AND				621400 611600		829,699 704,830	4,829		
e B	b PROGRAM TUITION AND	FEES			011000	2,5	704,830	2,704	6,000	
Service Revenue	c									
ŝ	-									
Program	f All other program se	rvice revenue	·.							
Å	g Total.Add lines 2a-2f			•	7,534,529					
	3 Investment income (in			nterest, and oth	ner	127,28	1			127,28
	similar amounts) . 4 Income from investme			and proceeds		127,20	-			127,20
	5 Royalties				•					
		(i) Rea	I	(ii) Personal						
	6a Gross rents	-	727,549							
	b Less: rental expenses		0							
	c Rental income or		727,549							
	(loss)									
	d Net rental income o				•	727,54	9			727,54
	7a Gross amount from sales of assets other than inventory	(i) Securi	ties	(ii) Other						
	 b Less: cost or other basis and sales expenses 									
	C Gain or (loss)d Net gain or (loss)	L			•					
ene	8a Gross income from from from from from from from the fr	233,524	of							
svel	See Part IV, line 18			134,						
ă	b Less: direct expensec Net income or (loss)		b	134,			0			
Other Revenue	9a Gross income from g See Part IV, line 19	aming activit	ies.	ents 🕨						
	b Less: direct expense		a b	ioc						
	 c Net income or (loss) 10aGross sales of invent 		activit	ies 🕨	•					
	returns and allowand		а							
	b Less: cost of goods s	old	b							
	c Net income or (loss)		invent							
	Miscellaneous 11a MANAGEMENT FEES			Business Cod	le 1000	443,80	1			443,80
						.,				
	b OTHER INCOME			900	0099	188,72	8			188,72

C POTTERY FABRICATIONS 011	1/10 54,70	Ŭ.	54,700	5
d All other revenue				
e Total. Add lines 11a-11d				
12 Total revenue. See Instructions.	667,29	5		
	14,419,44	9 7,534,52	9 34,766	5 1,487,3 Form 990 (201
				Form 990 (201)
	— Page 10 ———			
n 990 (2016) Int IX Statement of Functional Expenses				Page 1
tion 501(c)(3) and 501(c)(4) organizations must complete all co	-		ete column (A).	
Check if Schedule O contains a response or note to any		(B)		🛛
not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and			g	
domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22	102,829	102,829		
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
Benefits paid to or for members				
Compensation of current officers, directors, trustees, and key employees	230,087		230,087	
Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
Other salaries and wages	6,326,567	5,427,054	616,621	282,89
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,719	12,953	1,343	42
Other employee benefits	1,324,489	1,185,488	100,259	38,74
Payroll taxes	471,243	414,703	42,987	13,5
Fees for services (non-employees):				
Management				
Legal				
Accounting				
Lobbying				
Professional fundraising services. See Part IV, line 17 Investment management fees				
Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	847,774	539,818	304,356	3,60
Advertising and promotion	18,043	17,546		49
Office expenses	915,085	871,910	33,724	9,4
Information technology	355,095	290,526	45,902	18,60
Royalties				
Occupancy	1,591,368	1,454,463	119,272	17,63
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	66,489	66,195	294	
Conferences, conventions, and meetings				
Payments to affiliates				
Depreciation, depletion, and amortization	254,645	80,785	173,433	42
Insurance	179,607	145,671	31,490	2,44
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a UBIT	889		889	
b BAD DEBT	196,070	115,738	80,332	
: OTHER	139,143	0	131,135	8,00
a REPAIRS AND MAINTENANCE	132,312	109,721	22,487	10
e All other expenses	93,623	58,617	32,355	2,65
Total functional expenses. Add lines 1 through 24e	13,260,077	10,894,017	1,966,966	399,09
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

Form 990 (2016) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX .			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments .	[824,861	2	1,905,329
	3	Pledges and grants receivable, net		18,994	3	104,316
	4	Accounts receivable, net	[927,981	4	1,064,504
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L	ated employees. Complete Part		5	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizar voluntary employees' beneficiary organizations II of Schedule L	n 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete Part		6	
ssets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
A	9	Prepaid expenses and deferred charges		194,865	9	199,080
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,142,758			
	b	Less: accumulated depreciation	10b 4,725,172	2,537,105	10c	2,417,586
	11	Investments—publicly traded securities .		2,129,828	11	2,495,958
	12	Investments-other securities. See Part IV, line	11		12	
	13	Investments-program-related. See Part IV, line	211		13	
	14	Intangible assets	[14	
	15	Other assets. See Part IV, line 11	[400,359	15	373,085
	16	Total assets. Add lines 1 through 15 (must equ	al line 34) • • •	7,033,993	16	8,559,858
	17	Accounts payable and accrued expenses		927,816	17	1,009,658
	18	Grants payable			18	
	19	Deferred revenue	[222,323	19	247,421
	20	Tax-exempt bond liabilities	[20	
ŝ	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ab		persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties	450,050	23	450,050
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, partial and other liabilities not included on lines 17-24)			25	
	26	Total liabilities. Add lines 17 through 25 .	-	1,600,189	26	1,707,129
s		Organizations that follow SFAS 117 (ASC 9	58) check here b 2 and			
ce		complete lines 27 through 29, and lines 33				
Balances	27	Unrestricted net assets		3,505,648	27	4,348,948
Ba	28	Temporarily restricted net assets		416,895	28	792,520
Ы	29	Permanently restricted net assets		1,511,261	29	1,711,261
Fu		Organizations that do not follow SFAS 117 \bigcirc				
or	30	check here >	rough 34.		30	
set	31	Paid-in or capital surplus, or land, building or ec	uipment fund		31	
Assets	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Net	33	Total net assets or fund balances	[5,433,804	33	6,852,729
	34	Total liabilities and net assets/fund balances .		7,033,993	34	8,559,858

– Page 12 –

Part XI	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	🗹
1 Total	revenue (must equal Part VIII, column (A), line 12)	1	14,419,449
2 Total	expenses (must equal Part IX, column (A), line 25)	2	13,260,077
3 Rever	ue less expenses. Subtract line 2 from line 1	3	1,159,372
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4	5,433,804
5 Net u	nrealized gains (losses) on investments	5	239,133
6 Donat	ed services and use of facilities	6	
7 Inves	ment expenses	7	
8 Prior	period adjustments	8	
	shansas in not assets as find belances (availais in Cabadula O)	~	20 420

Э				20,420
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10		6,	852,729
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<
			Yes	No
1	Accounting method used to prepare the Form 990: Cash 🗹 Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Зb		
		F	orm 99	0 (2016)

Form 990 (2016)

Additional Data

Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

efil	e Pub	lic Visual	Render	ObjectI	d: 201	180131934930	3650 - Subm	ission: 2018	-05-11	TIN: 13-5562204
(For i	n 990 d	ULE A or 990EZ) e Treasury Service		nplete if th	e orga 49	narity Statu nization is a sect 947(a)(1) nonexe Attach to Form Schedule A (Form www.irs.g	tion 501(c)(3) empt charitable 990 or Form 99	organization o trust. 90-EZ.	r a section	OMB No. 1545-0047
		e organiza IOUSE INC	tion						Employer identif	ication number
Ра	rt I	Reason	for Public	Charity S	tatus	(All organization	s must comple	ete this part.)	13-5562204 See instructions.	
	organiza		•			is: (For lines 1 thro	5 /			
1						ciation of churches				
2 3						(A)(ii). (Attach Scl				
4		•	•	•		5				Enter the hospital's
5		name, city,	, and state:			-	•		vernmental unit desc	
		170(b)(1))(A)(iv). (Co	mplete Part	II.)	-				indea in section
6 7				-	-	vernmental unit de				eral public described in
		section 17	70(b)(1)(A)	(vi). (Comp	lete Pa	rt II.)		-	unit of from the gen	
8 9						70(b)(1)(A)(vi). ikad in 170(b)(1)			with a land grant of	
9	\Box								college or university	ollege or university or a :
10		from activi investment 30, 1975. S	ties related to t income and See section !	o its exempt unrelated b 509(a)(2).	function function fusiness (Comp	ons—subject to cer	tain exceptions, ess section 511 t	and (2) no more ax) from busine		
12		5	5	•		,	. ,			the purposes of one or
а		more publi in lines 12a Type I. A	cly supported a through 12c supporting or	l organizatio I that descri ganization o	ns deso bes the operate	cribed in section 5 type of supporting d, supervised, or c	509(a)(1) or se g organization ar ontrolled by its s	ction 509(a)(2 nd complete line supported organ	 See section 509 s 12e, 12f, and 12g. ization(s), typically b 	(a)(3). Check the box
b		complete	Part IV, Sec	tions A an	dB.	-			of the supporting or organization(s), by h	ganization. You must
5	\Box	manageme		porting orga	nizatio	on vested in the sar			ge the supported or	
с		Type III f	unctionally i	integrated	. A sup		n operated in co	nnection with, a	nd functionally integ	rated with, its
e f g	(i) Na	instruction Check this integrated, the number	s). You must box if the org or Type III n r of supported e following inf ported	t complete ganization re on-function d organization	Part I eccived ally inte ons . pout the (c	V, Sections A and a written determin egrated supporting esupported organiz (iii) Type of organization described on lines 1- 10 above (see	d D, and Part V nation from the I organization. zation(s). (iv) Is the org	RS that it is a T	d an attentiveness re ype I, Type II, Type I 	II functionally (vi) Amount of other support (see
						instructions))	Vac	No	-	
							Yes	No		
lota or l		ork Reduc	tion Act Not	tice, see th	e Insti	ructions for	Cat. No. 1128	5F	Schedule A (Form	990 or 990-EZ) 2016
		or 990-EZ.								
						Pa	age 2			
							5			
			or 990-EZ) 20							Page 2
Pa	rt II		rt Schedule)(1)(A)(ix)		inizati	ions Described	in Sections 1	L70(b)(1)(A)	(iv), 170(b)(1)	(A)(vi), and
		(Compl	ete only if y	ou checke		box on line 5, 7, fy under the test				qualify under Part
		A. Public			y quan					
(or		ear begin		(a)	2012	(b) 2013	(c) 2014	(d) 201	5 (e) 2016	(f) Total
r	nember	ship fees re	butions, and eceived. (Do r							
1	ax reve	enues leviec								
t	o or ex	pended on i	fit and either its behalf							
			es or facilities ernmental uni							
t	he orga		thout charge.							
; 7	he port		contributions	s by						
9	overnn upporte	nental unit o ed organiza								

	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
-	line 4. ection B. Total Support						
	endar year	4 30040	(1) 2004 0	4 30044	(No. 15	6 30046	(0-)
	fiscal year beginning in) 🕨	(a)2012	(b) 2013	(c)2014	(d)2015	(e)2016	(f)Total
7 8	Amounts from line 4 Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
-	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization	's first, second, th	ird, fourth, or fifth	i tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					<u> ▶</u> [
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2016 (lin	e 6, column (f) di	vided by line 11, o	column (f))		14	
	Public support percentage for 2015 Sch					15	
16a	33 1/3% support test-2016. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this I	
	and stop here. The organization qualit						
b	33 1/3% support test-2015. If the						- 0
17-	box and stop here. The organization 10%-facts-and-circumstances test						
1/4	is 10% or more, and if the organization	n meets the "facts	-and-circumstance	es" test, check this	s box and stop he	ere. Explain	
	in Part VI how the organization meets	the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	icly supported	
	organization						🕨 🗆
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz	ation meets the "f	acts-and-circumst	t check a box on ii tances" test, checl	this box and sto	p here.	
	Explain in Part VI how the organizatio	n meets the "facts	and-circumstanc	es" test. The orga	nization qualifies a	as a publicly	
	supported organization						🕨 🗆
18	Private foundation. If the organization						
	instructions					 le A (Form 990 o	
					Schedu		. 550 22, 2010
			Page 3				
			Fage 5				
Sch	edule A (Form 990 or 990-EZ) 2016						Page 3
F	Part III Support Schedule for						
	(Complete only if you						er Part II. If
6	the organization fails t ection A. Public Support	o quality under	the tests listed	below, please c	omplete Part II.)	
	endar year	(-) 2012	(b) 2012	(-) 2014	(4) 2015	(-) 2016	(f) Total
	fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Iotal
1	Gifts, grants, contributions, and membership fees received. (Do not	4,402,000	4,635,173	4,696,228	5,500,929	5,362,795	24,597,125
	include any "unusual grants.") .	.,,	.,,	.,,	-,,	-,,	,,
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in	5,062,450	6,018,925	7,022,245	6,471,824	7,534,529	32,109,973
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	9,464,450	10,654,098	11,718,473	11,972,753	12,897,324	56,707,098
	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year.						
c	Add lines 7a and 7b.						0
8	Public support. (Subtract line 7c						56,707,098
S	from line 6.) ection B. Total Support			1	1		
-	endar year	(2) 2012	(b) 2012	(a) 2014	(4) 2015	(0) 2016	
(or	fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 10a		9,464,450	10,654,098	11,718,473	11,972,753	12,897,324	56,707,098
тua	dividends, payments received on						
	securities loans, rents, royalties	715,860	740,739	790,063	770,148	854,830	3,871,640
	and income from similar sources						
b							
b	(less section 511 taxes) from						
		715,860	740,739	790,063	770,148	854,830	3,871,640

11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	6,787	1,979	14,344			34,766		57,876
12		392,884	513,776	2,072,623	733,281		632,529	4,3	345,093
13	Total support. (Add lines 9, 10c, 11, and 12.).	10,579,981	11,910,592				,419,449	1	981,707
14	First five years. If the Form 990 is f check this box and stop here.	-							, □
	ction C. Computation of Public Public support percentage for 2016 (I			column (f))			1	07	270.0/
15 16	Public support percentage from 2016 (1 Public support percentage from 2015					15 16			.270 % .540 %
-	ction D. Computation of Inves							0,1	
17	Investment income percentage for 20	•				17			.960 %
18 19a	Investment income percentage from 3 331/3% support tests—2016. If the					18	and line 17		.020 %
r	nore than 33 1/3%, check this box and	stop here. The c	organization qualif	ies as a publicly s	upported organiza	tion		- 🗹	
b	33 1/3% support tests—2015. If th	-						\frown	18 is
20	not more than 33 1/3%, check this bo Private foundation. If the organizat	-	-		· · · ·			_	
	Fire organization. If the organization	ion did not check		190, 01 190, check			n 990 or 9		2016
			Page 4						
. .									_
	Jule A (Form 990 or 990-EZ) 2016							P	age 4
Par	t IV Supporting Organization (Complete only if you checked		of Part I. If you ch	ecked 12a of Part	I, complete Secti	ons A and	B. If you ch	ecked 1	L2b of
	Part I, complete Sections A an Sections A and D, and comple		ed 12c of Part I, co	omplete Sections	A, D, and E. If you	checked 1	2d of Part	I, comp	lete
Se	ction A. All Supporting Organi								
							·	Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the s describe the designation. If historic a	supported organiz	ations are designa				1		
2	Did the organization have any suppor	ted organization t	hat does not have	an IRS determina	ation of status und	ler section			
	509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).	Part VI how the					2		
3a	Did the organization have a supported	d organization des	cribed in section !	501(c)(4), (5), or	(6)? If "Yes." ans	ver (b) an			
	below.	9			(-),,,	(-)	3a		
b	Did the organization confirm that eac								
	the public support tests under section <i>determination</i> .	1 509(a)(2)? If "Ye	es," describe in Pa	irt vi when and h	ow the organizatio	on made tr	е Зb		
с	Did the organization ensure that all so If "Yes," explain in Part VI what cont					(B) purpos			
4a	Was any supported organization not or checked 12a or 12b in Part I, answer			eign supported org	ganization")? If "Ye	es" and if y			
b	Did the organization have ultimate co	ntrol and discretion	on in deciding whe	ther to make grar	nts to the foreign s	supported			
	organization? If "Yes," describe in Pa supervised by or in connection with it	s supported organ	nizations.			-	46		
с	Did the organization support any fore 501(c)(3) and 509(a)(1) or (2)? If "Y								
	to the foreign supported organization	was used exclusi	vely for section 17	'0(c)(2)(B) purpos	ses.		4c		
5a	Did the organization add, substitute, (c) below (if applicable). Also, provide organizations added, substituted, or	e detail in Part VI	, including (i) the	names and EIN n	umbers of the sup	ported	and		
	organization's added, substituted, or a organization's organizing document a amendment to the organizing docume	uthorizing such a					5a		<u> </u>
ь	Type I or Type II only. Was any ad	,	l supported organ	ization part of a cl	ass already desig	nated in th	e		
с	organization's organizing document? Substitutions only. Was the substitu	ution the result of	an event beyond	the exception's	control 2		5b 5c		
6	Did the organization provide support			5		to anvone			
-	than (i) its supported organizations, (supported organizations, or (iii) other organization's supported organization	ii) individuals that supporting organ	t are part of the cl nizations that also	haritable class ber support or benefit	nefited by one or r	nore of its			
7	Did the organization provide a grant,				hstantial contribut	tor (define	6		
	section 4958(c)(3)(C)), a family mem contributor? If "Yes," complete Part I	ber of a substant	ial contributor, or	a 35% controlled					_
8	Did the organization make a loan to a complete Part I of Schedule L (Form S		on (as defined in s	section 4958) not	described in line 7	? If "Yes,"	8		
9a	Was the organization controlled direct defined in section 4946 (other than for provide detail in Part VI .						ns as Yes,″		
ь	Did one or more disqualified persons	(as defined in line	9a) hold a contro	lling interect in ar	v entity in which	the support	9a ting		
-	organization had an interest? If "Yes,				., shac, in mich		9b		
с	Did a disqualified person (as defined which the supporting organization als					from, ass	ets in 9c		
10a	Was the organization subject to the e certain Type II supporting organizatio						ng		
	answer line 10b below.						10a		

h Did the organization have any excess husiness holdings in the tay year? (Use Schedule C. Form 4770) to determine whether

-	the organization had excess business holdings).	10b					
	Schedule A (Form 990	or 99	90-EZ)	2016			
	Page 5						
che	dule A (Form 990 or 990-EZ) 2016						
	t IV Supporting Organizations (continued)		F	Page 5			
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c					
Se	ction B. Type I Supporting Organizations						
	Did the directory twistens, as membership of one or more supported experientions have the power to regularly experient or		Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part						
	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or						
	trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such						
	powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit						
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2	-				
	organization.	-					
Se	ction C. Type II Supporting Organizations						
			Yes	No			
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the						
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1					
Se	ction D. All Type III Supporting Organizations						
			Yes	No			
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the						
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the						
	organization maintained a close and continuous working relationship with the supported organization(s).	2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3					
Se	ction E. Type III Functionally-Integrated Supporting Organizations						
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):					
ā	The organization satisfied the Activities Test. Complete line 2 below.						
ł	The organization is the parent of each of its supported organizations. Complete line 3 below.						
¢	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.		Yes	No			
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the						
	supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was						
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	-				
ł	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the	20					
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the						
	organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.						
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a					
	the supported organizations? Provide details in Part VI.						
ł	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI , the role played by the organization in this regard.						
		3b	0. 57	2010			
	Schedule A (Form 990	or 99	90-EZ)	2016			
	Page 6						
che	dule A (Form 990 or 990-EZ) 2016		F	Page 6			
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		-	age U			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See					
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A throug	h E.					
	Section A - Adjusted Net Income (A) Prior Year (I		rent Yea onal)	ır			

-		<u> </u>	1	1
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	 Check here if the current year is the organization's first as a non-functionally-in instructions) 	ntegrat		
			Schedule A (Fo	rm 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year 1** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in **Part VI**). See instructions 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 9 Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (see (i) Excess Distributions Distributable Underdistributions instructions) Amount for 2016 Pre-2016 1 Distributable amount for 2016 from Section C, line 6 **2** Underdistributions, if any, for years prior to 2016 (reasonable cause required-- explain in Part VI). See instructions. **3** Excess distributions carryover, if any, to 2016: а b c From 2013. d From 2014. e From 2015. f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount

i	Carryover from 2011 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2016 from Section D, line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2016 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		
8	Breakdown of line 7:		
а			
b	Excess from 2013		
c	Excess from 2014		
d	Excess from 2015		
е	Excess from 2016		

Schedule A (Form 990 or 990-EZ) (2016)

Page 8

Page 8 —

Schedule A (Form 990 or 990-EZ) 2016

Return Reference

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Schedule A (Form 990 or 990-EZ) 2016

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Re	nder Objectld: 201801319349303650 - Submission: 2018-05-11		TIN: 13-5562204		
Schedule B	Schedule of Contributors		OMB No. 1545-0047		
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at				
	ame of the organization Employ REENWICH HOUSE INC				
	-	13-5562204			
Organization type (ch	neck one):				
Filers of: Section:					
Form 990 or 990-EZ	rm 990 or 990-EZ 🛛 501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation			
	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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
for Form 990, 990-EZ, or 990-PF.		

Page 2

990, 990-EZ, or 990-PF) (2016)		Page 2
tion E INC	Employer ide 13-5562204	ntification number
Contributors (See instructions). Use duplicate copies of Part I if additional	space is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash
	tion INC Contributors (See instructions). Use duplicate copies of Part I if additional s (b) Name, address, and ZIP + 4	tion INC Employer ide 13-5562204 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (b) Name, address, and ZIP + 4 (c) Total contributions • • • <td< td=""></td<>

				(Comple contribut	te Part II for noncash tions.)
(a) No.	(b) Name, address, and ZIP + 4			Тур	(d) e of contribution
				Persor	ı 🗌
-				Payrol	I 🗌
		<u>\$</u>		Nonca	sh 🗌
				(Comple	te Part II for noncash
(a)	(b)		(c)	contribut	(d)
No.	Name, address, and ZIP + 4	lotal	contributions	Persor	e of contribution
-				Payrol	I n
		\$		Nonca	sh 🗆
				(Comple	te Part II for noncash
(a)	(b)		(c)	contribut	
No.	Name, address, and ZIP + 4	Total	contributions		e of contribution
				Persor	ו
-				Payrol	
		<u>\$</u>		Nonca	sh 🗌
				(Comple contribut	te Part II for noncash
(a)	(b)		(c)		(d)
No.	Name, address, and ZIP + 4	Iotal	contributions	Persor	e of contribution
-					
		\$		Payrol	
		_		Nonca	sn 🗌
				(Comple contribut	te Part II for noncash
Name of organiza GREENWICH HOUSE	E INC		Employer ident	ification	Page 3 number
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is in	needed.	(c)		
(a) No. from Part I	(b) Description of noncash property given		FMV (or estim		(d) Date received
			(See instruction		
				\$	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estim	ate)	(d) Date received
No. nom ratti	Description of honcash property given		(See instruction	ıs)	Date received
				\$	
(a)	(b)		(c) FMV (or estim	ate)	(d)
No. from Part I	Description of noncash property given		(See instruction		Date received
				\$	
(a)	(b)		(c) FMV (or estim	ato)	(d)
No. from Part I	Description of noncash property given		(See instruction		Date received
				\$	
(a)	(b)		(C)	oto)	(d)
No. from Part I	Description of noncash property given		FMV (or estim (See instruction		Date received
				\$	
(a)	(b)		(C)	ete)	(d)
No. from Part I	Description of noncash property given		FMV (or estim (See instruction		Date received
				\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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ame of organization	990-EZ, or 990-PF) (2016)		Page 4
REENWICH HOUSE INC			13-5562204
than \$1,000 f organization year. (Enter t	or the year from any one contributor	: Complete columns (a) through (e of <i>exclusively</i> religious, charitable, ns.) ▶ \$	ection 501(c)(7), (8), or (10) that total more
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. _			
	Transferee's name, address, and a	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
—			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. [
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
=			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and 2	(e) Transfer of gift	Donship of transferor to transferee
	Transieree's name, address, and a		
		Sche	dule B (Form 990, 990-EZ, or 990-PF) (2016
Additional Data			Return to Form

efil	e Public Visua	l Render	ObjectId: 2018013	19349303650	- Submission:	2018-05-1	11	TIN: 1	13-5562204
(Form 990) Supplementa Supplementa Complete if the organ							омв No	016	
		I	Part IV, line 6, 7, 8, 9, 1	0, 11a, 11b, 11c	, 11d, 11e, 11f, 1			0.000	n to Public
	ment of the Treasury I Revenue Service	Information	about Schedule D (For	Attach to Form m 990) and its in		www.irs.go	v/form990		spection
	me of the organ					Em	ployer ider	tification	number
GRE	ENWICH HOUSE INC	2				13-	5562204		
Pa	rt I Organia	zations Mai	ntaining Donor Advi	sed Funds or O	ther Similar Fu				
	Complet	te if the orga	nization answered "Ye						
				(a) Don	or advised funds		(b)Funds	and other	accounts
1		,	· · · · · · · · ·						
2			is to (during year)						
3 4	Aggregate value	5							
							Current a surre bil		
5	organization's p	roperty, subjec	donors and donor adviso t to the organization's ex- grantees, donors, and do	clusive legal contro	1?				Yes 🗌 No
Ū	charitable purpo	oses and not fo	r the benefit of the donor	or donor advisor,	or for any other pu	rpose confer		issible	Yes 🗌 No
Pai	rt II Conser	vation Ease	ments. Complete if th	ne organization a	nswered "Yes" o	n Form 990), Part IV, I	ine 7.	
1	Purpose(s) of co	onservation eas	sements held by the organ	nization (check all	hat apply).				
	Preservation	on of land for p	ublic use (e.g., recreation	n or education)	Preservatio	n of an histo	rically impor	tant land a	irea
	Protection	of natural hab	tat		Preservatio	n of a certifi	ed historic st	ructure	
	Preservation	on of open spa	ce						
2	Complete lines 2	2a through 2d	if the organization held a	qualified conservation	ion contribution in	the form of	a conservati	on	
	easement on the						Held at	the End o	of the Year
a			asements			2a			
ь	5		servation easements						
c			ents on a certified histori						
d 3	structure listed in	n the National	ents included in (c) acqui Register nents modified, transferre				rganization o	lurina the	
	tax year 🕨			., ,	,		5		
4	Number of state	es where prope	rty subject to conservatio	n easement is loca	ted 🕨				
5	Does the organia and enforcemen	zation have a v it of the conser	written policy regarding the vation easements it holds	ne periodic monitor 5?	ing, inspection, ha	ndling of vio		🗌 Yes	🗆 No
6	<u>+</u>		oted to monitoring, inspec						
7	▶\$		n monitoring, inspecting,	-				during the	year
8	and section 170	(h)(4)(B)(ii)? .	ent reported on line 2(d)			•••		Yes	🗆 No
9	balance sheet, a the organization	and include, if a n's accounting f	organization reports cons applicable, the text of the for conservation easemen	footnote to the or ts.	ganization's financi	ial statement	s that descr	ibes	
Par	t III Organi	zations Mai	ntaining Collections	of Art, Historia	al Treasures, o	or Other S	imilar Ass	ets.	
1a	If the organizati art, historical tre	ion elected, as easures, or oth	nization answered "Ye permitted under SFAS 11 er similar assets held for	6 (ASC 958), not t public exhibition, e	o report in its reve ducation, or resea	rch in furthe	nt and balar rance of pub	ice sheet w lic service,	orks of
b	If the organizati	on elected, as res, or other s	of the footnote to its finan permitted under SFAS 11 imilar assets held for publicase items:	6 (ASC 958), to re	port in its revenue	statement a			
(-	0, Part VIII, line 1				. ▶\$		
-	-		Part X						
2	If the organizati	ion received or	held works of art, histori be reported under SFAS	cal treasures, or ot	her similar assets	for financial		e the	
а	Revenue include	ed on Form 990), Part VIII, line 1				. ►\$		
ь	Assets included	in Form 990, F	Part X				. ▶\$		
For F	Paperwork Redu	ction Act Not	ice, see the Instruction	ns for Form 990.	C	at. No. 5228	3D Schee	dule D (Fo	orm 990) 2016
				Page 2					
Sche	dule D (Form 990) 2016							Dana 3
	-	-	ntaining Collections	of Art. Historia	al Treasures	or Other S	imilar Acc	ets (conti	Page 2
3			sition, accession, and othe						
-	items (check all				,		J 60.10 030		
а	Public exh	nibition		d	Loan or excl	hange progra	ims		
b	Cobolari	research		e	Other				
~	Scholarly								
с		ion for future g							
4	Provide a descrij Part XIII.	ption of the or	ganization's collections an	d explain how the	further the organ	ization's exe	mpt purpose	e ín	
5			ization solicit or receive d s rather than to be mainta					Yes	🗆 No
								-	-

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990. Part IV. line 9. or reported an amount on Form 990. Part X.

1a Is the organization an agent, trustee, custodi included on Form 990, Part X?					not 	🗌 Yes	
		Collections to be bloc					
 b If "Yes," explain the arrangement in Part XIII c Beginning balance 	-	-		1c	A	mount	<u> </u>
 c Beginning balance							
Distributions during the year							
f Ending balance							
2a Did the organization include an amount on Fo	orm 990, Part X, line	e 21, for escro	w or cu	stodial account l	iability?	🗌 Yes	🗌 No
b If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation ha	s been	provided in Part	хш		
Part V Endowment Funds. Complete if	the organization	answered "	/es" or	n Form 990, Pa	rt IV, line 1	0.	
	(a)Current year	(b)Prior ye		(c)Two years back)Four years back
1a Beginning of year balance	1,801,345		58,315	1,973,39		,885,236	1,753,989
b Contributions	200,000		3,542	75,00		220,130	254,027
 c Net investment earnings, gains, and losses d Grants or scholarships 			5,512	10/01	-	220,150	20 1/02/
e Other expenditures for facilities							
and programs	48,971	L 13	83,428	130,92	6	131,967	122,780
f Administrative expenses							
g End of year balance	2,203,592		1,345	1,958,31	5 1,	,973,399	1,885,236
2 Provide the estimated percentage of the curre		ce (line 1g, colu	umn (a))) held as:			
a Board designated or quasi-endowment	0 %						
b Permanent endowment ► 77.660 %							
c Temporarily restricted endowment ► 22.3	340 %						
The percentages on lines 2a, 2b, and 2c shou	Ild equal 100%.						
3a Are there endowment funds not in the posses	sion of the organiz	ation that are I	held an	d administered f	or the		
organization by:						2-(1	Yes No
(i) unrelated organizations			• •	• •		3a(i 3a(ii	
(ii) related organizationsb If "Yes" on 3a(ii), are the related organization		l on Schedule I				3b	/
4 Describe in Part XIII the intended uses of the	-						
Part VI Land, Buildings, and Equipmen	nt.						
Complete if the organization answ							
Description of property (a) Cost or oth (investme		st or other basis	(other)	(c) Accumulated	depreciation	(d)	Book value
de lend							
1a Land		3 (396,945		2,651,856		1,245,089
b Buildings			223,433		1,292,365		931,068
d Equipment			902,770		780,951		121,819
e Other			19,610		,		119,610
Total. Add lines 1a through 1e.(Column (d) must e	qual Form 990, Par	t X, column (B), line I	10(c).)	•		2,417,586
					Sch	edule D (F	orm 990) 2016
		Page 3					
Schedule D (Form 990) 2016							Page 3
Part VII Investments Other Securities	s. Complete if the	e organizatio	n ansv	vered "Yes" on	Form 990,	Part IV, lir	
See Form 990, Part X, line 12.							
 (a) Description of security or (including name of security) 			(b) Book	Cos	(c) Method it or end-of-y		
(including hand of seea			value		ie of end of y		Value
(1) Financial derivatives		🛓					
(2) Closely-held equity interests .		· · ·		-			
(3)Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 12.)	•					
Part VIII Investments Program Relate			- T) /			et V live et	2
Complete if the organization ans (a) Description of investmer		orm 990, Parl (b) Boo			rm 990, Par (c) Method		
		,=			t or end-of-y		
(1)							
(2)							
(3)							

line 21.

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colui	mn (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX	Other Assets. Complete if the organization answered 'Yes	s' on Form 990, Pa	rt IV, line 11d. See Form 990, Pa	rt X, line 15.
	(a) Description		, , ,	(b) Book value
(1)	· · · · ·			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col.(B) line 15.)			
Part X	Other Liabilities. Complete if the organization answ	vered 'Yes' on Fo	rm 990, Part IV, line 11e or 1	11f.

1.	(a) Description of liability		(b) Book value	
(1) Federal income	axes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) mu	st equal Form 990, Part X, col.(B) line 25.)	•		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

– Page 4 –

Schedule D (Fe	orm 990) 2016
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Sche	dule D (Form 990) 2016		Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	-
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
ь	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
з	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Pai	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Retur	n.
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
ь	Prior year adjustments		
с	Other losses		

d	Other (Describe in Part XIII.)		2d				
е	Add lines 2a through 2d		•		2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, bu	it not on line 1:					
а	Investment expenses not included on Form 990, Pa	rt VIII, line 7b 🔒 .	4a				
ь	Other (Describe in Part XIII.)		4b				
с	Add lines 4a and 4b		• •		4c		
5	Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18.).		5		
Par	t XIII Supplemental Information					<u> </u>	
	vide the descriptions required for Part II, lines 3, 5, a s 2d and 4b; and Part XII, lines 2d and 4b. Also com				t V, line	4; Part X, line 2; Part XI,	
	Return Reference			Explanation			
PART	V, LINE 4:		GENER			INCOME IS USED TO SUPPO IP AWARDS, (4) POTTERY A	
PART	X, LINE 2:	THE AGENCY BELIEVES IT ACCORDANCE WITH ACCO TAXES," WHICH PROVIDES PROVISIONS FOR UNCERT/	JNTIN STANI	G STANDARDS CODIFIC DARDS FOR ESTABLISH	ATION ("ASC") TOPIC 740, "INCOME	1
					Schee	dule D (Form 990) 2016	

Additional Data

Return to Form

Software ID: Software Version:

	IEDULE G		Supple	mental In	formation Rega	rding	OMB No. 1545-0047
(Foi	m 990 or 990-EZ)				Gaming Activit		2016
Depar	tment of the Treasury	Complete if	the organiza organizat	ion entered more th	" on Form 990, Part IV, lines 1 an \$15,000 on Form 990-EZ, li m 990 or Form 990-EZ.	7, 18, or 19, or if the ne 6a.	Open to Public
Interna	al Revenue Service	▶Information a	bout Schedu		90-EZ) and its instructions is a	-	Inspection
	e of the organization ENWICH HOUSE INC					13-5562204	ntification number
Pa	rt I Fundraisin	g Activities.Co	mplete if	the organizatio	n answered "Yes" on Fo		7.
		Z filers are not		-			
1	_	e organization rais	ed funds th	rough any of the	following activities. Check		
а	Mail solicitations				e Solicitation of non-	5 5	
b	Internet and ema				f Solicitation of gove	5	
c	Phone solicitation				g Special fundraising) events	
d	In-person solicita						
2a					dividual (including officers, ion with professional fundr		es 🗌 No
b	If "Yes," list the ten to be compensated a				s) pursuant to agreements		
			-				
(1) 『	lame and address of i or entity (fundraise		Activity	(iii) Did fundraiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
				custody or control of		fundraiser listed in col. (i)	organization
				contributions? Yes No	_		
[ota							
			· · ·	· · · · ·			
	icensing.	the organization i	s registere	a or licensed to s	olicit contributions or has b	een notified it is exempt f	rom registration or
===:							
or F	aperwork Reduction A	ct Notice, see the I	nstructions	for Form 990 or 9	90-EZ. Cat. No.	50083H Schedule G (Form 990 or 990-EZ) 2016
					Page 2		
	dule G (Form 990 or 9 rt II Fundraisir		nlete if th	ne organization	answered "Yes" on Forr	n 990. Part IV. line 18.	Page 2
	than \$15,0		g event c		d gross income on Form		
	9.000 10001		· ·	a)Event #1	(b) Event #2	(c)Other events	(d)
				TASTE OF	LUNCHEON FOR	2	Total events (add col. (a) through
an				event type)	CHILD SAFETY PROJECT	(total number)	col. (c))
enu					(event type)		
ve	1 Gross receipts .			216,89	7 71,104	80,176	368,177
Reve		ns		144,81	2 60,622	28,090	233,524
Reve	2 Less: Contribution					E2.096	124 (52)
Reve	 Less: Contribution Gross income (lin line 2) 			72,08	5 10,482	52,086	134,653
Reve	3 Gross income (lin	e 1 minus		72,08	5 10,482	52,080	134,055
rses Revenue	3 Gross income (lin line 2)	e 1 minus		72,08	5 10,482	52,080	134,055

efile Public Visual Render ObjectId: 201801319349303650 - Submission: 2018-05-11

TIN: 13-5562204

Expe	7 Food and beverages				
t	8 Entertainment				
Direct	9 Other direct expenses	53,886	10,482	52,086	5 116,454
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		🕨	134,653
	11 Net income summary. Subtract line 10			🕨	0
Par	t III Gaming. Complete if the orgon Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	more than \$15,000
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	 (d) Total gaming (add col. (a) through col.(c))
å	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
μ					
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	C. Maharan lahara	☐ Yes%	☐ Yes%	☐ Yes%	
	6 Volunteer labor	□ No	□ No	l No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				•
a	Is the organization licensed to conduct g				Yes No
b	If "No," explain:				
					1
10a b	Were any of the organization's gaming lig	censes revoked, suspende	d or terminated during the	e tax year?	□ Yes □ No
				Schedule G (Form 990 or 990-EZ) 2016
		F	age 3		
Sche	dule G (Form 990 or 990-EZ) 2016	F	age 3		Page 3
Sche 11	dule G (Form 990 or 990-EZ) 2016 Does the organization conduct gaming ad				Page 3
	Does the organization conduct gaming ac Is the organization a grantor, beneficiary	ctivities with nonmembers or trustee of a trust or a	?	or other entity	Yes No
11	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming?	tivities with nonmembers or trustee of a trust or a	?	or other entity	
11 12 13	Does the organization conduct gaming ac Is the organization a grantor, beneficiary	tivities with nonmembers or trustee of a trust or a 	? member of a partnership	or other entity	Yes No
11 12 13	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit	tivities with nonmembers or trustee of a trust or a ty conducted in:	? a partnership 	or other entity 	 Yes Yes No Yes No
11 12 13 a	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	tivities with nonmembers or trustee of a trust or a ty conducted in: 	?	or other entity 13a 13b	 Yes No Yes No Yes No % %
11 12 13 a b	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the perso	ctivities with nonmembers or trustee of a trust or a ty conducted in: on who prepares the organ	? member of a partnership	or other entity	 Yes No Yes No Yes No % %
11 12 13 a b	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name	ctivities with nonmembers or trustee of a trust or a ty conducted in: 	?	or other entity	Yes No
11 12 13 a b	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract with	ctivities with nonmembers or trustee of a trust or a ty conducted in: on who prepares the organ th a third party from who	?	or other entity	Yes No
11 12 13 a b 14	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue?	ctivities with nonmembers or trustee of a trust or a ty conducted in: on who prepares the organ 	?	or other entity	Yes No
11 12 13 a b 14	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue? If "Yes," enter the amount of gaming rev	ctivities with nonmembers or trustee of a trust or a ty conducted in: on who prepares the organ th a third party from who enue received by the organ	?	or other entity	Yes No
11 12 13 a b 14	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Address Contract wir revenue?	tivities with nonmembers or trustee of a trust or a 	?	or other entity	Yes No
11 12 13 a b 14 15a b	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue? If "Yes," enter the amount of gaming rev	tivities with nonmembers or trustee of a trust or a ty conducted in: 	? member of a partnership i. i. iization's gaming/special e m the organization receive inization ▶ \$	or other entity	 Yes No Yes No % <l< td=""></l<>
11 12 13 a b 14 15a b	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue?	tivities with nonmembers or trustee of a trust or a ty conducted in: 	? member of a partnership i. i. iization's gaming/special e m the organization receive inization ▶ \$	or other entity	 Yes No Yes No % <l< td=""></l<>
11 12 13 a b 14 15a b	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue?	tivities with nonmembers or trustee of a trust or a 	?	or other entity	 Yes No Yes No % % % % % % %
11 12 13 a b 14 15a b	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue?	tivities with nonmembers or trustee of a trust or a 	?	or other entity	 Yes No Yes No % % % % % % %
11 12 13 a 5 14 15a c	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue?	tivities with nonmembers or trustee of a trust or a 	?	or other entity	 Yes No Yes No % % % % % % %
11 12 13 a 5 14 15a c	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Contract with revenue? If "Yes," enter the amount of gaming revenue retained by the If "Yes," enter name and address of the to Name Gaming manager information: Name Contract with the topological section of topological s	tivities with nonmembers or trustee of a trust or a ty conducted in: 	?	or other entity	 Yes No Yes No % % % % % %
11 12 13 a 14 15a c	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Does the organization have a contract wi revenue?	tivities with nonmembers or trustee of a trust or a ty conducted in: 	?	or other entity	 Yes No Yes No % % % % % %
11 12 13 a 14 15a c	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name	tivities with nonmembers or trustee of a trust or a ty conducted in: 	?	or other entity . . . 13a . . . 13b events books and records: <t< th=""><th> Yes Yes No % %<!--</th--></th></t<>	 Yes Yes No % %<!--</th-->
11 12 13 a 14 15a c	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the person Name Address Companization have a contract wirevenue?	tivities with nonmembers or trustee of a trust or a 	?	or other entity . . <	 Yes Yes No % %<!--</th-->

Mandatory distributions: To the ecceptization required under state law to make sharitable distributions from the coming proceeds to

								y Part I, line 2b, vide any additior			(v); and Part see instructions).
	urn Ref			, ,				Explanation			,
									Schedule (G (Forn	1 990 or 990-EZ) 201
dditiona	l Dat	a								R	eturn to Form
					oftwar						
Public Visual	Render	ObjectId	. 20180131934	Softwa 9303650 - Submi							TIN: 13-5562204
edule I m 990)			_	and Other As		_	aniza	ations.		0	MB No. 1545-0047
III 990)			Governm	ents and Indi	vidual	s in the l	Jnited	d States			2016
epartment of the Complete if the organization answered "Vess," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. easury ▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u> .										Open to Public Inspection	
f the organization	0										ation number
		ition on Gra	nts and Assista	nce					13-5562	204	
the selection crite Describe in Part I	ria used to V the orga	o award the gra nization's proce	ints or assistance? . edures for monitorin	g the use of grant fun	ds in the Ur	nited States.		for the grants or assistance			Yes 🗌 No
that receiv	ed more th	1an \$5,000. Pai	rt II can be duplicat	ed if additional space i	s needed.			ganization answered "Yes"			
 Name and addr organization or government 		(b) EIN	(c) IRC sec (if applicat	ttion (d) Amour ble) gra	nt of Cash	(e) Amount cash assistan		(f) Method of valuation (book, FMV, appraisal, other)	(g) Descript noncash assis	stance	(h) Purpose of grant or assistance
											<u> </u>
											+
Enter total numbe	er of sectio	n 501(c)(3) an	d government orga	nizations listed in the li	ine 1 table	I 				•	
			isted in the line 1 ta				. 50055I			Sch	edule I (Form 990) 2016
ule I (Form 990) 2 III Grants an Part III car	d Other A	ssistance to D	Domestic Individu al space is needed.	 Page 2 als. Complete if the or 	ganization	answered "Yes"	on Form	n 990, Part IV, line 22.			Page 2
(a) Type of gra		1	(b) Number of recipients	(c) Amount of cash grant	(d) nonca:	Amount of sh assistance	(e) Me FM	thod of valuation (book, IV, appraisal, other)	(f) Descrip	otion of n	oncash assistance
CHOLARSHIPS			80	102,82				,			
										_	
										_	
t IV Suppl	emental	Informatio	n. Provide the inf	ormation required in	n Part I, li	ne 2; Part III	colum	n (b); and any other ad	ditional informa	ation.	
n Reference		Explanatio	on								MINATION, BASED ON NEE
LINE 2:										UCED BY	THE SCHOLARSHIP AWARI
										Schedu	le I (Form 990) 2016

Software ID: Software Version:

								204			
Schedule J Compensation Information Compensation											
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.											
	2016										
	Attach to Form 990. Information about Schedule J (Form 990) and its instructions is at										
Department of the Treasury Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.											
Rame of the organization Employer identification GREENWICH HOUSE INC 13-5562204											
									Part 1	Questio	ons Regarding Compe
							Yes	No			
				f the following to or for a person listen ny relevant information regarding the							
	First-class	or charter travel		Housing allowance or residence for	personal use						
	- marchior	companions		Payments for business use of perso							
		ification and gross-up payn	nents	Health or social club dues or initiat							
C	Discretion	ary spending account	\cup	Personal services (e.g., maid, chau	ffeur, chef)						
b If	anv of the box	es in line 1a are checked, o	lid the organization f	follow a written policy regarding payr	nent or reimbursen	hent					
or	provision of a	II of the expenses described	above? If "No," con	nplete Part III to explain		· 1b					
				or allowing expenses incurred by all or, regarding the items checked in line		2					
uii	ectors, truste	es, oncers, including the c	LO/ Executive Directo	s, regarding the items checked in init	c 1d:						
				ed to establish the compensation of t	he						
				not check any boxes for methods CEO/Executive Director, but explain	in Part III.						
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.											
	Compensation committee Written employment contract										
	- independe	ent compensation consultan	t 🗹	Compensation survey or study							
L	J Form 990	of other organizations	M	Approval by the board or compense	ation committee						
	iring the year, lated organiza		orm 990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization o	ra					
a Re	ceive a severa	ince payment or change-of-	control payment? .			4a		No			
b Pa	rticipate in, or	receive payment from, a s	upplemental nonqua	lified retirement plan?		4b		No			
				nsation arrangement?		4c		No			
If	"Yes" to any o	f lines 4a-c, list the persons	s and provide the app	plicable amounts for each item in Par	t III.						
0.		E01(a)(4) and E01(a)		must complete lines 5-9.							
				the organization pay or accrue any							
		ontingent on the revenues of		the organization pay or decrae any							
a Th	e organizatior	?				5a		No			
		nization?				5b		No			
		5a or 5b, describe in Part II						-			
		d on Form 990, Part VII, Se Intingent on the net earning		the organization pay or accrue any							
a Th	e organizatior	?				6a		No			
						6b		No			
If "Yes," on line 6a or 6b, describe in Part III.						T					
7 Fo pa	r persons liste yments not de	d on Form 990, Part VII, Se escribed in lines 5 and 6? If	ection A, line 1a, did "Yes," describe in Pa	the organization provide any nonfixe	:d 	7		No			
su			cribed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d	escribe	8		No			
0 76	"Voc" on line (did the organization also	follow the rebuttable	presumption procedure described in	Pogulations section			NU			
				presumption procedure described in		n 9					

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Page **2** Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that indiv

idual. (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base (II) (III) Other pensation Bonus & reportable incentive compensation (F) Compensation in column (B) reported as deferred on prior Form 990 (C) Retirement and other deferred compensation (A) Name and Title (i) Base compensation (iii) Other reportable compensation 207,462 1ROY L LEAVITT EXEC. DIR./CEO 22,625 0 230,087 (i) 0 0 0 0 (ii) ----------------2REID GAIL DIRECTOR OF BEHAVIORAL HEA 133,026 164,086 0 (i) 31,060 0 0 0 0 (ii) ----0 0 0

ule J (Form 990) 2016

	Page 3	
Schedule J (Form 990) 2016		Page 3
Part III Supplemental Inform	nation	
Provide the information, explanation, or	r descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this	part for any additional information.
Return Reference	Explanation	
		Schedule J (Form 990) 2016
Additional Data		Return to Form
	Software ID: Software Version:	

SCHEDULE M	l Render 0			Submission: 2018-05	-11	TIN: 13 -						
Form 990)		Ν	Ioncash Contri	butions	-	OMB No. 1545-004						
	-	-	ons answered "Yes" on Fe	orm 990, Part IV, lines 29	9 or 30.	2016						
Department of the Treasury nternal Revenue Service	 Attach to Form Information at 		le M (Form 990) and its i	nstructions is at <u>www.irs</u>	.gov/form990	Open to Inspe						
lame of the organizat REENWICH HOUSE INC	Employer ident	loyer identification number										
					13-5562204							
Part I Types	of Property	(a)	(b)	(c)		(d)						
			Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash co	of determine		S				
1 Art—Works of art		Х	5	-	FAIR MARKET V	ALUE						
 Art—Historical tro Art—Fractional in 												
4 Books and public		Х		115	FAIR MARKET V	ALUE						
5 Clothing and hou		х		3,219	FAIR MARKET V	ALUE						
goods 6 Cars and other v	ehicles											
7 Boats and planes												
8 Intellectual prope					FATD							
9 Securities—PublicL0 Securities—Close		Х	2	13,805	FAIR MARKET V	ALUÉ						
1 Securities—Close	•											
or trust interest	s											
 Securities—Misce Oualified conserv 								_				
contribution—Hi	storic											
structures . 14 Qualified conserv												
contribution—O	:her											
L5 Real estate—Res L6 Real estate—Cor						_						
17 Real estate—Oth												
8 Collectibles .												
L9 Food inventory												
20 Drugs and medic 21 Taxidermy .												
22 Historical artifact												
23 Scientific specim	ens											
24 Archeological art	ifacts	×	66	30.005	FAIR MARKET V			_				
25 Other ► (TICKETS/GIFT		~	66	50,895	AIN PARKET V	LUE						
CERTIFICATES) 26 Other ► (×	48	23 801	FAIR MARKET V							
VENTS)												
27 Other ► (PIANO)		х	1	15,000	FAIR MARKET V	ALUE						
28 Other ► (POTTERY KILN)		х	1	2,000	FAIR MARKET V	ALUE						
Other 🕨 (Х	2	350	FAIR MARKET V	ALUE						
EWELRY) 29 Number of Form:	8283 received by	the organiza	tion during the tax year for	contributions								
for which the org	anization complete	ed Form 8283	3, Part IV, Donee Acknowledg	gement	29							
30a During the year	did the organizati	on receive by	contribution any property r	enorted in Part I lines 1 thr	ough 28 that it	must	Yes	No				
hold for at least	three years from t	the date of th	e initial contribution, and wh									
purposes for the	e entire holding per	riod?				30a		No				
b If "Yes," describ	e the arrangement	in Part II.										
31 Does the organi	zation have a gift a	acceptance p	olicy that requires the review	of any nonstandard contrib	outions?	31	Yes					
		third parties	or related organizations to se	olicit, process, or sell nonca	sh	22-						
contributions? b If "Yes," describ						32a		No				
		an amount in	column (c) for a type of pro	perty for which column (a) i	s checked,							
describe in Part	-		() · · · //F= · · P/O	, (u)	,							
or Paperwork Reduction	on Act Notice, see t	he Instructior	ns for Form 990.	Cat. No. 51227J	Sched	ule M (Form	990) (2016				
			Page 2									
Schedule M (Form 990							I	Page 2				
	de the informati		hy Part I lines 206 226	and 22 and whether t	ho orconization		ing in	Davt				
			l by Part I, lines 30b, 32b ntributions, the number o									
	part for any addi						· · · · · ·					
	erence			Explanation								
Return Ref												

Software ID: Software Version:

efile Public		-5562204
CHEDUL Form 990 or 9 epartment of the Treat ternal Revenue Serv	LE O 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 201 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Inspective	tion
ame of the org REENWICH HOUS		umber
Return Reference	Explanation	
FORM 990, PART VI, SECTION A, LINE 2	GEORGE DAVIDSON IS A RETIRED PARTNER OF THE LAW FIRM IN WHICH CHRISTOPHER KIPLOK IS A PARTNI	ER.
FORM 990, PART VI, SECTION B, LINE 11B	THE CFO REVIEWED THE RETURN AND A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD PRIOR TO SUBMISSION TO THE IRS.)
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE CHAIR OF THE BO DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE ANSWERS TO DETERMINE IF A CONFLICT EXISTS. MEMBER WITH A CONFLICT OF INTEREST IS EXCLUDED FROM DISCUSSIONS AND VOTING ON ANY MATTER PERTAINING TO THE MEMBER'S CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15	THE GREENWICH HOUSE, INC. BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR AT ITS ANNUAL MEETING IN OCTOBER. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY, CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITHOUT THE EXECUTIVE DIRECTOR PRI RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE GREENWICH HOUSE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARIES OF ALL EMPLOYEES EARNI \$85,000 OR MORE. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY SURVEYS ON COMPARABLE NO ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY SURVEYS ON COMPARABLE NO ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY SURVEYS ON COMPARABLE NO ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY SURVEYS ON COMPARABLE NO ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY SURVEYS ON COMPARABLE NO ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DO EXECUTIVE SESSION, WITH THE EXECUTIVE DIRECTOR PRESENT, AND RECORDED BY THE CHAIR OF THE HERSOURCES COMMITTEE OF THE BOARD OF DIRECTORS.	SURVEYS ALARY ESENT AN ING DNPROFIT
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 20,420.	
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Additional Data

Software ID: Software Version: **Return to Form**

EENWICH HOUSE INC		Related O	rganiz												2204			
partment of the Treasury mail Revenue Service me of the organization EENWICH HOUSE INC Part I Identificat		nplete if the organi		ations a	nd Uni	related	Partr	nershi	ns			(OMB No. 1	545-004	17			
partment of the Treasury mail Revenue Service me of the organization EENWICH HOUSE INC Part I Identificat			-						-	17			20	16				
Internation Revenue Service Internation In			•	Attach to F	orm 990.								Open to Public					
EENWICH HOUSE INC		formation about S	chedule K	(Form 330)			15 at <u>www</u>	<u>w.ms.gov</u>	/10/11/90				Inspection					
Part I Identificat	ame of the organization REENWICH HOUSE INC								Empl	oyer id	entificat	ion num	ber					
									13-55	62204								
Name, address,	ion of Disregarded Ent	ities Complete if the	ne organiz		ered "Yes"		-											
	(a) and EIN (if applicable) of disrega	rded entity		(b) Primary ac	tivity	(c) Legal domic	ile (state	(Total i	d) ncome	(End-of-y	 ear assets 		(f) Direct cor	ntrolling				
						or foreign o	country)						enti	ty				
												_						
	on of Related Tax-Exem kempt organizations during		Complet	e if the orga	nization a	nswered "	Yes" on	Form 99	0, Part IV,	line 34	1 becaus	se it had	one or r	nore				
	(a) and EIN of related organization		(Primary	b) v activity	(c) Legal domic	ile (state	(d Exempt Cor) de section	(• Public cha	e) ritv statu	s	(f) Direct cont	rolling	(g Section) 512(h			
,				,,	or foreign				(if section	501(c)(3))	entity		(13) cor enti	ntrolled			
DADDOW CTC			NUDGERV				01/01/01		1.000				105 110	Yes	No			
BARROW STREET NURSERY 22 WEST 27TH STREET	SCHOOL AT GREENWICH HOUSE		NURSERY SC	HUUL	NY	5	501(C)(3)		LINE 2		GREE	INWICH HO	USE INC		No			
EW YORK, NY 10001 3-3720019																		
5,20015																		
																		
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r Paparwork Poduction	Act Notice, see the Instru	uctions for Form 00	0		Cat	. No. 50135	v					chedule	P (Form	990) 20	16			
	on of Related Organizat related organizations trea (a) Name, address, and EIN of			the tax year		(4	on answ e) ^{minant}	ered "Ye	s" on Forr (g) Share of	(Part IV,	(i) Code V-UB	(j)	(k) entage			
	related organization		activ	ity domicile (state or foreign country)	controlling entity	g income(unrel excluded under s	(related, lated, l from tax	total incom	e end-of-yea assets	r alloca	ations?	amount in box 20 of Schedule K- (Form 1065	managi partner	ng owne	ership			
										Yes	No		Yes N	lo				
														_				
									-	-	\vdash		++	-				
								_	-	-			+	_				
art IV Territor	on of Related Organizat	tions Towald			ict Come	ata if the	orosz'-	tion and	upred IN	o" or 7		D Deat T	/ line 2 ·	hear				
	more related organization						organiza	LION ansi	wered te	5 011 F	0000 990	J, Part IV	, ine 54	Decaus	,e			
(a)	and EIN of ization	(b) Primary activity		(c) Legal domicile (state or foreig country)		(d) irect controllin entity	ng Type o (C corp	e) of entity o, S corp, trust)	(f) Share of tota income		(g) e of end-ol year assets	f- Perc	(h) centage nership	(i Section (13) cor enti	512(b) ntrollec ity?			
Name, address, related organ				country)										Yes	No			
Name, address,																		
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Name, address,		Page	3								s	chedule	R (Form	990) 20	16			
Name, address, related orgar	6	Page	3								s	chedule	R (Form					
Name, address, related organ	6 5 5 5 1	-		nization and	wered "Ye	es" on Forr	п 990. Р	art IV. liv	ne 34. 35	0, or 36		chedule	R (Form	990) 20 Pag				

a	Receipt of (1) interest, (injaniances, (inj royanes, or (iv) rent normal controlled entry.	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

 c Gift, grant, or capital contribution from related organization(s)
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Page 4

i Exchange of assets with related organization(s)......

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 Reimbursement paid to related organization(s) for expenses
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2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved					
(1)BARROW STREET NURSERY SCHOOL	A	425,160	FAIR MARKET VALUE					
(2)BARROW STREET NURSERY SCHOOL	L	443,801	FAIR MARKET VALUE					
			Schedule R (Form 990) 2016					

Schedule R	(Form	0001	2016	
Schedule K	(гопп	990)	2010	

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		Are all partners section 501(c)(3)		section total 501(c)(3) income		Predominant Are all partners Share of Share of Disproprionate control income section income section sector for total end-of-year allocations? unrelated, organizations? tay under sector of the sector		Share of Dispropriopate		Share of Disproprionate		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No		Yes	No		Yes	No															
									Schedul	e R (Form	n 99	0) 2016														

Page 5

Schedule R (Form 990) 2016 Part VII

Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions). Return Reference

Schedule R (Form 990) 2016

Additional Data

Software ID: Software Version: Page 5

No No

No

No

No

No No

No

No

No

No

No

No

Page **4**

1c 1d

1e

1g

1h

1i

1k 1l Yes

1m 1n Yes

10 Yes

1p

1s

1q Yes 1r

1j Yes

Return to Form

