|  |  | al Render ObjectId: 202031769349300248 - Submission   | on: 2020                  | -00-24  | TIN: 13-5562204  |
|--|--|---|---------------------------|---|--|
| Farmer   | 990  | Return of Organization Exempt Fron  | ו Incor                   | ne Tax  | OMB No. 1545-0047  |
| Form <b>•</b>  |  | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod  | e (except                 | private foundatio   | ns) <b>2018</b>  |
|  |  | Do not enter social security numbers on this form as it may   | ay be made                | e public.   |  |
|  | ent of the Treasury<br>Revenue Service   | Go to <u>www.irs.gov/Form990</u> for instructions and the   | latest info               | ormation.   | Open to Public<br>Inspection   |
| A Fo   | or the 2019 c  | alendar year, or tax year beginning 07-01-2018 ,and ending 06-3   | 0-2019                    |   |  |
| B Chec   | k if applicable:   | C Name of organization<br>GREENWICH HOUSE INC   |                           | D Employer  | identification number  |
|  | lress change<br>ne change  |   |                           | 13-55622  | 04   |
|  | ial return   | Doing business as   |                           | _   |  |
| _  | l return/terminated<br>ended return  | Number and street (or P.O. box if mail is not delivered to street address) Room/su  | ito                       | E Telephone r   | number   |
|  | lication pending   | 122 WEST 27TH STREET 6TH FLOOR  | ince                      | (212) 991   | -0003  |
|  |  | City or town, state or province, country, and ZIP or foreign postal code<br>NEW YORK, NY 10001                                      |                           |   |  |
|  |  |   |                           |   | pts \$ 15,715,643  |
|  |  | F Name and address of principal officer:<br>DARREN BLOCH  |                           | this a group retur<br>bordinates?   | n for  |
|  |  | 122 WEST 27TH STREET 6TH FLOOR<br>NEW YORK, NY 10001  | H(b) Ar                   | e all subordinates  |  |
| [ Tax-   | -exempt status:  | ✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527  |                           | cluded?<br>"No," attach a list  | . (see instructions)   |
| l We   | ebsite: 🕨 WW   | W.GREENWICHHOUSE.ORG  |                           | oup exemption nu  |  |
|  |  |   | I Yoor of fr              | ormation: 1902  | State of legal domicile: NY  |
| Form   | of organization:   | Corporation Trust Association Other   |                           | 5macion: 1902   | State of legal domicile: NF  |
| Pai  | rt I Sum   | marv  |                           |   |  |
|  | 1 Briefly des  | cribe the organization's mission or most significant activities:<br>CH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLING LI |                           |   |  |
|  |  | GROUNDS. EACH YEAR GREENWHICH HOUSE PROVIDES NEARLY 12,000 N<br>S, ALL AIMED ATPROVIDING PERSONAL GROWTH AND ENRICHMENT.            | EWYORKE                   | RS WITH SOCIAL,   | MEDICAL, AND CULTURAL  |
| 2.01   |  | _   |                           |   |  |
| 3  | 2 Check thi<br>3 Number of   | s box ► 🗌   |                           |   | 3 20   |
| 2  |  | f independent voting members of the governing body (Part VI, line 1a)   |                           |   | <b>4</b> 19  |
|  |  | ber of individuals employed in calendar year 2018 (Part V, line 2a)   |                           |   | 5 236  |
| £.   | 6 Total num  | ber of volunteers (estimate if necessary)   |                           |   | <b>6</b> 138   |
|  | 7a Total unre  | elated business revenue from Part VIII, column (C), line 12   |                           | •   | <b>7a</b> 19,293   |
|  | <b>b</b> Net unrel   | ated business taxable income from Form 990-T, line 34   | <u> </u>                  |   | 7b 18,293  |
|  | 8 Contribut  | ions and grants (Part VIII, line 1h)  |                           | Prior Year 5,824,788  | Current Year<br>6,075,271  |
| enue   |  |   |                           |   |  |
|  | 9 Program  |   |                           | 6,988,58  |  |
| leve   |  |   |                           |   | 5 7,847,933  |
| Reve   | 10 Investme  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,839<br>1,444,040  | 5 7,847,933<br>9 239,323<br>0 1,436,346  |
| Reve   | <ul><li>10 Investme</li><li>11 Other rev</li><li>12 Total reve</li></ul>   | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83  | 5 7,847,933<br>9 239,323<br>0 1,436,346  |
| Reve   | <ol> <li>Investme</li> <li>Other rev</li> <li>Total reve</li> <li>Grants ar</li> </ol>   | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,839<br>1,444,040  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303   |
|  | <ol> <li>Investme</li> <li>Other rev</li> <li>Total reve</li> <li>Grants an</li> <li>Benefits p</li> </ol>   | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,040<br>14,440,25<br>99,270  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0  |
|  | <ol> <li>Investme</li> <li>Other rev</li> <li>Total reve</li> <li>Grants ar</li> <li>Benefits p</li> <li>Salaries,</li> </ol>  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946   |
|  | <ol> <li>Investme</li> <li>Other rev</li> <li>Total reve</li> <li>Grants ar</li> <li>Benefits p</li> <li>Salaries,</li> <li>Profession</li> </ol>  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946   |
|  | 10       Investment         11       Other rev         12       Total reve         13       Grants ar         14       Benefits p         15       Salaries,         16       Profession         b       Total funder  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>3 9,138,946<br>0 0  |
|  | 10         Investme           11         Other rev           12         Total rev           13         Grants ar           14         Benefits p           15         Salaries,           16         Professio           b         Total fundr           17         Other exp           18         Total september 2000  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77<br>6<br>5,511,96<br>14,250,01   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0 0<br>3 9,138,946<br>0 0 0<br>4 5,569,871<br>3 14,831,120   |
| Expenses   | 10         Investme           11         Other rev           12         Total rev           13         Grants ar           14         Benefits p           15         Salaries,           16         Professio           b         Total fundr           17         Other exp           18         Total september 2000  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77<br>6<br>5,511,96<br>14,250,01<br>190,23   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0 0<br>8 9,138,946<br>0 0 0<br>4 5,569,871<br>3 14,831,120<br>4 767,753  |
| Expenses   | 10         Investme           11         Other rev           12         Total rev           13         Grants ar           14         Benefits p           15         Salaries,           16         Professio           b         Total fundr           17         Other exp           18         Total september 2000  | service revenue (Part VIII, line 2g)  | Beginn                    | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77<br>6<br>5,511,96<br>14,250,01   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>3 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 767,753  |
| Expenses   | <ol> <li>Investme</li> <li>Other rev</li> <li>Other rev</li> <li>Total reve</li> <li>Total reve</li> <li>Grants ar</li> <li>Benefits p</li> <li>Salaries,</li> <li>Forda fundr</li> <li>Total fundr</li> <li>Other exp</li> <li>Total expu</li> <li>Revenue</li> </ol>   | service revenue (Part VIII, line 2g)  | Beginn                    | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77<br>6<br>5,511,96<br>14,250,01<br>190,23   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>3 9,138,946<br>0 0<br>4 5,569,871<br>8 14,831,120<br>4 767,753<br>r End of Year   |
| Expenses   | <ul> <li>10 Investme</li> <li>11 Other rev</li> <li>12 Total reve</li> <li>13 Grants ar</li> <li>14 Benefits p</li> <li>15 Salaries,</li> <li>16 Total fundr</li> <li>17 Other exp</li> <li>18 Total exp</li> <li>19 Revenue</li> </ul>  | service revenue (Part VIII, line 2g)  | Beginn                    | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>(<br>8,638,77<br>(<br>5,511,96<br>14,250,01<br>190,23<br><b>ing of Current Yea</b><br>8,723,53<br>1,750,49  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>3 9,138,946<br>0 0 0<br>4 5,569,871<br>8 14,831,120<br>4 767,753<br>r End of Year<br>5 9,747,494<br>3 2,107,537   |
| Fund Balances Expenses   | <ul> <li>Investme</li> <li>Other rev</li> <li>Other rev</li> <li>Grants ar</li> <li>Grants ar</li> <li>Benefits p</li> <li>Salaries,</li> <li>Total fundr</li> <li>Total fundr</li> <li>Other exp</li> <li>Total exp</li> <li>Total exp</li> <li>Total asse</li> <li>Total liabi</li> <li>Zotal ilabi</li> <li>Net asset</li> </ul>  | service revenue (Part VIII, line 2g)  | Beginn                    | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6<br>8,638,77<br>6<br>5,511,96<br>14,250,01<br>14,250,01<br>190,23<br>ing of Current Yea<br>8,723,53  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>3 9,138,946<br>0 0 0<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>r End of Year<br>5 9,747,494<br>3 2,107,537   |
| Fund Balances Expenses   | <ul> <li>10 Investme</li> <li>11 Other rev</li> <li>12 Total reve</li> <li>13 Grants ar</li> <li>14 Benefits p</li> <li>15 Salaries,</li> <li>16 Profession</li> <li>16 Total fundr</li> <li>17 Other exp</li> <li>18 Total expo</li> <li>19 Revenue</li> <li>20 Total asset</li> <li>21 Total liabit</li> <li>22 Net asset</li> <li>11 Signal</li> </ul>  | service revenue (Part VIII, line 2g)  |                           | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>6,5,511,96<br>14,250,01<br>14,250,01<br>14,250,01<br>14,250,01<br>190,23<br>ing of Current Yea<br>8,723,53<br>1,750,49<br>6,973,04  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0 0<br>8 9,138,946<br>0 0 0<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>r End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957  |
| Expenses<br>Fund Balances<br>Balances  | <ul> <li>10 Investme</li> <li>11 Other rev</li> <li>12 Total reve</li> <li>13 Grants and</li> <li>14 Benefits p</li> <li>15 Salaries,</li> <li>16 Profession</li> <li>b Total fundri</li> <li>17 Other exp</li> <li>18 Total expi</li> <li>19 Revenue</li> <li>20 Total asse</li> <li>21 Total liabi</li> <li>22 Net asset</li> <li>11 Signa</li> <li>penalties of prodge and belie</li> </ul>   | service revenue (Part VIII, line 2g)  | schedules                 | 6,988,58<br>182,83<br>1,444,04<br>1,444,025<br>99,27<br>6,5,511,96<br>14,250,011<br>190,23<br>ing of Current Yea<br>8,723,53<br>1,750,49<br>6,973,04<br>and statements, a   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>7 End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my  |
| Fund Balances Expenses   | 10       Investme         11       Other rev         12       Total reve         13       Grants ar         14       Benefits p         15       Salaries,         16a       Profession         b       Total fundr         17       Other exp         18       Total expu         20       Total asse         21       Total liabi         22       Net asset         11       Signit         penalties of pr   | service revenue (Part VIII, line 2g)  | schedules                 | 6,988,58<br>182,83<br>1,444,04<br>14,440,25<br>99,27<br>99,27<br>6,5511,96<br>14,250,01<br>14,250,01<br>14,250,01<br>14,250,01<br>14,250,01<br>6,973,04<br>and statements, a<br>d on all information  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>r End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my  |
| Expenses of Expenses of Parameters of Expenses of Parameters of Paramete   | 10 Investme<br>11 Other rev<br>12 Total reve<br>13 Grants ar<br>14 Benefits p<br>15 Salaries,<br>16 Profession<br>b Total fundr<br>17 Other exp<br>18 Total expu<br>19 Revenue<br>20 Total labid<br>22 Net assett<br>11 Signa<br>pen-Ites of pr<br>adge and belie<br>towledge.   | service revenue (Part VIII, line 2g)  | schedules                 | 6,988,58<br>182,83<br>1,444,04<br>1,444,025<br>99,27<br>6,5,511,96<br>14,250,011<br>190,23<br>ing of Current Yea<br>8,723,53<br>1,750,49<br>6,973,04<br>and statements, a   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>r End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my  |
| Expenses<br>Inder assess of<br>Part Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances   | 10 Investme<br>11 Other rev<br>12 Total reve<br>13 Grants ar<br>14 Benefits p<br>15 Salaries,<br>16 Professio<br>b Total fundr<br>17 Other exp<br>18 Total exp<br>19 Revenue<br>20 Total asset<br>21 Total liabid<br>22 Net asset<br>33 Signatu  | service revenue (Part VIII, line 2g)  | schedules                 | 6,988,58:<br>182,833<br>1,444,041<br>14,440,255<br>99,277<br>6,5,511,964<br>14,250,018<br>190,233<br><b>ing of Current Yea</b><br>8,723,533<br>1,750,492<br>6,973,043<br>and statements, a<br>ed on all information<br>2020-05-28                                   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>7 End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my  |
| Expenses<br>Inder assess of<br>Part Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances   | 10 Investme<br>11 Other rev<br>12 Total reve<br>13 Grants ar<br>14 Benefits p<br>15 Salaries,<br>16a Professio<br>b Total fundr<br>17 Other exp<br>18 Total exp<br>19 Revenue<br>20 Total asset<br>21 Total liabi<br>22 Net asset<br>11 Signat<br>penaltes of pr<br>add ge.  | service revenue (Part VIII, line 2g)  | schedules                 | 6,988,58:<br>182,833<br>1,444,041<br>14,440,255<br>99,277<br>6,5,511,964<br>14,250,018<br>190,233<br><b>ing of Current Yea</b><br>8,723,533<br>1,750,492<br>6,973,043<br>and statements, a<br>ed on all information<br>2020-05-28                                   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>7 End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my  |
| Expenses<br>Inder assess of<br>Part Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances<br>Balances   | 10       Investme         11       Other rev         12       Total reve         13       Grants ar         14       Benefits g         15       Salaries,         16a       Professio         b       Total fundr.         17       Other exp         18       Total exp         19       Revenue         20       Total liabi         22       Net asset         11       Signatu         penalties of pedge and belie         owledge.       Signatu         DARRE       Type or  | service revenue (Part VIII, line 2g)  | schedules<br>cer) is base | 6,988,58:<br>182,833<br>1,444,044<br>14,440,25:<br>99,274<br>(<br>8,638,774<br>(<br>5,511,964<br>14,250,014<br>190,234<br>ing of Current Yea<br>8,723,534<br>1,750,493<br>6,973,042<br>6,973,042<br>and statements, a<br>d on all information<br>2020-05-28<br>Date | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>r End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my<br>on of which preparer has     |
| Part Balances Expenses of Expe   | 10 Investme<br>11 Other rev<br>12 Total reve<br>13 Grants ar<br>14 Benefits (<br>15 Salaries,<br>16 Professio<br>b Total fundr<br>17 Other exp<br>18 Total exp<br>19 Revenue<br>20 Total asset<br>21 Total liabi<br>22 Net asset<br>11 Signatu<br>penalties of pr<br>addge and belie<br>nowledge.<br>P   | service revenue (Part VIII, line 2g)  | schedules<br>cer) is base | 6,988,58:<br>182,833<br>1,444,041<br>14,440,255<br>99,277<br>8,638,773<br>5,511,964<br>14,250,013<br>190,233<br>1,750,492<br>6,973,043<br>and statements, a<br>ed on all information<br>2020-05-28<br>Date<br>Check if Pin<br>check if Pin<br>Pin                   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>7 End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my<br>on of which preparer has   |
| Sign<br>Here<br>Paid   | 10 Investme<br>11 Other rev<br>12 Total reve<br>13 Grants ar<br>14 Benefits q<br>15 Salaries,<br>16 Professio<br>b Total fundr<br>17 Other exp<br>18 Total exp<br>19 Revenue<br>20 Total asset<br>21 Total liabi<br>22 Net asset<br>11 Signatu<br>penalties of pr<br>dege and belie<br>total fundr<br>15 Salaries,<br>16 Signatu<br>19 Signatu<br>10 Signatu<br>10 Signatu<br>10 Signatu<br>10 Signatu<br>10 Signatu<br>10 Signatu<br>10 Signatu<br>10 Signatu   | service revenue (Part VIII, line 2g)  | schedules<br>cer) is base | 6,988,58:<br>182,83<br>1,444,04<br>14,440,25:<br>99,27<br>99,27<br>0<br>5,511,96<br>14,250,01<br>14,250,01<br>14,250,01<br>14,250,01<br>14,250,01<br>1,750,49<br>6,973,04<br>and statements, a<br>d on all informatic<br>2020-05-28<br>Date<br>PDT<br>Check if PTT  | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0<br>8 9,138,946<br>0 0<br>4 5,569,871<br>3 14,831,120<br>4 5,569,871<br>7 End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my<br>on of which preparer has   |
| Expenses<br>Part Fund Balances<br>Bign<br>Here<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paide<br>Paid 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| service revenue (Part VIII, line 2g)  | schedules<br>cer) is base | 6,988,58:<br>182,833<br>1,444,041<br>14,440,255<br>99,277<br>8,638,778<br>5,511,966<br>14,250,018<br>190,233<br>1,750,492<br>6,973,043<br>and statements, a<br>ed on all information<br>2020-05-28<br>Date<br>Check if Pin<br>check if Pin<br>Pin                   | 5 7,847,933<br>9 239,323<br>0 1,436,346<br>2 15,598,873<br>5 122,303<br>0 0 0<br>8 9,138,946<br>0 0 0<br>4 5,569,871<br>3 14,831,120<br>4 767,753<br>7 End of Year<br>5 9,747,494<br>3 2,107,537<br>3 7,639,957<br>and to the best of my<br>on of which preparer has |

| For Paperwork | Reduction | Act Notice, | see the se | parate instructions. |
|---------------|-----------|-------------|------------|----------------------|
|               |           |             |            |                      |

No

8

|                | Page 2   |   |   |                                  |
|----------------|--|---|---|----------------------------------|
|                | 990 (2018)   |   |   | Page <b>2</b>                    |
| Pa             | t III Statement of Program Service Accomplishments   |   |   |                                  |
| 1              | Check if Schedule O contains a response or note to any line in this Part III   |   |   |                                  |
| -<br>GREE      | NWICH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLINGLIVES BY OFFERING SOCIAL AND HEALTH SE<br>DUCATION PROGRAMS, AND OPPORTUNITIES FOR CIVIC INVOLVEMENT TO NEW YORKERS OFALL AGES AND BACKGRO  |   |   | URAL                             |
| 2              | Did the organization undertake any significant program services during the year which were not listed on   |   | (es 🔽   |                                  |
| 3              | the prior Form 990 or 990-EZ?  | U 1   | res 💟   | NO                               |
|                | services?  |   | Yes   | 🗹 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 \$ 5,756,445       including grants of \$       ) (Revenue \$         BEHAVIORAL HEALTH PROGRAMS: IN FY2019 THE METHADONE MAINTENANCE TREATMENT PROGRAM (MMTP) HAS FURTHER ENHANCED S       ACCESS TO TREATMENT AND INTEGRATED CARE BY OFFERING METHADONE, BUPRENOPHINE AND VIVITROL, OVERDOSE PREVENTION, EX         FOR PRIMARY CARE AND HEPATITIS C TREATMENT, AND PROVIDING PSYCHIATRIC SERVICES. THE PROGRAM CONTINUES TO TRAIN GRADU       WHO RECEIVE CREDITS TOWARD THEIR MENTAL HEALTH AND SOCIAL WORK MASTER'S DEGREES.   | PANDED  | S BY PRO  | L CARE                           |
| 4b             | (Code: ) (Expenses \$ 2,801,951 including grants of \$ ) (Revenue \$   | 2,812,  |   |                                  |
|                | ARTS AND EDUCATION SERVICES: IN FY2019 GREENWICH HOUSE MUSIC SCHOOL (GHMS) EXPANDED ITS PUBLIC SCHOOL OUTREACH PR<br>MIDDLE AND HIGH SCHOOL STUDENTS IN ADDITION TO ELEMENTARY SCHOOL STUDENTS WITH ITS CHORAL AND SONGWRITING PROGR<br>INTRODUCED A THEATER PROGRAM FOR CHILDREN IN COLLABORATION WITH PARTNER ARS NOVA. THE MUSIC SCHOOL PRESENTED OVE<br>CONCERTS INCLUDING ITS SIGNATURE UNCHARTED SERIES FOR EMERGING ARTISTS WORKING ON NEW PROJECTS OR IN NEW COLLABO<br>PROGRAM FOR SENIORS AT GREENWICH HOUSE SENIOR CENTERS. THE GREENWICH HOUSE POTTERY) PRESENTED SEVEN<br>FEATURING EMERGING AND ESTABLISHED ARTISTS AND SUPPORTED ONE RESIDENCY AND TWO FELLOWSHIPS. THE POTTERY WELCOMED<br>AND OFFERED MORE THAN 100 CLASSES ANNUALLY. THE GREENWICH HOUSE AFTER-SCHOOL ARTS PROGRAM INTRODUCED FAMILY GAME<br>ROOFTOP MOVIE NIGHTS ACCESSIBLE TO THE 200 STUDENTS AND THER FAMILIES IN THE PROGRAM FY2019 SAV OVER 4,000 CLASS<br>NEARLY \$100,000 DISTRIBUTED FOR ARTS SCHOLARSHIPS TO STUDENTS IN THE ARTS AFTER-SCHOOL AND SUMMER CAMP, MUSIC SCHO | AMMING<br>R 50 CC<br>RATION<br>EXHIBI<br>OVER<br>S NIGH<br>EGISTR | G. GHMS<br>MMUNIT<br>IS AND A<br>TIONS<br>450 STUI<br>ITS TO AN<br>ATIONS A | Y<br>CHORAL<br>DENTS<br>ND<br>ND |
| 4c             | (Code: ) (Expenses \$ 2,057,950 including grants of \$ 122,303 ) (Revenue \$   | 56  | ,145)   |                                  |
|                | SENIOR SERVICES: GREENWICH HOUSE ANNUALLY SERVES THOUSANDS OF SENIORS WHO ARE 60 YEARS AND OLDER IN GREENWICH VI<br>PROVIDING DAILY CONGREGATE HOT MEALS, AND CULTURAL, FITNESS AND EDUCATIONAL PROGRAMMING. IN FISCAL YEAR 2019 SENIOF<br>WERE ASKED TO PRESENT AT THE LIVEON NY ANNUAL CONFERENCE, EDUCATING OTHER PROVIDERS OF SENIOR SERVICES ON HOW TO I<br>PROGRAM PARTICIPATION. GREENWICH HOUSE'S FOUR SENIOR CENTER ADVISORY COUNCILS ARE NOW MEETING COLLECTIVELY. GREEN<br>EXPANDED CASE MANAGEMENT SERVICES TO SENIOR RESIDENTS AT WEST VILLAGE HOUSES. THE FOUR GREENWICH HOUSE SENIOR CE<br>ACCESS TO TECHNOLOGY AND TECHNOLOGY EDUCATION, IN COMPLIANCE WITH NYC DEPARTMENT FOR THE AGING REQUIREMENTS. TEC<br>CONDUCTED IN COLLABORATION WITH PARTNERS INCLUDING OLDER ADULTS TECHNOLOGY SERVICES (OATS), THE NEW YORK PUBLIC LI<br>TIMEBANK.  | CENTE<br>NCREAS<br>WICH H<br>NTERS 1<br>H EDUC                    | R SENIO<br>SE CENTE<br>OUSE HA<br>INCREAS<br>ATION W                        | R STAFF<br>R<br>S<br>ED<br>AS    |
|                | (Code: ) (Expenses \$ 1,513,861 including grants of \$ ) (Revenue \$   | 290   | ,392)   |                                  |
|                | MENTAL HEALTH PROGRAMS: IN FISCAL YEAR 2019 THE SENIOR HEALTH AND CONSULTATION CENTER WHICH PROVIDES MENTAL HEALTH<br>ADULTS BEGAN OFFERING TWO GROUP THERAPY PROGRAMS: (1) WORKING WITH DIFFICULT FEELINGS FOR MEN, TO ADDRESS THE COM<br>OLDER MEN FEELING ISOLATED AND WISHING TO IMPROVE COMMUNICATING THEIR FEELINGS; AND (2) WISE WOMEN, A GROUP THERAF<br>WOMEN FIND WAYS TO AFFIRMATIVELY REDEFINE AND EXPRESS THEMESS STHEMESUVES AS THEY AGE. THESE GROUPS ARE ADDRESSING THE MOS<br>AND CHALLENGES FACING TODAY'S SENIORS BY GENDER. THE CHILDREN'S SAFETY PROJECT (CSP), A PROGRAM FOR CHILDREN WHO HA<br>ABUSE, DOMESTIC VIOLENCE AND TRAUMA, INCREASED ITS PROGRAM OFFERING BY PROVIDING, IN COLLABORATION WITH GREENWICH<br>A SUMMER ART AND MUSIC THERAPY CAMP FOR CHILDREN OF THE CSP PROGRAM.  | MON EX<br>Y PROG<br>T COMM<br>VE BEE!                             | PERIENC<br>GRAM TO<br>ION STRE<br>N VICTIM                                  | es of<br>Help<br>Ingths<br>S of  |
| 4d             | Other program services (Describe in Schedule 0.)   |   |   |                                  |
|                |  | 392)  |   |                                  |
| <del>l</del> e | Total program service expenses     12,130,207  | 1   | Form <b>99</b>  | <b>0</b> (2018                   |
|                |  |   |   |                                  |
|                | Page 3   |   |   |                                  |
|                | 990 (2018)   |   |   | Page 3                           |
| Par            | t IV Checklist of Required Schedules   |   | 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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? <sup>1</sup><br>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates   | 2   | Yes   | No                               |
|                | Did the organization engage in direct or indirect political campaign activities on benalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I   | 3   |   |                                  |
| •              | 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?<br>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?<br>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,  |   |   | No                               |
| •              | the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 🕲  | 7   |   | NO                               |

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕱

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?If "Yes," complete Schedule D, Part IV 🐻  | 9   |     | NU |
|-----|--|-----|-----|----|
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 🗐  | 10  | Yes |    |
| 11  | 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?<br>If "Yes," complete Schedule D, Part VI. 🗐  | 11a | Yes |    |
|     | 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 |
| с   | 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? <i>If "Yes," complete Schedule D, Part VIII</i>   | 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 | Yes |    |
| е   | 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?<br>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?<br>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? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If</i> "Yes," complete Schedule F, Parts <i>III and IV</i>   | 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? <i>If "Yes," complete Schedule G, Part I</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 |
| 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  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  | Yes | -  |

– Page 4 –

Form **990** (2018)

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| Form | 990 (2018)  |     |     | Page |
|------|---|-----|-----|------|
| Pa   | rt IV Checklist of Required Schedules (continued)   |     |     |      |
|      |   |     | Yes | No   |
| 23   | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current<br>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete<br>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 |     |      |
| c    | 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? $\cdot$ .   | 24d |     |      |
| 25a  | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.<br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"<br>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?<br>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?<br>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? If "Yes," complete Schedule L, Part III | 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   |
| c    | 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 🔒 🕺  | 20  | 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  |        | No              |
|-----|--|-----|--------|-----------------|
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .   | 31  |        | No              |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<br>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? <i>If "Yes," complete Schedule R, Part I</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 | Yes    |                 |
| 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 | Yes    |                 |
| 36  | 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37  |        | No              |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b><br>All Form 990 filers are required to complete Schedule O.  | 38  | Yes    |                 |
| Pa  | rt V Statements Regarding Other IRS Filings and Tax Compliance   |     |        |                 |
|     | Check if Schedule O contains a response or note to any line in this Part V   |     |        |                 |
|     |  |     | Yes    | No              |
| 1a  | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 91  |     |        |                 |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . <b>1b</b> 0  |     |        |                 |
| с   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c  | Yes    |                 |
|     |  | F   | orm 99 | <b>0</b> (2018) |

Page 5

| orm        | 990 (2018)  |          |     | Page <b>5</b> |
|------------|---|----------|-----|---------------|
| 2a         | Enter the number of employees reported on Form W-3, Transmittal of Wage and<br>Tax Statements, filed for the calendar year ending with or within the year covered by<br>this return   |          |     | _             |
| b          | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b       | Yes |               |
| 3a         | Did the organization have unrelated business gross income of $1,000$ or more during the year?   | 3a       | Yes |               |
| b          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b       | Yes |               |
|            | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: | 4a       |     | No            |
|            | See instructions for 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       |     | No            |
| b          | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b       |     | No            |
| 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?   | 6a       |     | No            |
| b          | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | 6b       |     |               |
| 7          | Organizations that may receive deductible contributions under section 170(c).   |          |     |               |
| а          | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | 7a       | Yes |               |
| b          | If "Yes," did the organization notify the donor of the value of the goods or services provided? $\ldots$ .  | 7b       | Yes |               |
| с          | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | 7c       |     | No            |
| d          | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |          |     |               |
| e          | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e       |     | No            |
| f          | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? $\cdot$ .  | 7f       |     | No            |
| g          | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g       |     |               |
| h          | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h       |     |               |
| 8          | Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during<br>the year?   |          |     |               |
| <b>0</b> - |   | 8        |     | <u> </u>      |
|            | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a<br>9b |     |               |
|            | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:   | 90       |     | <u> </u>      |
|            |   |          |     |               |
|            | Initiation fees and capital contributions included on Part VIII, line 12 <b>10a</b><br>Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b</b>   |          |     |               |
|            | Section 501(c)(12) organizations. Enter:  |          |     |               |
|            | Gross income from members or shareholders   |          |     |               |
|            | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |          |     |               |
|            |   | 10       |     |               |

| 1/41 |  | <br> |  | Ŧ | 1.I. | 1.1 | £:1: | - | 000 : | 11 | £ F |  |
|------|--|------|--|---|------|-----|------|---|-------|----|-----|--|
|      |  |      |  |   |      |     |      |   |       |    |     |  |

| ⊥∠a | Section 494/(a)(1) non-exempt charitable trusts. Is the organization filing form 9     | י חו טפי | eu or Form 1041? |
|-----|--|----------|------------------|
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. | 126      |                  |

|     |   | 120     |          |     |    |
|-----|---|---------|----------|-----|----|
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.  |         |          |     |    |
| а   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Sc | hedule  | 0.       | 13a |    |
| 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     |          |     |    |
| с   | Enter the amount of reserves on hand  | 13c     |          |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year   | ar? .   |          | 14a | No |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation   | n in Sc | hedule O | 14b |    |
| 15  | Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000$ , parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Sch      |         |          | 15  | No |
| 16  | Is the organization an educational institution subject to the section 4968 excise tax on n If "Yes," complete Form 4720, Schedule O   |         |          | 16  | No |

Form 990 (2018)

| <form>         Term 199 (2013)       Descent Amagement, and Disclosure for and "Yes" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2 through 2b below.         Image of Norming Body and Management       Image of Norming Body and Management and the tax year       Image of Norming Body 2b below, and for No" response to lines 2 through 2b below, and for No" response to lines 2b below, and for No" response to line 2b below response to line 2b below, and for No" response to line 2b below response response to line 2b below, and for No" response to line 2b below, and for No" re</form>                       |      |                 | Page 6  |         |          |       |
|---|------|-----------------|---|---------|----------|-------|
| Furt \\\       Governance, Management, and Disclosure For each "rest response to lines? It may have and the "No" response to lines" by diverse the instructions.       It is the state of the          | Form | 990 (2          | 2018)   |         |          | Daga  |
| Ia       Enter the number of voting members of the governing body at the end of the tax year in the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       Ia       Ia <th></th> <th></th> <th>Averance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No<br/>8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</th> <th>o" resp</th> <th>onse to</th> <th>lines</th>  |      |                 | Averance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No<br>8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | o" resp | onse to  | lines |
| 1a Enter the number of voting members of the governing body at the end of the tax year in the space into body. of the governing body at the governing body at the governing body.       1a       20       20         bdy of the governing body of the governing body at the end of the tax year in the governing body.       1b       10       2       Yes         2       0       Enter the number of voting members included in line 1a, above, who are independent       19       2       Yes       2       Yes         3       Dot at segmination diagost control over management duids customarily parformed by or under the direct supervision of officers, directors or trustee, or key employees to a management company or other person?       3       No         4       Did the organization have members are stackholders?       6       No         5       Did the organization bave members, stackholders, or other persons who had the power to elect or appoint one or more fragoverning body?       7a       No         6       Did the organization bave members, stackholders, or other persons who had the power to elect or appoint one or more fragoverning body?       7a       No         7       Did the organization category of the organization reserved to for subject to approval by members, stackholders, or elect or appoint one or more fragoverning body?       7a       No         9       Did the organization have members or they employees itsel in Part VII, Section A, who cannot be rached at the organization have write write addresses in Sortenit  | Se   | ction           | A. Governing Body and Management  |         |          | 1     |
| If 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.       Image: Committee, explain in Schedule 0.         0       Enter the number of voting members included in line 1a, above, who are independent in the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.       2       Ves         2       Did any officer, director, trustee, or key employees to a management company or other person?       2       Ves         3       Not       6       No         4       Did the organization delegate control over management duules customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other persons?       3       No         5       Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or memembers of the governing body?       8       8       8         6       Each committee with authority to at on behalf of the governing body?       8       8       8       9       No         9       Each committee with authority to at on behalf of the governing body?       8       8       9       No         9       Each committee with authority to act on behalf of the governing body?       8       8       8       9       No         10 <td></td> <td>E.t.</td> <td></td> <td></td> <td>Yes</td> <td>No</td>  |      | E.t.            |   |         | Yes      | No    |
| bddy, or if the governing body delegated bröad authority to an executive committee or similar committee, explain in Schedule 0.       initial committee, explain in Schedule 0.         b Enter the number of voting members included in line 1a, above, who are independent 1b       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 company or other person?       3       No         4 Did the organization become aware during the year of a significant diversion of the organization's assets?       6       No         5 Did the organization have members stockholders, or ther persons who had the power to elect or appoint one or more members or tockholders, or other persons who had the powers, stockholders, or persons of the governing body?       7b       No         70 Did the organization near members or stockholders, or energinazion's assets?       8b       Yes       8b       Yes       8b       Yes       8b       Yes       8b       Yes       8b       Yes       8c       Yes       8c       No       7b       No   | Ia   | Enter           | the number of voting members of the governing body at the end of the tax year <b>1a</b> 20  |         |          |       |
| Lbd any officer, director, trustee, or key employee have a family relationship or a business relationship with any other direct supervision of officers, director, trustees, or key employees to a management company or other person?       2       Yes         3       Did the organization degrade control over management dules customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?       3       No         4       Did the organization neceme aware during the year of a significant diversion of the organization's assets?       5       No         5       Did the organization have members or stockholders?       6       No         7       Did the organization necements or stockholders?       6       No         7       Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion during the year of a significant diversion and docesses in Schedule 0       7b       No         8       Did the organization neceming body?       8a       Yes       8b       Yes       8b       Yes       8b       Yes       8c       9       No         9       Each committee with authority to act on behalf of the governing body?       8a       Yes       8b       Yes       8b       Yes       8c       9       No         9       Each committee with authority to act on behalf of the governing bod  |      | body,           | or if the governing body delegated broad authority to an executive committee or   |         |          |       |
| 2       Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other of difficer, director, trustee, or key employees to a management dutes customarily performed by or under the direct supervision 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 dave may significant thenges to its governing documents since the prior form 990 was filed?       4       No         6       Did the organization have members, stockholders?       5       No         7       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       8         7       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7       No         8       Did the organization have service the prior of the governing body?       8       Yes       8         9       Each committee with authority to act on behalf of the governing body?       8       Yes       No         9       Each committee with authority to act on behalf of the governing body.       8       Yes       No         10       Did the organization have awritten policies and procedures governing the activities of such chapters, affiliates, and branches to such chapters, affiliates  | b    | Enter           |   |         |          |       |
| of officer, director, trustee, or key employees to a management duies customarily performed by or under the direct supervision       2       Yes         4       Did the organization degrade control over management duies customarily performed by or under the direct supervision       3       No         5       Did the organization make any significant changes to its governing documents since the prior form 990 was filed?       3       No         6       Did the organization have members or stockholders?       6       No         7       Did the organization have members, stockholders?       6       No         7       Did the organization have members, stockholders?       6       No         8       Did the organization have members or stockholders?       6       No         9       Are any governance decisions of the arganization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       8       4       8         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant onterporaneously document the meetings held or written actions undertaken during the year of a significant onterporaneously document the meetings held or written actions undertaken during the year or a significant onterporaneously document the meetings held or written actions undertaken during the year or a significant onterporaneously document the meetings held or written actions undertaken during thevertaken at the organization have authority to act on behalf of t   | _    |                 |   |         |          |       |
| of officers, directors or trüstees, or key employees to a management company or other person?       3       100         4       Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?       3       100         5       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       No         7       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       No         7       Did the organization become aware during the year of a significant diversion of the organization's assets?       6       No         7       Did the organization we members, stockholders?       6       No         7       Did the organization contemportaneously document the meetings held or written actions undertaken during the year by the following:       7       No         8       Did the organization have written of the amas and addresses in Schedule O       8       Yes       No         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written polices and procedures governing body?       8       Yes       No         0       Did the organization have averten polices and procedures governing body before filing the form?       No       No       10a       No         10       Did the organizat  | 2    |                 |   | 2       | Yes      |       |
| 5       Did the organization become aware during the year of a significant diversion of the organization's assets?       5       No         6       Did the organization have members or stockholders?       6       No         7       Did the organization have members, stockholders?       6       No         7       Did the organization have members, stockholders?       7       No         7       Did the organization have members, stockholders, or persons other than the governing body?       7       No         8       Did the organization other poraneously document the meetings held or written actions undertaken during the year by the following:       8       Yes       8         a       The governing body?       8       Wes       8       Yes       8         9       Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have averten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       Yes       No         10       Did the organization have averten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10       10       10       10       10       10       10       11       12       Yes       10  | 3    |                 |   | 3       |          | 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?       6       No         7b       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       No         7c       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       Yes       8a       Yes       8a       Yes       8b       Yes       9       No         7c       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7c       8a       Yes       8b       Yes       8b       Yes       9       No         7c       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7c       No       No </td <td>4</td> <td></td> <td></td> <td>4</td> <td></td> <td>No</td>  | 4    |                 |   | 4       |          | 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?       7a       No         9       Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or the following:       7b       No         8       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       7b       No         9       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       Yes:         10       Each committee with authority to act on behalf of the governing body?       8a       Yes:       8b       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 maining address? If Yes," provide the names and addresses in Schedule 0       9       No         9       Is there any officer, director, strustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       10a       10a       10a       10a       10a       10a       10a       11a       Yes       No       10a       11a       Yes       10a       12a   | 5    | Did th          | ne organization become aware during the year of a significant diversion of the organization's assets?   | 5       |          | No    |
| members of the governing body?       7a       No         b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?       7b       No         8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       8a       Yes         a The governing body?       Ba       Yes       Ba <td>6</td> <td>Did th</td> <td>ne organization have members or stockholders?</td> <td>6</td> <td></td> <td>No</td>  | 6    | Did th          | ne organization have members or stockholders?   | 6       |          | No    |
| B       Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:       B       A   | 7a   |                 |   | 7a      |          | No    |
| a The governing body?       Ba       Yes         b Each committee with authority to act on behalf of the governing body?       Ba       Yes         b Each committee with authority to act on behalf of the governing body?       Bb       Yes         c Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Ves       No         c Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)       Ves       No         10a Did the organization have local chapters, branches, or affiliates? and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       No         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       Yes       11a       Yes         b Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.       12a       Yes       12a       Yes       12b       Yes       12c       Yes       12b       Yes       12b       Yes       12b       Yes       12c       Yes       12b       Yes <td>b</td> <td></td> <td></td> <td>7b</td> <td></td> <td>No</td>   | b    |                 |   | 7b      |          | No    |
| b       Each committee with authority to act on behalf of the governing body?       B       B       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 Code.)         10a Did the organization have local chapters, branches, or affiliates?       Yes       No         10 a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       No         11a       Has the organization nave written policies and procedures governing body before filing the form?       10a       11a       Yes         12 Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       Yes       12a       Yes         13 Did the organization have a written whistleblower policy?       13       Yes       12b       Yes  | 8    |                 |   |         |          |       |
| 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 0       9       No         Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes No         10a       Did the organization have local chapters, branches, or affiliates?       10a       No         10a       Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?       10a       No         11a Has the organization nove written conflict of interest policy? If "No," go to line 13       11a       Yes       12a         b Describe in Schedule O the process, if any, used by the organization to revue this Form 990.       12a       12b       Yes       12b       12a       Yes       12b       Yes       12c       Yes       12c       Yes  | а    | The g           | overning body?  | 8a      | Yes      |       |
| organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | b    | Each            | committee with authority to act on behalf of the governing body?  | 8b      | Yes      |       |
| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         Yes No         10a Did the organization have local chapters, branches, or affiliates?       Yes No         b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       No         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       Yes       10b       11a       Yes         b Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       12a       Yes       12a       Yes       12a       Yes       12a       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12b       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes  | 9    |                 |   |         |          |       |
| Yes       No         10a       Did the organization have local chapters, branches, or affiliates?          b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10a       No         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       No         12a       Did the organization nave a written conflict of interest policy? If "No," go to line 13        12a       Yes       12a         12bid the organization regularly and consistent Winorficts?         12a       Yes       12b       Yes       12c       Yes       12b       Yes       12b       Yes       12b       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12b       Yes       12b       Yes       12c       Yes       12b       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12b       Yes       12b <td< td=""><td></td><td>-</td><td></td><td>-</td><td><u>,</u></td><td>No</td></td<>  |      | -               |   | -       | <u>,</u> | No    |
| 10a       Did the organization have local chapters, branches, or affiliates?       10a       No         b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       10b       11a         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       10a       No         12a       Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       Yes         12b       Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a       Yes       12a       Yes       12a       Yes       12b       Yes       12b       Yes       12b       Yes       12b       Yes       12c       Yes       12c       Yes       12c       Yes       12b       Yes       12c       Yes<  | Se   | ction           | <b>B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue   | e Coae  |          | No    |
| b       If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?       10b       10b         11a       Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a       Yes         12a       Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> 12a       Yes       12b         2 Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> 12b       Yes       12c       Yes       12b       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12c       Yes       12b       Yes       12c       Yes       12c       Yes       12b       Yes       12c       Yes       12b       Yes       12c       Yes       12c       Yes       12c       Yes       12c       Yes       12c       Yes       12b       Yes       12c       Yes       12c       Yes       12c       Yes       12c       Yes       12c       Yes       12c       Yes<  | 10a  | Did th          | ne organization have local chapters, branches, or affiliates?   | 10a     | 100      |       |
| and branches to ensure their operations are consistent with the organization's exempt purposes?       10b         11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?       11a         b Describe in Schedule O the process, if any, used by the organization to review this Form 990.       12a         12b Did the organization have a written conflict of interest policy? If "No," go to line 13       12a         12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done       12b         13 Did the organization have a written whistleblower policy?       13       Yes         14 Did the organization have a written whistleblower policy?       13       Yes         15 Did the organization have a written document retention and destruction policy?       14       Yes         14 Did the organization's CEO, Executive Director, or top management official       15a       Yes         16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       15a       No         16a       If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements?       16a       No         15a       Ves       16a       No         16a       No       16a <td< td=""><td></td><td></td><td>-</td><td></td><td></td><td></td></td<>   |      |                 | -   |         |          |       |
| form?       11a       Yes         b       Describe in Schedule 0 the process, if any, used by the organization to review this Form 990.       11a       Yes         12a       Did the organization have a written conflict of interest policy? If "No," go to line 13       12a       Yes         12b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       Yes         c       Did the organization have a written whistleblower policy?       13       Viet       Yes         13       Did the organization have a written document retention and destruction policy?       13       Yes       12c       Yes         14       Did the organization have a written document retention and destruction policy?       14       Yes       12c       Yes   |      | and b           | ranches to ensure their operations are consistent with the organization's exempt purposes?  | 10b     |          |       |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13   |      |                 |   | 11a     | Yes      |       |
| b       Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?       12b       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       12c       Yes         13       Did the organization have a written whistleblower policy?       13       Yes       13         14       Did the organization have a written document retention and destruction policy?       14       Yes       14         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?       15a       Yes         a       The organization's CEO, Executive Director, or top management official       15b       No         If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       No         b       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?       16b       16b         14       Yes       16b       16b       16b       16b   | b    | Descr           | ibe in Schedule O the process, if any, used by the organization to review this Form 990   |         |          |       |
| conflicts?       12b       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       12c       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 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?       15a       Yes         a       The organization's CEO, Executive Director, or top management official       15b       No         If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).       15b       No         16a       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?       16b       16b         I       If "Yes," did the organization follow a written policy or procedure requiring the organization's exempt status with respect to such arrangements? </td <td>12a</td> <td>Did th</td> <td>ne organization have a written conflict of interest policy? If "No," go to line 13</td> <td>12a</td> <td>Yes</td> <td></td>   | 12a  | Did th          | ne organization have a written conflict of interest policy? If "No," go to line 13  | 12a     | Yes      |       |
| Schedule Õ how this was done       1       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?       14       Yes         a       The organization's CEO, Executive Director, or top management official       15a       Yes         b       Other officers or key employees of the organization       15b       No         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       No         b       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?       16a       No         16b       If "Yes," did the other organization follow a written policy of this Form 990 is required to be filed       16b       16b  | b    |                 |   | 12b     | 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?       14       Yes         a       The organization's CEO, Executive Director, or top management official       15a       Yes         b       Other officers or key employees of the organization       15b       No         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16a       No         16a       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?       16b       16b         Section C. Disclosure       12       List the States with which a copy of this Form 990 is required to be filed       114       Yes  | с    |                 |   | 12c     | 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?       15       If a persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         a       The organization's CEO, Executive Director, or top management official       15a       Yes         b       Other officers or key employees of the organization       15b       No         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).       16b       16a       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?       16b       16b         Section C. Disclosure       12       List the States with which a copy of this Form 990 is required to be filed       112       12  | 13   | Did th          | ne organization have a written whistleblower policy?  | 13      | Yes      |       |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision?       Image: state in the image: state imag | 14   | Did th          | ne organization have a written document retention and destruction policy?   | 14      | Yes      |       |
| b Other officers or key employees of the organization   | 15   | Did th<br>perso | ne process for determining compensation of the following persons include a review and approval by independent<br>ns, comparability data, and contemporaneous substantiation of the deliberation and decision?       |         |          |       |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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?  Section C. Disclosure  17 List the States with which a copy of this Form 990 is required to be filed  | а    | The o           | rganization's CEO, Executive Director, or top management official   | 15a     | Yes      |       |
| 16a       Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?       16a       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?       16b       16b         Section C. Disclosure         17       List the States with which a copy of this Form 990 is required to be filed►  | b    | Other           | officers or key employees of the organization   | 15b     |          | No    |
| taxable entity during the year?       16a       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?       16a       No         Section C. Disclosure       16b       16b       16b  |      |                 |   |         |          |       |
| in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt<br>tatus with respect to such arrangements?<br><b>Section C. Disclosure</b><br><b>17</b> List the States with which a copy of this Form 990 is required to be filed   | 16a  |                 |   | 16a     |          | No    |
| status with respect to such arrangements?       16b         Section C. Disclosure       17         List the States with which a copy of this Form 990 is required to be filed       5   | b    |                 |   |         |          |       |
| 17 List the States with which a copy of this Form 990 is required to be filed   |      |                 |   | 16b     |          |       |
|   | Se   | ction           | C. Disclosure   |         |          |       |
|   | 17   | List th         | he 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-A 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.

□ Own website □ Another's website ☑ Upon request □ Other (explain in Schedule 0)

| 19 | 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 | mber of the person who possesses the organization's bo | ooks and records: |
|----|--|--|-------------------|
|    | ▶JANET ROSS 122 W 27TH ST 6TH FLOOR        | NEW YORK, NY 10001 (212) 991-0003                      |                   |

Form 990 (2018)

|             | Page 7   |               |
|-------------|--|---------------|
| Form 990 (3 | 2018)  | Page <b>7</b> |
| Part VII    | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |               |

Check if Schedule O contains a response or note to any line in this  $\ensuremath{\mathsf{Part}}\xspace$  .  $\square$ 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.

| (A)<br>Name and Title                      | (B)<br>Average<br>hours per<br>week (list<br>any hours | pers                              | an on<br>on is        | e bo<br>boti | t cho<br>x, u<br>h an | eck m<br>inless<br>office<br>ustee | er     | (D)<br>Reportable<br>compensation<br>from the<br>organization (W- | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F)<br>Estimated<br>amount of other<br>compensation<br>from the |
|--|--|-----------------------------------|-----------------------|--------------|-----------------------|------------------------------------|--------|---|--|---|
|  | for related<br>organizations<br>below dotted<br>line)  | Individual trustee<br>or director | Institutional Trustee | Officer      | Key employee          | Highest compensated<br>employee    | Former | 2/1099-MISC)  | (W- 2/1099-<br>MISC)   | organization and<br>related<br>organizations                    |
| (1) ALICE YU<br>DIRECTOR                   | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (2) CARMINE GIBALDI<br>DIRECTOR            | 0.50   | x                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (3) CATHY AQUILA<br>DIRECTOR               | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (4) CHRISTINE GRYGIEL-WEST<br>VICE CHAIR   | 0.50   | x                                 |                       | x            |                       |                                    |        | 0   | 0  | 0   |
| (5) CHRISTOPHER KIPLOK<br>VICE CHAIR       | 0.50   | х                                 |                       | x            |                       |                                    |        | 0   | 0  | 0   |
| (6) CRAIG DELAURIER<br>DIRECTOR            | 0.50   | x                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (7) DIANE C KOEPPEL<br>DIRECTOR            | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (8) EDWARD AK ADLER<br>DIRECTOR            | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (9) ELISABETH HESLOP<br>DIRECTOR           | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (10) ELISSA KRAMER<br>VICE CHAIR           | 0.50   | х                                 |                       | x            |                       |                                    |        | 0   | 0  | 0   |
| (11) HENRY PINNELL<br>DIRECTOR             | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (12) JAN-WILLEM VAN DEN DORPEL<br>DIRECTOR | 0.50   | x                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (13) JOAN RAPPOPORT ROSENFELD<br>DIRECTOR  | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (14) LAURA VALEROSO<br>DIRECTOR            | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (15) MARK S RUDD<br>DIRECTOR               | 0.50   | х                                 |                       |              |                       |                                    |        | 0   | 0  | 0   |
| (16) MARY ANN EDDY                         | 0.50   |                                   |                       |              |                       |                                    |        |   |  |   |

| DIRECTOR                     | 0.50 | Х |   |  | 0 | 0 | 0                      |
|------------------------------|------|---|---|--|---|---|------------------------|
| (17) MYRNA CHAO<br>TREASURER | 0.50 | х | x |  | 0 | 0 | 0                      |
|                              |      |   |   |  | • |   | Form <b>990</b> (2018) |

Page 8

Page **8** 

Form 990 (2018)

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

| (A)<br>Name and Title  | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related | than c<br>is b                    | one b                 | ox, ι<br>an of | t ch<br>unle:<br>ficer | and a                           | son    | (D)<br>Reportable<br>compensation<br>from the<br>organization (W- | (E)<br>Reportable<br>compensation<br>from related<br>organizations | (F<br>Estim<br>amount<br>comper<br>from | ated<br>of other<br>sation<br>the |
|--|---|-----------------------------------|-----------------------|----------------|------------------------|---------------------------------|--------|---|--|---|-----------------------------------|
|  | organizations<br>below dotted<br>line)                                | Individual trustee<br>or director | Institutional Trustee | Officer        | Key employee           | Highest compensated<br>employee | Former | 2/1099-MISC)  | (W- 2/1099-<br>MISC)   | organiza<br>rela<br>organiz             | ted                               |
| (18) ROY L LEAVITT   | 30.00   | x                                 |                       | x              |                        |                                 |        | 216,731   | 0  |   | 30,516                            |
| EXEC. DIR./CEO (OUTGOING)  | 5.00<br>0.50  |                                   |                       | Â              |                        |                                 |        | 210,751   |  |   | 50,510                            |
| (19) SAMIR H HUSSEIN   |   | х                                 |                       | х              |                        |                                 |        | 0   | 0  |   | 0                                 |
| CHAIR<br>(20) JANET ROSS   | 0.50 30.00  |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
| CFO  | 5.00  |                                   |                       | х              |                        |                                 |        | 137,661   | 0  |   | 17,374                            |
| (21) ANDREA NEWMAN   | 35.00   |                                   |                       |                |                        | x                               |        | 134,585   | 0  |   | 14,935                            |
| ASSISTANT EXECUTIVE DIRECTOR   |   |                                   |                       |                |                        | ^                               |        | 134,363   | 0  |   | 14,933                            |
| (22) GAIL REID   | 35.00   |                                   |                       |                |                        | х                               |        | 126,372   | 0  |   | 33,034                            |
| (23) HANI MEMBERS  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
| PHYSICIAN ASSISTANT  | 35.00   |                                   |                       |                |                        | х                               |        | 104,549   | 0  |   | 3,719                             |
| (24) SADA TAKI   | 35.00   |                                   |                       | -              |                        | ~                               |        | 170 245   |  |   | 44.210                            |
| MEDICAL DIRECTOR   |   |                                   |                       |                |                        | х                               |        | 170,345   | 0  |   | 44,316                            |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
|  |   |                                   |                       | 1              | 1                      |                                 | 1      |   |  |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  | -                                       |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
| 1b Sub-Total   | II, Section A   |                                   |                       |                |                        | •                               |        | 890,243   | 0  |   | 143,894                           |
| 2 Total number of individuals (including but of reportable compensation from the organization from the organiz | not limited to  |                                   |                       |                | ve) v                  | vho re                          | ceive  | ed more than \$100,   | ,000   |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  | Yes                                     | No                                |
| 3 Did the organization list any <b>former</b> offic  |   |                                   |                       |                |                        |                                 |        |   | nployee on   |   |                                   |
| line 1a? If "Yes," complete Schedule J for   |   |                                   |                       |                |                        |                                 |        |   | ••• 3  |   | No                                |
| 4 For any individual listed on line 1a, is the organization and related organizations gr   |   |                                   |                       |                |                        |                                 |        |   | he   |   |                                   |
| individual   |   | •                                 |                       | •              | •                      | •                               | •      |   | •••• 4   | Yes                                     |                                   |
| 5 Did any person listed on line 1a receive or services rendered to the organization? <i>If</i>   |   |                                   |                       |                |                        |                                 |        | ganization or individ   | lual for 5   |   | No                                |
| Section B. Independent Contractors   |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
| <ol> <li>Complete this table for your five highest<br/>from the organization. Report compensat</li> </ol>  |   |                                   |                       |                |                        |                                 |        |   |  | isation                                 |                                   |
|  | (A)   |                                   |                       |                |                        | -                               | -      |   | (B)  | (0                                      |                                   |
| COMPLETE COMPLIANCE SOLUTIONS LLC  | ousiness address  |                                   |                       |                |                        |                                 |        | CONSULTING  | ion of services  | Comper                                  | 135,008                           |
| 1330 HIGHLAND AVEENUE<br>PLAINFIELD, NJ 07060  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
| IGT CLEANING & MOVING SERVICES   |   |                                   |                       |                |                        |                                 |        | CLEANING SER  | VICES  |   | 118,286                           |
| 111-11 173RD STREET<br>ST ALBANS, NY 11433   |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
|  |   |                                   |                       |                |                        |                                 |        |   |  |   |                                   |
| 2 Total number of independent contractors (in compensation from the organization ► 2   | ncluding but not  | t limited                         | l to th               | hose           | e list                 | ed abo                          | ove)   | who received more   | than \$100,000 of  | Form 00                                 | <b>0</b> (2018)                   |

| CHOCK II SKITEL  | of Revenue<br>dule O contains a resp   | onse or note to any  | line in this Part VIII |  |   |  |
|--|--|--|------------------------|--|---|--|
|  |  |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sectio<br>512 - 514 |
| ø erated campaigns .   | . 1a   |  |                        | revenue  |   | 512 514  |
| additional and a second and a s | 1b   |  |                        |  |   |  |
| draising events  | 1c   |  |                        |  |   |  |
| 365,538<br>ated organizations  | 1d   |  |                        |  |   |  |
| ernment grants (contribu   | itions) <b>1e</b>  |  |                        |  |   |  |
| ther contributions, gifts,<br>anu similar amounts not incluabove   |  |  |                        |  |   |  |
| 843,261  |  |  |                        |  |   |  |
| cash contributions includ<br>nes 1a - 1f:\$  |  |  |                        |  |   |  |
| Total. Add lines 1a-1f .   |  | • 6,075,271  |                        |  |   | •  |
|  |  | Business Code  | 4,844,692              | 4,844,692  |   |  |
| CIAL SERVICES AND CLIER  | NT FEES  | 621400   | 4,044,052              | 4,044,052  |   |  |
| D<br>DGRAM TUITION AND FEE   | S  | 611600   | 3,003,241              | 3,003,241  |   |  |
| CORAM TUITION AND FEES   |  | +  |                        |  |   |  |
| 11   |  |  |                        |  |   |  |
| All other program ser  | vice revenue.  |  |                        |  |   |  |
| <b>9 Total.</b> Add lines 2a-2   |  | 7,847,933  |                        |  |   |  |
|  |  |  |                        |  |   |  |
| Juivesument income (if   |  |  |                        |  |   |  |
| 3 Investment income (ir similar amounts)   |  | ►  | 239,323                |  |   | 239,   |
| similar amounts) • • • • • • • • • • • • • • • • • • •   | ent of tax-exempt bon  | d proceeds   | 239,323                |  |   | 239,   |
| similar amounts) 4 Income from investme  |  | d proceeds   | 239,323                |  |   | 239,   |
| similar amounts) • • • • • • • • • • • • • • • • • • •   | ent of tax-exempt bon<br>(i) Real  | d proceeds   | 239,323                |  |   | 239,   |
| similar amounts) 4 Income from investme 5 Royalties  | ent of tax-exempt bon  | d proceeds   | 239,323                |  |   | 239,   |
| similar amounts) 4 Income from investme<br>5 Royalties<br>6a Gross rents   | (i) Real   | d proceeds   | 239,323                |  |   | 239,   |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)  | d proceeds (ii) Personal   | 239,323                |  |   |  |
| similar amounts) 4 Income from investme<br>5 Royalties   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836  | d proceeds   |                        |  |   |  |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)  | d proceeds (ii) Personal   |                        |  |   |  |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)  | d proceeds (ii) Personal   |                        |  |   |  |
| similar amounts)   | (i) Real<br>(i) Real<br>(i) Real<br>(i) Securities<br>(i) Securities   | d proceeds (ii) Personal   |                        |  |   |  |
| similar amounts)   | (i) Real<br>887,836<br>0<br>887,836<br>(i) Securities<br>(i) Securities    | d proceeds (ii) Personal (ii) Other  |                        |  |   |  |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(i) Securities<br>(i) S | d proceeds (ii) Personal (ii) Other  |                        |  |   |  |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(i) Securities<br>(i) S | d proceeds (ii) Personal (ii) Other (ii) Other (ii) Other 42,100 88,602        |                        |  |   | 239,   |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities<br>(i) Securities  | d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602     | 887,836                |  |   | 887,   |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)<br>(i) Securities<br>(i) Sec       | d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602 ats | 887,836                |  |   | 887,   |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)<br>(i) Securities<br>(i) Securitie | d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602 ats | 887,836                |  |   | 887,   |
| similar amounts)   | (i) Real<br>(i) Real<br>887,836<br>0<br>887,836<br>(loss)<br>(i) Securities<br>(i) Securitie | d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602 ats | 887,836                |  |   | 887,   |

| 11aMANAGEMENT FEES                 | 561000  | 504,990    | 504,990   |        |                        |
|------------------------------------|---------|------------|-----------|--------|------------------------|
|                                    |         |            |           |        |                        |
| <b>b</b> ATHLETIC FEES             | -       | 34,969     | 34,969    |        |                        |
| c INSURANCE REIMBURSEMENT          |         | 24,572     | 24,572    |        |                        |
| d All other revenue                |         | 11,188     | 11,188    |        |                        |
| e Total. Add lines 11a-11d         | · · · ► | 575,719    |           |        |                        |
| 12 Total revenue. See Instructions | · · · 🕨 | 15,598,873 | 8,423,652 | 19,293 | 1,080,657              |
|                                    |         |            |           |        | Form <b>990</b> (2018) |
|                                    |         | Page 10    |           |        |                        |
|                                    |         |            |           |        |                        |

|   | edule O contains a response or note to any<br>ts reported on lines 6b,<br>Part VIII.                                    | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraisingexpenses |
|---|---|-----------------------|------------------------------------|---|----------------------------|
| 1 Grants and other as                     | sistance to domestic organizations and nts. See Part IV, line 21  |                       | expenses                           | general expenses                          |                            |
| 2 Grants and other as<br>Part IV, line 22 | sistance to domestic individuals. See   | 122,303               | 122,303                            |   |                            |
|   | sistance to foreign organizations, foreign<br>oreign individuals. See Part IV, line 15                                  |                       |                                    |   |                            |
| 4 Benefits paid to or f                   | or members  |                       |                                    |   |                            |
| 5 Compensation of curves they employees . | rrent officers, directors, trustees, and  | 404,535               |                                    | 404,535                                   |                            |
|   | ncluded above, to disqualified persons (as<br>on 4958(f)(1)) and persons described in<br>B)                             |                       |                                    |   |                            |
| 7 Other salaries and v                    | vages   | 6,725,928             | 5,613,201                          | 818,645                                   | 294,08                     |
|   | ls and contributions (include section employer contributions)   | 157,779               | 133,406                            | 19,127                                    | 5,24                       |
| 9 Other employee ber                      | nefits  | 1,207,865             | 1,050,551                          | 116,002                                   | 41,31                      |
| 10 Payroll taxes                          |   | 642,839               | 543,537                            | 77,928                                    | 21,37                      |
| 11 Fees for services (n                   | on-employees):  |                       |                                    |   |                            |
| <b>a</b> Management                       |   |                       |                                    |   |                            |
| <b>b</b> Legal                            |   |                       |                                    |   |                            |
| <b>c</b> Accounting                       |   |                       |                                    |   |                            |
| <b>d</b> Lobbying                         |   |                       |                                    |   |                            |
| e Professional fundrai                    | sing services. See Part IV, line 17   |                       |                                    |   |                            |
| <b>f</b> Investment manage                | ement fees  |                       |                                    |   |                            |
|   | mount exceeds 10% of line 25, column 11g expenses on Schedule O)  | 970,141               | 784,272                            | 185,869                                   |                            |
| 12 Advertising and pro                    | motion  | 20,949                | 20,674                             | 185                                       | 9                          |
| 13 Office expenses .                      |   | 119,985               | 75,674                             | 25,335                                    | 18,97                      |
| 14 Information technol                    | ogy   | 360,871               | 286,654                            | 45,676                                    | 28,54                      |
| 15 Royalties                              |   |                       |                                    |   |                            |
| 16 Occupancy                              |   | 1,950,707             | 1,774,742                          | 150,881                                   | 25,08                      |
| 17 Travel                                 |   | 63,388                | 63,233                             | 12  | 14                         |
|   | or entertainment expenses for any<br>cal public officials   |                       |                                    |   |                            |
|   | ntions, and meetings  | 8,173                 | 1,444                              | 6,650                                     | 7                          |
| 20 Interest                               |   | 31,577                | 15,340                             | 16,237                                    |                            |
| 21 Payments to affiliate                  |   |                       |                                    |   |                            |
|   | tion, and amortization  | 281,308               | 114,675                            | 166,633                                   |                            |
| miscellaneous expe                        | mize expenses not covered above (List<br>nses in line 24e. If line 24e amount<br>2 25, column (A) amount, list line 24e | 191,078               | 158,896                            | 28,859                                    | 3,32                       |
| a UBTI                                    |   | 19,884                | 9,660                              | 10,224                                    |                            |
| <b>b</b> PROGRAM SUPPLI                   | ES  | 844,289               | 844,289                            |   |                            |
| c REPAIRS AND MAI                         | NTENANCE  | 202,490               | 151,044                            | 51,147                                    | 29                         |
| <b>d</b> OTHER                            |   | 185,256               | 90,000                             | 95,256                                    |                            |
| e All other expenses                      | ;   | 319,775               | 276,612                            | 41,061                                    | 2,10                       |
| 2E Total functional o                     | xpenses. Add lines 1 through 24e  | 14,831,120            | 12,130,207                         | 2,260,262                                 | 440,65                     |

| reported in column (D) joint costs from a combined       |
|--|
|  |
| educational campaign and fundraising solicitation.       |
|  |
| Check here <b>b</b> if following SOP 98-2 (ASC 958-720). |
|  |

Form **990** (2018)

— Page 11 –

| Pa                 | art X | Balance Sheet  |   |                    |                          |     |                           |
|--------------------|-------|--|---|--------------------|--------------------------|-----|---------------------------|
|                    |       | Check if Schedule O contains a response or not   | te to any line in t                                       | his Part IX        |                          |     | 🗆                         |
|                    |       | · ·  |   |                    | (A)<br>Beginning of year |     | <b>(B)</b><br>End of year |
|                    | 1     | Cash-non-interest-bearing  |   |                    | 1,147,174                | 1   | 1,043,40                  |
|                    | 2     | Savings and temporary cash investments .   |   | [                  | 399,079                  | 2   | 366,75                    |
|                    | 3     | Pledges and grants receivable, net   |   |                    | 322,939                  | 3   | 547,02                    |
|                    | 4     | Accounts receivable, net   |   |                    | 1,642,347                | 4   | 2,157,87                  |
|                    | 5     | Loans and other receivables from current and for<br>trustees, key employees, and highest compensa<br>Part II of Schedule L   | ated employees.   | Complete           |                          | 5   |                           |
| s                  | 6     | Loans and other receivables from other disquali<br>section 4958(f)(1)), persons described in sectio<br>contributing employers and sponsoring organiza<br>voluntary employees' beneficiary organizations<br>Part II of Schedule L | n 4958(c)(3)(B)<br>ations of section<br>(see instructions | , and<br>501(c)(9) |                          | 6   |                           |
| ssets              | 7     | Notes and loans receivable, net  |   | _                  |                          | 7   |                           |
| Ass                | 8     | Inventories for sale or use  |   | _                  |                          | 8   |                           |
| 1                  | 9     | Prepaid expenses and deferred charges  |   |                    | 50,676                   | 9   | 94,081                    |
|                    | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 10a   | 7,784,340          |                          |     |                           |
|                    | b     | Less: accumulated depreciation   | 10b   | 5,269,662          | 2,353,728                | 10c | 2,514,678                 |
|                    | 11    | Investments—publicly traded securities .   |   |                    | 2,309,587                | 11  | 2,474,543                 |
|                    | 12    | Investments-other securities. See Part IV, line  | 11  | · · _              |                          | 12  |                           |
|                    | 13    | Investments—program-related. See Part IV, line   |   |                    |                          | 13  |                           |
|                    | 14    | Intangible assets  |   |                    |                          | 14  |                           |
|                    | 15    | Other assets. See Part IV, line 11   |   |                    | 498,006                  | 15  | 549,14                    |
|                    | 16    | Total assets. Add lines 1 through 15 (must equ   | ial line 34)  |                    | 8,723,536                | 16  | 9,747,494                 |
|                    | 17    | Accounts payable and accrued expenses  |   |                    | 1,096,070                | 17  | 1,139,042                 |
|                    | 18    | Grants payable   |   |                    |                          | 18  |                           |
|                    | 19    | Deferred revenue   |   |                    | 204,373                  | 19  | 215,80                    |
|                    | 20    | Tax-exempt bond liabilities  |   |                    |                          | 20  |                           |
| S                  | 21    | Escrow or custodial account liability. Complete F  | Part IV of Schedu   | le D               |                          | 21  |                           |
| _iabilities        | 22    | Loans and other payables to current and former key employees, highest compensated employee   |   |                    |                          |     |                           |
| at                 |       | persons. Complete Part II of Schedule L  |   |                    |                          | 22  |                           |
|                    | 23    | Secured mortgages and notes payable to unrela  | ted third parties   | · · [              | 450,050                  | 23  | 752,69                    |
|                    | 24    | Unsecured notes and loans payable to unrelated   | d third parties   | · · [              |                          | 24  |                           |
|                    | 25    | Other liabilities (including federal income tax, pr<br>and other liabilities not included on lines 17 - 24<br>Complete Part X of Schedule D  |   | d third parties,   |                          | 25  |                           |
|                    | 26    | Total liabilities. Add lines 17 through 25   |   |                    | 1,750,493                | 26  | 2,107,53                  |
| salances           | 27    | Organizations that follow SFAS 117 (ASC 9<br>complete lines 27 through 29, and lines 33<br>Unrestricted net assets   |   | e 🕨 🗹 and          | 3,706,231                | 27  | 4,448,075                 |
| ala                | 28    | Temporarily restricted net assets  |   | ⊢                  | 1,555,551                | 28  | 1,480,61                  |
|                    | 29    | Permanently restricted net assets  |   |                    | 1,711,261                | 29  | 1,711,26                  |
| un                 |       | Organizations that do not follow SFAS 117  | (ASC 958),  | -                  |                          |     |                           |
| Net Assets or Fund | 30    | check here <b>C</b> and complete lines 30 th<br>Capital stock or trust principal, or current funds   | rough 34.   |                    |                          | 30  |                           |
| ets                | 31    | Paid-in or capital surplus, or land, building or ec  |   | ·  -               |                          | 31  |                           |
| SS                 | 32    | Retained earnings, endowment, accumulated in   |   |                    |                          | 32  |                           |
| t A                | 33    | Total net assets or fund balances  |   |                    | 6,973,043                | 33  | 7,639,95                  |
|                    |       |  |   |                    | 0,010,040                |     | .,000,001                 |

Form 990 (2018)

Form 990 (2018)

— Page 12 —

### Reconcilliation of Net Assets Part XI Check if Schedule O contains a response or note to any line in this $\ensuremath{\mathsf{Part}}\, XI$ . 1 Total revenue (must equal Part VIII, column (A), line 12) . . . . . . . . . . . 1 15,598,873 2 Total expenses (must equal Part IX, column (A), line 25) . . . . . . . . . . . . 14,831,120 2 . . 767,753 3 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . 4 6,973,043 5 -105,623 6 . . 7

# Page **12**

| Ad   | Iditional Data  | Retur | n to Fo        | rm             |
|------|---|-------|----------------|----------------|
| Form | 990 (2018)  |       |                |                |
|      |   |       | Form <b>99</b> | <b>D</b> (2018 |
| 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    |                |                |
|      | 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             |
|      | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |       |                |                |
| с    | 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            |                |
|      | □ Separate basis  |       |                |                |
| Ь    | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,<br>consolidated basis, or both: | 2b    | Yes            |                |
|      | Separate basis       Consolidated basis       Both consolidated and separate basis  |       |                |                |
|      | 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:   |       |                |                |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?   | 2a    |                | No             |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |       |                |                |
| 1    | Accounting method used to prepare the Form 990: 🛛 Cash 🗹 Accrual 🗌 Other  |       | 105            |                |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |       | <br>Yes        | No             |
| Pa   | rt XII Financial Statements and Reporting   |       |                |                |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) <b>10</b>  |       | 7              | ,639,95        |
| 9    | Other changes in net assets or fund balances (explain in Schedule O)  |       |                | 4,78           |
| 8    | Prior period adjustments  |       |                |                |

Software ID:

Software Version:

Form 990, Special Condition Description:

**Special Condition Description** 

| efile I                 | Public Visua  | Render (   | ObjectId: 2  | 20203176934930   | 0248 - Subm   | ission: 2020-   | 06-24  | TIN: 13-5562204   |
|-------------------------|---|--|--|--|---|---|--|---|
| (Form 9<br>Departmen    | EDULE A<br>990 or 990EZ)<br>nt of the Treasury<br>evenue Service                          |  | lete if the o  | Charity Statu<br>rganization is a sect<br>4947(a)(1) nonexe<br>Attach to Form<br>www.irs.gov/Form                                    | OMB No. 1545-0047   |   |  |   |
| Name o<br>GREENWI       | of the organiz<br>ICH HOUSE INC   | ation  |  |  |   |   | Employer ident   | ification number  |
| Part                    | T Boacon  | for Public Ch  | arity Stat   | us (All organization   | c must compl  | to this part ) (  | 13-5562204   |   |
|                         |   |  |  | e it is: (For lines 1 thro   |   |   |  |   |
| 1 (                     | A church,   | convention of ch   | urches, or as  | sociation of churches  | described in <b>sec</b>   | tion 170(b)(1)  | (A)(i).  |   |
| 2                       |   |  |  | 1)(A)(ii). (Attach Sch   | -   |   |  |   |
| 3 (<br>4 (              |   |  | •  | vice organization desc<br>ed in conjunction with   |   |   | -  |   |
| C                       | name, cit   | , and state:   |  | -  | -   |   |  |   |
| 5 (                     |   | zation operated f<br>.)(A)(iv). (Com   |  | t of a college or unive<br>)   | rsity owned or o  | perated by a gov  | ernmental unit des   | cribed in <b>section</b>  |
| 6 (                     |   | , 5  |  | governmental unit de   |   |   |  |   |
| 7 [                     |   | zation that norm<br><b>70(b)(1)(A)(v</b> i   |  |  | s support from a  | a governmental u  | init or from the ge  | neral public described in   |
| 8                       |   |  |  | n 170(b)(1)(A)(vi).  |   |   |  |   |
| 9 (                     | An agricul<br>non-land  | tural research or<br>grant college of a  | ganization de<br>agriculture. S  | ee instructions. Enter   | (A)(ix) operate<br>the name, city,  | ed in conjunction<br>and state of the o   | with a land-grant<br>college or universit  | college or university or a<br>cy:   |
| 10<br>11 (<br>12 (<br>a | from activ<br>investmer<br>30, 1975.<br>An organi<br>An organi<br>more pub<br>in lines 12 | ities related to it<br>t income and un<br>See <b>section 50</b><br>zation organized<br>zation organized<br>icly supported or<br>a through 12d th | ts exempt fur<br>irelated busin<br><b>9(a)(2).</b> (Co<br>and operated<br>and operated<br>rganizations of<br>hat describes | omplete Part III.)<br>d exclusively to test fo<br>d exclusively for the b<br>described in <b>section 5</b><br>the type of supporting | tain exceptions,<br>ess section 511<br>r public safety. S<br>enefit of, to perfi<br>509(a)(1) or se<br>g organization a | and (2) no more<br>tax) from busines<br>Gee section 509<br>form the functions<br>for 509(a)(2<br>and complete lines | than 331/3% of its<br>sees acquired by th<br>(a)(4).<br>s of, or to carry out<br>). See <b>section 50</b><br>s 12e, 12f, and 12g | s support from gross<br>te organization after June<br>t the purposes of one or<br><b>9(a)(3).</b> Check the box<br>g. |
| a                       | organizati  | on(s) the power  | to regularly a   | appoint or elect a maj   |   |   |  | by giving the supported<br>organization. <b>You must</b>  |
| b ſ                     | Type II.  |  | anization sup  | ervised or controlled i  |   |   |  |   |
|                         |   | ent of the suppo<br>plete Part IV,   |  | ation vested in the sar<br>and C.  | me persons that   | control or manag  | ge the supported o   | rganization(s). <b>You</b>  |
| <b>c</b> [              |   |  |  | supporting organizatio<br>ions). <b>You must com</b>   |   |   |  | grated with, its  |
| <b>d</b> (              |   |  |  | <b>d.</b> A supporting organ<br>n generally must satis   |   |   |  | ganization(s) that is not   |
| •                       | instruction   | is). You must c  | omplete Par  | rt IV, Sections A and  | D, and Part V   | •   |  |   |
| e                       | integrated  | , or Type III non  | n-functionally   | ved a written determin<br>integrated supporting  | organization.   |   |  |   |
| f Ei<br>g               |   |  | -  | the supported organi   |   |   |  |   |
|                         | (i) Name of sup<br>organizatio  | ported   | (ii) EIN   | (iii) Type of<br>organization<br>(described on lines<br>1- 10 above (see<br>instructions))   | (iv) Is the or  | anization listed<br>ning document?  | (v) Amount of monetary suppo (see instructions   | ort other support (see  |
|                         |   |  |  |  | Yes   | No  |  |   |
|                         |   |  |  |  |   |   |  |   |
| Total                   |   |  |  |  |   |   |  |   |
| For Pap                 |   |  | e, see the Iı  | nstructions for  | Cat. No. 1128   | 5F :  | Schedule A (Form   | n 990 or 990-EZ) 2018   |
| Form 9                  | 90 or 990-EZ  |  |  |  |   |   |  |   |
|                         |   |  |  | Pa   | ige 2   |   |  |   |
|                         |   |  |  |  |   |   |  |   |
| Schedul<br>Part         |   | or 990-EZ) 2018  |  | zations Described  | in Sections   | 170(6)(1)(A)  | (iv) 170(b)(1)   | Page 2  |
|                         | <b>170(b</b><br>(Comp<br>III. If  | )(1)(A)(ix)<br>lete only if you<br>the organizatio   | u checked th   |  | 8, or 9 of Parl   | I or if the org   | anization failed t   | to qualify under Part   |
|                         | tion A. Publi<br>dar year   | : Support  | (a) 201  | 4 <b>(b)</b> 2015  | (c) 2016  | (d) 2011  | 7 (e) 2018   | (f) Total   |
| Gift                    | cal year begin<br>s, grants, cont   | ibutions, and  |  |  | (c) 2010  | (u) 201   | (e) 2010   |   |
| mer<br>inclu            | ude any "unusi  |  | t  |  |   |   |  |   |
| 2 Tax<br>orga           | revenues levie<br>anization's ben   | d for the<br>efit and either pa  |  |  |   |   |  |   |
| to o<br>3 The           | or expended on<br>a value of service  | its behalf   |  |  |   |   |  |   |
| furn                    | nished by a gov<br>organization w   | ernmental unit t<br>ithout charge  | 0  |  |   |   |  |   |
| 4 Tot                   | tal. Add lines 1  |  | у  |  |   |   |  |   |
| eacl<br>gov             | h person (othe<br>vernmental unit   | r than a<br>or publicly  |  |  |   |   |  |   |
| line                    | 1 that exceeds  | ation) included o<br>2% of the amo   |  |  |   |   |  |   |
|                         | wn on line 11,<br>blic support. S   | column (f)<br>Subtract line 5 fro  | om   |  |   |   |  |   |
| 11                      | 4   |  | 1  | 1  |   |   | 1  |   |

| S        | ection B. Total Support  |                    |                     |                     |                    | ·       |               |              |                 |
|----------|--|--------------------|---------------------|---------------------|--------------------|---------|---------------|--------------|-----------------|
|          | endar year   | (a)2014            | (b)2015             | (c)2016             | (d)2017            | (6      | <b>e)</b> 201 | 8            | (f)Total        |
| (or<br>7 | fiscal year beginning in)<br>Amounts from line 4.  |                    | (1)                 | (1)                 |                    | -       |               | -            | ()              |
| 8        | Gross income from interest.  |                    |                     |                     |                    |         |               |              |                 |
| 0        | dividends, payments received on  |                    |                     |                     |                    |         |               |              |                 |
|          | securities loans, rents, royalties and   |                    |                     |                     |                    |         |               |              |                 |
|          | income from similar sources.   |                    |                     |                     |                    |         |               |              |                 |
| 9        | Net income from unrelated business activities, whether or not the  |                    |                     |                     |                    |         |               |              |                 |
|          | business is regularly carried on.  |                    |                     |                     |                    |         |               |              |                 |
| 10       | Other income. Do not include gain or   |                    |                     |                     |                    |         |               |              |                 |
|          | loss from the sale of capital assets   |                    |                     |                     |                    |         |               |              |                 |
| 11       | (Explain in Part VI.)<br>Total support. Add lines 7 through  | -                  |                     |                     |                    |         |               |              |                 |
|          | 10   |                    |                     |                     |                    |         |               |              |                 |
| 12       | Gross receipts from related activities, e  | etc. (see instruct | tions)              |                     |                    |         | 12            |              |                 |
| 13       | First five years. If the Form 990 is for   | r the organizatio  | on's first, second, | third, fourth, or f | ifth tax year as a | sectior | n 501         | (c)(3) or    | ganization,     |
|          | check this box and <b>stop here</b>  | 5                  |                     |                     |                    |         |               |              |                 |
| 6        | ection C. Computation of Public  |                    |                     |                     | <u></u>            |         |               |              |                 |
|          | Public support percentage for 2018 (lin  |                    |                     | (f)                 |                    | 1       | 14            |              |                 |
|          | Public support percentage for 2017 Sch   |                    | •                   |                     |                    | F       | 15            |              |                 |
|          | <b>33</b> 1/3% support test-2018. If the   |                    |                     |                     |                    | or mo   |               | ock this     | box             |
| 169      | and <b>stop here.</b> The organization qualit  |                    |                     |                     |                    |         |               |              |                 |
|          | 33 1/3% support test-2017. If the  | organization di    | d not check a box   | on line 13 or 16    |                    | · · ·   | <br>or m      | <br>ore chec | k this          |
| D        | • ••   | 5                  |                     |                     |                    |         |               | ,            |                 |
|          | box and stop here. The organization<br>10%-facts-and-circumstances test  |                    |                     |                     |                    |         |               |              | 🕨 🗆             |
| 1/a      | is 10% or more, and if the organization  |                    |                     |                     |                    |         |               |              |                 |
|          | in Part VI how the organization meets  |                    |                     |                     |                    |         |               |              |                 |
|          | organization   |                    |                     |                     |                    |         |               |              | ► 🗆             |
| ь        | 10%-facts-and-circumstances tes  |                    |                     |                     |                    |         |               | nd line      |                 |
|          | 15 is 10% or more, and if the organiz  |                    |                     |                     |                    |         |               |              |                 |
|          | Explain in Part VI how the organizatio   |                    |                     |                     | 5 1                |         | •             |              |                 |
|          | supported organization   |                    |                     |                     |                    |         |               |              | 🕨 🗆             |
| 18       | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see |                    |                     |                     |                    |         | _             |              |                 |
|          | instructions   |                    |                     |                     |                    |         |               |              |                 |
|          |  |                    |                     |                     | Sche               | dule A  | A (Fo         | rm 990 o     | or 990-EZ) 2018 |
|          |  |                    |                     |                     |                    |         |               |              |                 |
|          |  |                    | Page                | . 3                 |                    |         |               |              |                 |

Schedule A (Form 990 or 990-EZ) 2018

IINE 4.

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Page 3

|     | ction A. Public Support   |            |            |            |             |            |            |
|-----|---|------------|------------|------------|-------------|------------|------------|
|     | ndar year   | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017    | (e) 2018   | (f) Total  |
| •   | fiscal year beginning in)<br>Gifts, grants, contributions, and            | (-)        | (-)        | (-)        | (-)         | (-)        | (.)        |
| 1   | membership fees received. (Do not   | 4,696,228  | 5,500,929  | 5,362,795  | 5,824,788   | 6,075,271  | 27,460,011 |
|     | include any "unusual grants.").   | 1,050,220  | 5,5557,525 | 5,552,755  | 5,62 1,7 66 | 0,0,0,2,1  | 2771007011 |
| 2   | Gross receipts from admissions,   |            |            |            |             |            |            |
|     | merchandise sold or services  |            |            |            |             |            |            |
|     | performed, or facilities furnished in                                     | 7,022,245  | 6,471,824  | 7,534,529  | 6,988,585   | 7,847,933  | 35,865,116 |
|     | any activity that is related to the organization's tax-exempt purpose     |            |            |            |             |            |            |
| 3   | Gross receipts from activities that                                       |            |            |            |             |            |            |
| 5   | 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                                       |            |            |            |             |            |            |
| 5   | furnished by a governmental unit to                                       |            |            |            |             |            |            |
|     | the organization without charge   |            |            |            |             |            |            |
| 6   | Total. Add lines 1 through 5  | 11,718,473 | 11,972,753 | 12,897,324 | 12,813,373  | 13,923,204 | 63,325,127 |
| 7a  | Amounts included on lines 1, 2, and                                       | 134,450    | 161,092    | 138,259    | 334,061     | 202,593    | 970,455    |
| L.  | 3 received from disqualified persons<br>Amounts included on lines 2 and 3 |            |            |            |             |            |            |
| D   | received from other than  |            |            |            |             |            |            |
|     | disqualified persons that exceed the                                      |            |            |            |             |            | 0          |
|     | greater of \$5,000 or 1% of the   |            |            |            |             |            |            |
|     | amount on line 13 for the year.   |            |            |            |             |            |            |
|     | Add lines 7a and 7b.  | 134,450    | 161,092    | 138,259    | 334,061     | 202,593    | 970,455    |
| 8   | <b>Public support.</b> (Subtract line 7c                                  |            |            |            |             |            | 62,354,672 |
| 6.  | from line 6.)   |            |            |            | ļ           |            | ļ.         |
|     | ection B. Total Support   |            |            |            |             |            |            |
|     | ndar year<br>fiscal year beginning in) 🕨                                  | (a) 2014   | (b) 2015   | (c) 2016   | (d) 2017    | (e) 2018   | (f) Total  |
| 9   | Amounts from line 6   | 11,718,473 | 11,972,753 | 12,897,324 | 12,813,373  | 13,923,204 | 63,325,127 |
| 10a | Gross income from interest,   | //         |            |            |             |            |            |
|     | dividends, payments received on   |            |            |            |             |            |            |
|     | securities loans, rents, royalties  | 790,063    | 770,148    | 854,830    | 993,792     | 946,709    | 4,355,542  |
|     | and income from similar sources   |            |            |            |             |            |            |
| b   | <br>Unrelated business taxable income                                     |            |            |            |             |            |            |
| D   | (less section 511 taxes) from   |            |            |            |             |            |            |
|     | businesses acquired after June 30,  |            |            |            |             |            |            |
|     | 1975.   |            |            |            |             |            |            |
| с   | Add lines 10a and 10b.  | 790,063    | 770,148    | 854,830    | 993,792     | 946,709    | 4,355,542  |
| 11  | Net income from unrelated   |            |            |            |             |            |            |
|     | business activities not included in                                       | 14,344     | 5,761      | 34,766     | 31,530      | 19,293     | 105,694    |
|     | line 10b, whether or not the business is regularly carried on.            |            |            |            |             |            |            |
| 12  | Other income. Do not include gain   |            |            |            |             |            |            |
|     | or loss from the sale of canital  | 2 138 408  | 867 911    | 767 182    | 685 602     | 617 819    | 5 076 922  |

|   | assets (Explain in Part VI.)  | 2,130,400  | 007,511    | , 0, 102   | 000,002    |     | 017,015 | 3,070,322  |  |  |  |
|---|---|--|------------|------------|------------|-----|---------|------------|--|--|--|
| 13  | Total support. (Add lines 9, 10c, 11, and 12.).   | 14,661,288   | 13,616,573 | 14,554,102 | 14,524,297 | 15, | 507,025 | 72,863,285 |  |  |  |
| 14  | <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, |  |            |            |            |     |         |            |  |  |  |
|   | check this box and <b>stop here</b>   |  |            |            |            |     |         |            |  |  |  |
| Section C. Computation of Public Support Percentage |   |  |            |            |            |     |         |            |  |  |  |
| 15  | Public support percentage for 2018 (I   | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) |            |            |            | 15  |         | 85.580 %   |  |  |  |
| 16  | Public support percentage from 2017   | m 2017 Schedule A, Part III, line 15   |            |            |            |     |         | 85.380 %   |  |  |  |
| Se  | Section D. Computation of Investment Income Percentage  |  |            |            |            |     |         |            |  |  |  |

| 17 | Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))                                       | 17 | 5.980 % |  |  |  |  |
|----|--|----|---------|--|--|--|--|
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17   | 18 | 5.990 % |  |  |  |  |
|    | 9a 331/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not |    |         |  |  |  |  |
|    | more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization                         |    | 🕨 🗹     |  |  |  |  |

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . .

– Page 4 –

Page **4** 

| Par | rt IV Supporting Organizations<br>(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If y<br>Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of  | ou che<br>Part I | ecked 1<br>, comp | l 2b of<br>lete |
|-----|---|------------------|-------------------|-----------------|
|     | Sections A and D, and complete Part V.)   |                  |                   |                 |
| Se  | ection A. All Supporting Organizations  |                  | Yes               | No              |
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents?<br>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,<br>describe the designation. If historic and continuing relationship, explain.  | 1                | Tes               |                 |
| 2   | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .   | 2                |                   |                 |
| 3a  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   | 2<br>3a          |                   |                 |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b               |                   |                 |
| с   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 30<br>3c         |                   |                 |
| 4a  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.   | 4a               |                   |                 |
|     | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b               |                   | <u> </u>        |
| с   | Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.   | 4c               |                   |                 |
| 5a  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and<br>(c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported<br>organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the<br>organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by | 5a               |                   |                 |
| ь   | amendment to the organizing document).<br><b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  | 5 u              |                   | <u> </u>        |
| с   | Substitutions only. Was the substitution the result of an event beyond the organization's control?  | 5c               |                   |                 |
| 6   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                           |                  |                   |                 |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  | 6                |                   |                 |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8                |                   |                 |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a               |                   |                 |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   | 9b               |                   |                 |
| с   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c               |                   |                 |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   | 10a              |                   | <u> </u>        |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  | 10a              |                   |                 |
|     | Schedule A (Form 990  | or 99            | 0-FZ)             | 2018            |

Schedule A (Form 990 or 990-EZ) 2018

| Scne | anie v (Form aan of aan-55) 5019  |        | F   | age <b>5</b> |  |
|------|---|--------|-----|--------------|--|
| Par  | t IV Supporting Organizations (continued)   |        |     |              |  |
|      |   |        | Yes | No           |  |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?   |        |     |              |  |
| а    |   |        |     |              |  |
|      | 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   | ection B. Type I Supporting Organizations   |        |     |              |  |
|      |   |        | 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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit  |        |     |              |  |
|      | carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.  | 2      |     |              |  |
| Se   | ection C. Type II Supporting Organizations  |        |     |              |  |
|      |   |        | Yes | No           |  |
| 1    | 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   |        |     |              |  |
| Se   | ection D. All Type III Supporting Organizations   |        |     |              |  |
|      |   |        | Yes | No           |  |
| 1    | 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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.   | 3      |     |              |  |
| Se   | ection E. Type III Functionally-Integrated Supporting Organizations   |        |     |              |  |
| 1    | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)  | ions): |     |              |  |
| a    | The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |        |     |              |  |
| b    | The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |        |     |              |  |
|      |   |        |     |              |  |

c 📄 The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

| 2 | Activities Test. Answer (a) and (b) below.  |    | Yes | No |  |  |  |
|---|---|----|-----|----|--|--|--|
|   | a 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 |     |    |  |  |  |
|   | <b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's   |    |     |    |  |  |  |
|   | involvement.  |    |     |    |  |  |  |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below.  |    |     |    |  |  |  |
|   | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .  | 3a |     |    |  |  |  |
|   | <b>b</b> 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 <b>Part VI.</b> the role played by the organization in this regard.  |    |     |    |  |  |  |
|   | Schedule A (Form 990 or   |    |     |    |  |  |  |

– Page 6

Schedule A (Form 990 or 990-EZ) 2018 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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 through E. 1 (A) Prior Year (B) Current Year (optional) Section A - Adjusted Net Income 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 **3** Other gross income (see instructions) 3 4 Add lines 1 through 3 4 Depreciation and depletion 5 5 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 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<br>(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        |                           |                                |
| a | Average monthly value of securities   | 1a       |                           |                                |
| b | Average monthly cash balances   | 1b       |                           |                                |
| c | 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<br>(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)                               | ntegrate | ed Type III supporting or | ganization (see                |

Schedule A (Form 990 or 990-EZ) 2018

| — Page 7 – |  |
|------------|--|
|------------|--|

| Schedule A (Form 990 or 990-EZ) 2018   |                                 | <u> </u>                               | Page 7                                    |
|--|---------------------------------|--|---|
| Part V Type III Non-Functionally Integrated<br>Section D - Distributions   | 1 509(a)(3) Supporting          | Organizations (continue                | ed)<br>Current Year                       |
| 1 Amounts paid to supported organizations to accomplish  | exempt purposes                 |  |   |
| 2 Amounts paid to perform activity that directly furthers of excess of income from activity  | exempt purposes of supported    | organizations, in                      |   |
| <b>3</b> Administrative expenses paid to accomplish exempt put   | rposes of supported organizati  | ons                                    |   |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                                 |  |   |
| 5 Qualified set-aside amounts (prior IRS approval require  | d)                              |  |   |
| 6 Other distributions (describe in <b>Part VI</b> ). See instruction   | ,                               |  |   |
| <ul><li>7 Total annual distributions. Add lines 1 through 6.</li></ul>   |                                 |  |   |
| <ul> <li>8 Distributions to attentive supported organizations to wheetails in Part VI). See instructions</li> </ul>  | nich the organization is respon | sive (provide                          |   |
| <b>9</b> Distributable amount for 2018 from Section C, line 6  |                                 |  |   |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                                 |  |   |
| Section E - Distribution Allocations (see<br>instructions)   | (i)<br>Excess Distributions     | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1 Distributable amount for 2018 from Section C, line   |                                 |  |   |
| 2 Underdistributions, if any, for years prior to 2018<br>(reasonable cause required explain in Part VI).<br>See instructions.  |                                 |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2018:  |                                 |  |   |
| a From 2013  |                                 |  |   |
| <b>b</b> From 2014   |                                 |  |   |
| <b>d</b> From 2016.  |                                 |  |   |
| e From 2017  |                                 |  |   |
| f Total of lines 3a through e  |                                 |  |   |
| <b>q</b> Applied to underdistributions of prior years  |                                 |  |   |
| h Applied to 2018 distributable amount   |                                 |  |   |
| i Carryover from 2013 not applied (see instructions)   |                                 |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                                 |  |   |
| 4 Distributions for 2018 from Section D, line 7:   |                                 |  |   |
| <ul> <li>\$</li> <li>a Applied to underdistributions of prior years</li> </ul>   |                                 |  |   |
| <ul> <li>b Applied to 2018 distributions of phot years</li> </ul>  |                                 |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.  |                                 |  |   |
| <ul> <li>Remaining underdistributions for due to from 1.</li> <li>Remaining underdistributions for years prior to<br/>2018, if any. Subtract lines 3g and 4a from line 2.<br/>If the amount is greater than zero, explain in Part VI.</li> </ul> |                                 |  |   |

|   | See insulucions.   |  |  |
|---|--|--|--|
| 6 | Remaining underdistributions for 2018. Subtract<br>lines 3h and 4b from line 1. If the amount is greater<br>than zero, explain in Part VI. See instructions. |  |  |
| 7 | Excess distributions carryover to 2019. Add lines 3j and 4c.   |  |  |
| 8 | Breakdown of line 7:   |  |  |
| ä | Excess from 2014   |  |  |
|   | Excess from 2015   |  |  |
|   | Excess from 2016   |  |  |
|   | Excess from 2017   |  |  |
| ( | Excess from 2018   |  |  |
|   |  |  |  |

Schedule A (Form 990 or 990-EZ) (2018)

- Page 8

Schedule A (Form 990 or 990-EZ) 2018

Page **8** 

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   |  |  |  |  |  |
|--|--|--|--|--|--|
| Return Reference<br>SCHEDULE A, PART III, LINE 12,<br>EXPLANATION OF OTHER INCOME: | Explanation<br>OTHER REVENUE - 2014 AMOUNT: \$ 2,072,623. 2015 AMOUNT: \$ 733,281. 2016 AMOUNT: \$ 632,529. 2017<br>AMOUNT: \$ 646,797. 2018 AMOUNT: \$ 11,188. FUNDRAISING INCOME - 2014 AMOUNT: \$ 65,785. 2015  |  |  |  |  |
|  | AMOUNT: \$ 134,630. 2016 AMOUNT: \$ 134,653. 2017 AMOUNT: \$ 38,805. 2018 AMOUNT: \$ 42,100.<br>MANAGEMENT FEE - 2018 AMOUNT: \$ 504,990. INSURENCE REIMBURSEMENT - 2018 AMOUNT: \$ 24,572.<br>ATHLETIC FEES - 2018 AMOUNT: \$ 34,969.<br>Schedule A (Form 990 or 990-EZ) 2018 |  |  |  |  |

**Additional Data** 

Return to Form

| efile Public Visual Rer  | nder ObjectId: 202031769349300248 - Submission: 2020-06-24   |             | TIN: 13-5562204     |  |
|--|--|-------------|---------------------|--|
| Schedule B   | Schedule of Contributors   |             | OMB No. 1545-0047   |  |
| (Form 990, 990-EZ,<br>or 990-PF)<br>Department of the Treasury<br>Internal Revenue Service | 190, 990-EZ,<br>PF) ► Attach to Form 990, 990-EZ, or 990-PF.<br>It of the Treasury ► Go to www.irs.gov/Form990 for the latest information. |             |                     |  |
| Name of the organizat<br>GREENWICH HOUSE INC   |  | Employer id | entification number |  |
| GREENWICH HOUSE INC  |  | 13-5562204  |                     |  |
| Organization type (ch  | eck one):  |             |                     |  |
| Filers of:   | Section:   |             |                     |  |
| Form 990 or 990-EZ   | 501(c)( ) (enter number) organization  |             |                     |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foun   | dation      |                     |  |
|  | 527 political organization   |             |                     |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |             |                     |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  | on          |                     |  |
|  | $\int 501(c)(3)$ 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 33<sup>1</sup>/<sub>3</sub>% 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.

**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) (2018) |
|--|-----------------|---|
| for Form 990, 990-EZ, or 990-PF.                         |                 |   |

| <ul> <li>Page 2</li> </ul> |  |
|----------------------------|--|
|----------------------------|--|

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization GREENWICH HOUSE INC Employer identification number 13-5562204 Part Contributors (See instructions). Use duplicate copies of Part I if additional space is new (a) (b) (c) (d) Νó. Name, address, and ZIP + 4 Total contributions Type of contribution Person RESTRICTED Pavroll  $\square$ **\$ RESTRICTED** Noncash (Complete Part II for noncash contributions.) (a) No. (b) (d) (c) Name, address, and ZIP + 4 Total contributions Type of contribution Person  $\square$ Pavroll Noncash

|                                    |  |   | (Complete Part II for noncash<br>contributions.) |
|------------------------------------|--|---|--|
| (a)<br>No.                         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                    | (d)<br>Type of contribution                      |
|                                    |  |   | Person   |
| -                                  |  | \$  | Payroll  |
|                                    |  |   | (Complete Part II for noncash                    |
| (a)                                | (b)  | (c)   | contributions.) (d)                              |
| No.                                | Name, address, and ZIP + 4   | Total contributions                           | Type of contribution Person                      |
| -                                  |  | _   | Payroll  |
|                                    |  | \$_   | Noncash  |
|                                    | <i>(</i> )   |   | (Complete Part II for noncash contributions.)    |
| (a)<br>No.                         | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions                    | (d)<br>Type of contribution                      |
| -                                  |  | _   | Person   |
|                                    |  | \$_   | Noncash  |
|                                    |  |   | (Complete Part II for noncash                    |
| (a)                                | (b)  | (c)   | (d)  |
| No.                                | Name, address, and ZIP + 4   | Total contributions                           | Type of contribution Person                      |
| -                                  |  | -   | Payroll  |
|                                    |  | \$_   | Noncash  |
|                                    |  |   | (Complete Part II for noncash<br>contributions.) |
|                                    |  | Schedule B (Fe                                | orm 990, 990-EZ, or 990-PF) (2018)               |
|                                    | Page 3   |   |  |
| Schedule B (Form                   | 990, 990-EZ, or 990-PF) (2018)   |   | Page 3   |
| Name of organiza<br>GREENWICH HOUS |  |   | ification number                                 |
| Part II                            | Noncash Property (See instructions). Use duplicate copies of Part II if additional space is no |   |  |
| (a)<br>No. from Part I             | (b)<br>Description of noncash property given   | (C)<br>FMV (or estima<br>(See instruction     |  |
|                                    |  |   | \$   |
|                                    |  |   |  |
| (a)<br>No. from Part I             | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimation<br>(See instruction | ate) (d)<br>Date received                        |
|                                    |  |   | \$   |
|                                    |  |   | φ  |
| (a)<br>No. from Part I             | (b)<br>Description of noncash property given   | (c)<br>FMV (or estim                          |  |
|                                    |  | (See instruction                              | 1S)  |
|                                    |  |   | \$   |
| (a)<br>No. from Part I             | (b)<br>Description of noncash property given   | (c)<br>FMV (or estim                          |  |
| No. nom r urt r                    |  | (See instruction                              | ns) Dute received                                |
|                                    |  | <u> </u>                                      | \$   |
| (a)                                | (b)  | (c)<br>FMV (or estimation                     | ate) (d)   |
| No. from Part I                    | Description of noncash property given  | (See instruction                              |  |
|                                    |  |   | \$   |
| (a)                                | (b)  | (c)   | ato) (d)   |
| No. from Part I                    | Description of noncash property given  | FMV (or estimation (See instruction           | Data received                                    |
|                                    |  | <u> </u>                                      | \$   |
|                                    |  |   | B (Form 990, 990-FZ, or 990-PF) (20              |

8)

| Schedule B (Form 9                   | 990, 990-EZ, or 990-PF) (2018)           |  | Page 4   |
|--------------------------------------|--|--|--|
| Name of organizat<br>GREENWICH HOUSE |  |  | Employer identification number   |
|                                      |  |  | 13-5562204   |
| than \$1,<br>organiza<br>year. (Er   | 000 for the year from any one contributo | or. Complete columns (a) through (e)<br>of <i>exclusively</i> religious, charitable, e<br>ons.) ▶ \$ | ction 501(c)(7), (8), or (10) that total more<br>and the following line entry. For<br>etc., contributions of \$1,000 or less for the |
| (a)<br>No. from Part I               | (b) Purpose of gift                      | (c) Use of gift  | (d) Description of how gift is held  |
| -                                    | Transferee's name, address, and          | (e) Transfer of gift<br>ZIP 4 Relation   | nship of transferor to transferee  |
| (a)<br>No. from Part I               | (b) Purpose of gift                      | (c) Use of gift  | (d) Description of how gift is held  |
|                                      | Transferee's name, address, and          | (e) Transfer of gift<br>ZIP 4 Relation   | nship of transferor to transferee  |
| (a)<br>No. from Part I               | (b) Purpose of gift                      | (c) Use of gift  | (d) Description of how gift is held  |
| -                                    | Transferee's name, address, and          | (e) Transfer of gift<br>ZIP 4 Relation   | nship of transferor to transferee  |
|                                      |  |  |  |
| (a)<br>No. from Part I               | (b) Purpose of gift                      | (c) Use of gift  | (d) Description of how gift is held  |
|                                      | Transferee's name, address, and          |  | nship of transferor to transferee  |
|                                      |  | Sched  | ule B (Form 990, 990-EZ, or 990-PF) (2018)   |

**Additional Data** 

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| efil                     | e Public Visua                            | l Render   | ObjectId: 2020317   | 69349300248                                | - Submission: 202                                     | 0-06-2                 | 4                         | TIN: 1         | 13-5562204    |
|--------------------------|---|--|---|--|---|------------------------|---------------------------|----------------|---------------|
| SCHEDULE D<br>(Form 990) |   |  | • •   |  | al Statements   |                        |                           | омв No         | 0. 1545-0047  |
|                          | ment of the Treasury                      | 1  | Part IV, line 6, 7, 8, 9, 1   | .0, 11a, 11b, 11c<br>▶ Attach to Form      | 990.  | or 12b.                |                           |                | to Public     |
|                          | Revenue Service<br>me of the organi       | ization  | ▶ Go to <u>www.irs.g</u>  | <u>ov/Form990</u> for                      | the latest informatio                                 |                        | olover ide                | Ins            | spection      |
|                          | ENWICH HOUSE INC                          |  |   |  |   | -                      | -                         | minication     | number        |
| Pa                       |   |  | ntaining Donor Advi   |  |   |                        | 5562204<br>counts.        |                |               |
|                          | complet                                   |  |   |  | or advised funds                                      |                        | (b)Fund                   | s and other    | accounts      |
|                          |   | -  |   |  |   |                        |                           |                |               |
|                          | Aggregate value                           |  |   |  |   |                        |                           |                |               |
| 4                        | Aggregate value                           | at end of year   |   |  |   |                        |                           |                |               |
| 5                        |   |  | donors and donor adviso<br>at to the organization's exe                               |  |   |                        | funds are f               |                | Yes 🗌 No      |
| 6                        | charitable purpo                          | ses and not fo   | grantees, donors, and do<br>r the benefit of the donor                                | or donor advisor,                          | or for any other purpose                              | an be use<br>e conferr | ed only for<br>ing imperr | nissible       | Yes 🗌 No      |
| Par                      | t II Conser                               | vation Ease  | ments. Complete if th   | e organization a                           | inswered "Yes" on Fo                                  | rm 990                 | , Part IV,                |                |               |
| 1                        | Purpose(s) of co                          | onservation eas  | sements held by the organ   | nization (check all                        | that apply).  |                        |                           |                |               |
|                          | Preservation                              | on of land for p   | oublic use (e.g., recreation  | or education)                              | Preservation of a                                     | an histor              | ically impo               | ortant land a  | area          |
|                          | Protection                                | of natural hab   | itat  |  | Preservation of a                                     | a certifie             | d historic s              | structure      |               |
|                          | Preservation                              | on of open spa   | ce  |  |   |                        |                           |                |               |
| 2                        | Complete lines 2<br>easement on the       |  | if the organization held a  | qualified conserva                         | tion contribution in the                              | form of a              |                           |                |               |
| а                        |   | -  | asements  |  |   | 2a                     | Held a                    | t the End o    | of the Year   |
| b                        |   |  | servation easements   |  |   | 2b                     |                           |                |               |
| c                        | -   | -  | ents on a certified histori   |  |   | 2c                     |                           |                |               |
| d                        | Number of conse<br>structure listed in    |  | ents included in (c) acqui<br>Register  | red after 7/25/06,                         | and not on a historic                                 | 2d                     |                           |                |               |
| 3                        | Number of conse<br>tax year ►             | ervation easen   | nents modified, transferre  | d, released, exting                        | uished, or terminated b                               | by the or              | ganization                | during the     |               |
| 4                        | Number of state                           | s where prope  | rty subject to conservatio  | n easement is loca                         | ted 🕨   |                        | _                         |                |               |
| 5                        |   |  | written policy regarding th<br>vation easements it holds                              |  |   | g of viola             | ations,                   | 🗌 Yes          | 🗆 No          |
| 6                        | <u>+</u>                                  |  | oted to monitoring, inspec  |  |   |                        |                           |                |               |
| 7                        | ▶\$                                       |  | n monitoring, inspecting,   | -  |   |                        |                           | s during the   | e year        |
| 8                        | and section 170                           | (h)(4)(B)(ii)?   | nent reported on line 2(d)  |  |   |                        |                           | <b>Yes</b>     | 🗆 No          |
| 9                        | balance sheet, a the organization         | and include, if a solution of the second s | organization reports cons<br>applicable, the text of the<br>for conservation easement | footnote to the or<br>ts.                  | ganization's financial st                             | atements               | s that desc               | ribes          |               |
| Par                      | t III Organia<br>Complet                  | zations Mai<br>te if the orga  | ntaining Collections<br>inization answered "Yes                                       | of Art, Historia<br>s" on Form 990.        | cal Treasures, or O<br>Part IV, line 8.               | ther Si                | milar As                  | sets.          |               |
| 1a                       | If the organization art, historical trees | on elected, as<br>easures, or oth  | permitted under SFAS 11<br>er similar assets held for<br>of the footnote to its finan | 6 (ASC 958), not t<br>public exhibition, e | o report in its revenue s<br>education, or research i | n further              |                           |                |               |
| b                        | If the organization                       | on elected, as<br>res, or other s  | permitted under SFAS 11<br>imilar assets held for publ                                | 6 (ASC 958), to re                         | port in its revenue state                             | ement ar               |                           |                |               |
| (                        | 5   | 5  | 0, Part VIII, line 1  |  |   |                        | ▶\$                       |                |               |
| (ii                      | i)Assets included                         | in Form 990,   | Part X  |  |   |                        | . ►\$                     |                |               |
| 2                        | following amoun                           | nts required to  | held works of art, historic be reported under SFAS                                    | .16 (ASC 958) rela                         | ting to these items:                                  | _                      |                           | le the         |               |
| а                        | Revenue include                           | ed on Form 990   | ), Part VIII, line 1  |  |   |                        | . ►\$                     |                |               |
|                          |   |  | Part X  |  |   |                        |                           |                |               |
| For P                    | aperwork Redu                             | iction Act No  | tice, see the Instruction   | is for Form 990.                           | Cat. N  | lo. 52283              | BD Sche                   | dule D (Fo     | orm 990) 2018 |
|                          |   |  |   | Page 2                                     |   |                        |                           |                |               |
| Scheo                    | dule D (Form 990)                         | ) 2018   |   |  |   |                        |                           |                | Page <b>2</b> |
| Part                     |   | -  | ntaining Collections  | of Art, Historia                           | al Treasures, or O                                    | ther Si                | milar As                  | sets (conti    |               |
| 3                        |   |  | sition, accession, and othe   | er records, check a                        | ny of the following that                              | are a sig              | gnificant us              | se of its coll | ection        |
| а                        | items (check all                          |  |   | d  |   |                        | -                         |                |               |
| _                        | Public exh                                | ווטונוסח   |   |  | Loan or exchange                                      |                        |                           |                |               |
| ь                        | Scholarly                                 | research   |   | e  | Other   |                        |                           |                |               |
| с                        | Preservati                                | ion for future g   | enerations  |  |   |                        |                           |                |               |
| 4                        |   | -  | ganization's collections an   | d explain how the                          | r further the organization                            | on's exen              | npt purpos                | e in           |               |
| 5                        |   |  | ization solicit or receive de<br>s rather than to be mainta                           |  |   |                        |                           | 🗌 Yes          | O 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.

|      | line 21.  |                    |               |               | ,,                  |                 |                  |            |                    |
|------|---|--------------------|---------------|---------------|---------------------|-----------------|------------------|------------|--------------------|
| 1a   | Is the organization an agent, included on Form 990, Part X                                |                    |               |               |                     |                 |                  | 🗌 Yes      | s 🗆 No             |
| ь    | <b>b</b> If "Yes," explain the arrangement in Part XIII and complete the following table: |                    |               |               |                     |                 | J 1              | Amount     |                    |
| с    | Beginning balance   |                    |               |               |                     | 1c              |                  |            |                    |
| d    | Additions during the year   |                    |               |               |                     | 1d              |                  |            |                    |
| е    | Distributions during the year .   |                    |               |               |                     | 1e              |                  |            |                    |
| f    | Ending balance  |                    |               |               |                     | 1f              |                  |            |                    |
| 2a   | Did the organization include a  | in amount on Foi   | rm 990, Par   | t X, line 21  | , for escrow or cu  | ustodial accoun | t liability?     | 🗌 Yes      | 5 🗌 No             |
| b    | If "Yes," explain the arrangem  | nent in Part XIII. | Check here    | e if the expl | anation has been    | provided in Pa  | rt XIII          |            |                    |
| Pa   | rt V Endowment Funds  |                    |               | -             |                     |                 |                  |            |                    |
|      |   |                    | (a)Curren     |               | (b)Prior year       | (c)Two years ba | ., ,             |            | (e)Four years back |
| 1a   | Beginning of year balance .   |                    | 2             | ,309,634      | 2,203,592           | 1,801,          |                  | ,958,315   | 1,973,399          |
|      | Contributions   |                    |               |               |                     | 200,            |                  |            | 75,000             |
|      | Net investment earnings, gains  |                    |               | 85,310        | 106,042             | 251,            | 218              | -23,542    | 40,842             |
|      | Grants or scholarships  |                    |               |               |                     |                 |                  |            |                    |
| e    | Other expenditures for facilities<br>and programs   | 5                  |               |               |                     | 48,             | 971              | 133,428    | 130,926            |
| f    | Administrative expenses   |                    |               |               |                     |                 |                  |            |                    |
| g    | End of year balance   |                    | 2             | ,394,944      | 2,309,634           | 2,203,          | 592 1            | ,801,345   | 1,958,315          |
| 2    | Provide the estimated percent   | tage of the curre  | nt year end   | balance (li   | ne 1g, column (a    | )) held as:     |                  |            | <u> </u>           |
| а    | Board designated or quasi-en  | dowment 🕨          |               |               |                     |                 |                  |            |                    |
| b    | Permanent endowment 🕨   | 71.450 %           |               |               |                     |                 |                  |            |                    |
| с    | Temporarily restricted endowr   | ment 🕨 28.5        | 50 %          |               |                     |                 |                  |            |                    |
|      | The percentages on lines 2a,  |                    |               |               |                     |                 |                  |            |                    |
| 3a   | Are there endowment funds n<br>organization by:   | ot in the posses   | sion of the o | organizatio   | n that are held ar  | nd administered | d for the        |            | Yes No             |
|      | (i) unrelated organizations   |                    |               |               |                     |                 |                  | 3a         |                    |
|      | (ii) related organizations .  |                    |               |               |                     |                 |                  | 3a         | (ii) No            |
|      | If "Yes" on 3a(ii), are the relation  | -                  |               | -             |                     |                 |                  | . 3        | b                  |
| 4    | Describe in Part XIII the inten   |                    |               | n's endown    | ient funds.         |                 |                  |            |                    |
| Pa   | rt VI Land, Buildings, a<br>Complete if the orga  |                    |               | on Form       | 000 Part IV li      | no 112 . Soo    | Form 000 Pa      | rt V lino  | 10                 |
|      | Description of property   | (a) Cost or oth    | er basis      |               | other basis (other) |                 | ed depreciation  |            | i) Book value      |
|      |   | (investme          | nt)           |               |                     |                 |                  |            |                    |
| 1a   | Land  |                    |               |               |                     |                 |                  |            |                    |
| b    | Buildings   |                    |               |               | 4,105,161           |                 | 3,000,467        |            | 1,104,694          |
| с    | Leasehold improvements  |                    |               |               | 2,223,433           |                 | 1,413,276        |            | 810,157            |
| d    | Equipment   |                    |               |               | 926,067             |                 | 855,919          |            | 70,148             |
| е    | Other   |                    |               |               | 529,679             |                 |                  |            | 529,679            |
| Tota | al. Add lines 1a through 1e.(Col  | umn (d) must ea    | 1 yual Form 9 | 90, Part X,   | column (B), line    | 10(c).)         | *                |            | 2,514,678          |
|      |   |                    |               |               |                     |                 | Sch              | nedule D   | (Form 990) 2018    |
|      |   |                    |               | Da            |                     |                 |                  |            |                    |
|      |   |                    |               | Pa            | ge 3 ———            |                 |                  |            |                    |
| Sche | dule D (Form 990) 2018  |                    |               |               |                     |                 |                  |            | Page <b>3</b>      |
| Par  | t VII Investments Oth   |                    | . Complet     | e if the or   | ganization ans      | wered "Yes" o   | on Form 990,     | Part IV,   | line 11b.          |
|      | See Form 990, Part  | X, line 12.        | catogony      |               | (b)                 |                 | (c) Method       | of valuati | 00:                |
|      |   | ig name of secur   |               |               | (b)<br>Book         | C               | Cost or end-of-y |            |                    |
|      |   |                    |               |               | value               |                 |                  |            |                    |
|      | Financial derivatives   | • •                |               | • •           | · ·                 |                 |                  |            |                    |
|      | Closely-held equity interests<br>Dther  |                    | • • •         | • •           | · · ·               |                 |                  |            |                    |
|      |   |                    |               |               |                     |                 |                  |            |                    |
| (A)  |   |                    |               |               |                     |                 |                  |            |                    |
| (B)  |   |                    |               |               |                     |                 |                  |            |                    |
| (C)  |   |                    |               |               |                     |                 |                  |            |                    |
|      |   |                    |               |               |                     |                 |                  |            |                    |
| (D)  |   |                    |               |               |                     |                 |                  |            |                    |
| (E)  |   |                    |               |               |                     |                 |                  |            |                    |
| (F)  |   |                    |               |               |                     |                 |                  |            |                    |
| (G)  |   |                    |               |               |                     |                 |                  |            |                    |
| (H)  |   |                    |               |               |                     |                 |                  |            |                    |
|      | I. (Column (b) must equal Form 990,   |                    |               |               | Þ                   |                 |                  |            |                    |
| Par  | t VIII Investments Pro  |                    |               | on Form       | QQA Port IV "       |                 | Form 000 D-      | rt V line  | 13                 |
|      | Complete if the org   | ion of investmen   |               | on Form       | (b) Book value      | T               | c) Method        |            |                    |
|      |   |                    |               |               | (a) book value      |                 | Cost or end-of-y |            |                    |
| (1)  |   |                    |               |               |                     |                 |                  |            |                    |
| (2)  |   |                    |               |               |                     |                 |                  |            |                    |
| (3)  |   |                    |               |               |                     |                 |                  |            |                    |

| (4)  |                 |                   |                  |                 |
|--|-----------------|-------------------|------------------|-----------------|
| (5)  |                 |                   |                  |                 |
| (6)  |                 |                   |                  |                 |
| (7)  |                 |                   |                  |                 |
| (8)  |                 |                   |                  |                 |
| (9)  |                 |                   |                  |                 |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)                                |                 |                   |                  |                 |
| Part IX Other Assets. Complete if the organization answered 'Yes' or                             | n Form 990, Par | t IV, line 11d. S | See Form 990, Pa | art X, line 15. |
| (a) Description  |                 |                   |                  | (b) Book value  |
| (1) BENEFICIAL INTEREST IN REMAINDER TRUST   |                 |                   |                  | 241,520         |
| (2) DUE FROM RELATED PARTY   |                 |                   |                  | 148,628         |
| (3) SECURITY DEPOSITS  |                 |                   |                  | 146,124         |
| (4) OTHER ASSETS   |                 |                   |                  | 12,873          |
| (4)  |                 |                   |                  |                 |
| (5)  |                 |                   |                  |                 |
| (6)  |                 |                   |                  |                 |
| (7)  |                 |                   |                  |                 |
| (8)  |                 |                   |                  |                 |
| (9)  |                 |                   |                  |                 |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)                                |                 | <u>.</u>          |                  | 549,145         |
| Part X Other Liabilities. Complete if the organization answere<br>See Form 990, Part X, line 25. | ed 'Yes' on Fo  | rm 990, Part I    | IV, line 11e or  | 11f.            |
| 1. (a) Description of liability  | (b) Bo          | ook value         |                  |                 |
| (1) Federal income taxes   |                 |                   | 1                |                 |

|                               | (                                   | (-) |  |
|-------------------------------|-------------------------------------|-----|--|
| (1) Federal income taxes      |                                     |     |  |
| (2)                           |                                     |     |  |
| (3)                           |                                     |     |  |
| (4)                           |                                     |     |  |
| (5)                           |                                     |     |  |
| (6)                           |                                     |     |  |
| (7)                           |                                     |     |  |
| (8)                           |                                     |     |  |
| (9)                           |                                     |     |  |
| Total. (Column (b) must 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 (Form 990) 2018

| Sche | dule D (Form 990) 2018   |       | Page <b>4</b> |
|------|--|-------|---------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Rel<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | turn  |               |
| 1    | Total revenue, gains, and other support per audited financial statements   | 1     | 19,020,149    |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |       |               |
| а    | Net unrealized gains (losses) on investments 2a -105,623   |       |               |
| ь    | Donated services and use of facilities   |       |               |
| с    | Recoveries of prior year grants  |       |               |
| d    | Other (Describe in Part XIII.)   |       |               |
| е    | Add lines <b>2a</b> through <b>2d</b>  | 2e    | 3,332,728     |
| з    | Subtract line <b>2e</b> from line <b>1</b>   | 3     | 15,687,421    |
| 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 <b>4a</b> and <b>4b</b>  | 4c    | -88,548       |
| 5    | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)  | 5     | 15,598,873    |
| Pai  | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R<br>Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. | eturi | ı.            |
| 1    | Total expenses and losses per audited financial statements   | 1     | 18,038,562    |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |       |               |
| а    | Donated services and use of facilities   |       |               |
| ь    | Prior year adjustments   |       |               |
| с    | Other losses   |       |               |
| d    | Other (Describe in Part XIII.)   |       |               |
| е    | Add lines <b>2a</b> through <b>2d</b>  | 2e    | 3,179,274     |
| 3    | Subtract line <b>2e</b> from line <b>1</b>   | 3     | 14.859.288    |

| 4 Amounts included on Form 990, Part IX, line 25, b   | out not on line 1:   |         |                             |  |
|---|--|---------|-----------------------------|--|
| a Investment expenses not included on Form 990, F   | Part VIII, line 7b 4a  |         |                             |  |
| <b>b</b> Other (Describe in Part XIII.)   |  |         |                             |  |
| c Add lines 4a and 4b   | · · · · · · · · · · · · · · · · · · ·  | 4c      | -28,168                     |  |
| 5 Total expenses. Add lines 3 and 4c. (This must ec   | ual Form 990, Part I, line 18.)  | 5       | 14,831,120                  |  |
| Part XIII Supplemental Information  |  |         |                             |  |
| Provide the descriptions required for Part II, lines 3, 5, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con | and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part<br>nplete this part to provide any additional information.   | V, line | 4; Part X, line 2; Part XI, |  |
| Return Reference  | Explanation  |         |                             |  |
| PART V, LINE 4:   | GREENWICH HOUSE'S ENDOWMENT CONSISTS OF FIVE FUNDS. INCOME IS USED TO SUPPORT (1)<br>CHILDREN SERVICES, (2) GENERAL OPERATIONS, (3) LEADERSHIP AWARDS, (4) POTTERY AND (5)<br>MUSIC SCHOOL PROGRAMS. |         |                             |  |
| PART X, LINE 2:   | THE AGENCY BELIEVES IT HAS NO UNCERTAIN TAX POSITI<br>ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICAT<br>TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHIN<br>PROVISIONS FOR UNCERTAIN TAX POSITIONS.  | ION ("  | ASC") TOPIC 740, "INCOME    |  |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:   | REVENUE FOR AFFILIATE ORGANIZATION 4,510,796. CONS<br>FINANCIAL AID -122,303.  | OLIDA   | TING ELIMINATIONS -980,582. |  |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:   | INDIRECT FUNDRAISING EXPENSES -60,380. COST OF GO  | ODS SO  | OLD -28,168.                |  |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:  | EXPENSES FOR AFFILIATE ORGANIZATION 4,191,339. CON<br>FINANCIAL AID -122,303. INDIRECT FUNDRAISING EXPENSI   |         |                             |  |
| PART XILLINE 4B - OTHER ADJUSTMENTS   | COST OF GOODS SOLD -28 168   |         |                             |  |

Schedule D (Form 990) 2018

Additional Data

**Return to Form** 

| SCHEDULE G  |  | 203170934930  | 0248 - Submission:  | 2020-06-24   | TIN: 13-5562204  |
|---|--|---|---|--|--|
| orm 990 or 990-E7)  |  |   | ormation Regar<br>Gaming Activit<br>on Form 990, Part IV, lines 12  | -  | OMB No. 1545-0047  |
| epartment of the Treasury<br>ternal Revenue Service   | organizati   | ion entered more tha<br>Attach to Form  | n \$15,000 on Form 990-EZ, lir<br>990 or Form 990-EZ.<br>instructions and the latest inf  | ne 6a.   | Open to Public<br>Inspection   |
| ame of the organization<br>REENWICH HOUSE INC   |  |   |   |  | lentification number   |
|   |  |   |   | 13-5562204   |  |
| Part I Fundraising Activit<br>Form 990-EZ filers a  |  | -   | answered "Yes" on For<br>part.  | m 990, Part IV, line   | 17.  |
| Indicate whether the organizat  |  |   |   | all that apply.  |  |
| a 🗌 Mail solicitations  |  |   | e 🗌 Solicitation of non-  | government grants  |  |
| <b>b</b> Internet and email solicitat   | tions  | 1   | f 🗌 Solicitation of gove  | rnment grants  |  |
| c Definition Phone solicitations  |  | 9   | g 🗌 Special fundraising   | events   |  |
| d 🗌 In-person solicitations   |  |   |   |  |  |
| Did the organization have a wirk or key employees listed in Formation for the second secon |  |   |   |  |  |
| If "Yes," list the ten highest particular of the second |  | -   |   | - 0  | Yes 🗌 No<br>iser is  |
| to be compensated at least \$5  |  |   |   |  |  |
| ) Name and address of individual<br>or entity (fundraiser)  | (ii) Activity  | (iii) Did<br>fundraiser have  | (iv) Gross receipts<br>from activity  | (v) Amount paid to<br>(or retained by)   | (vi) Amount paid to<br>(or retained by)  |
| or entry (fundraiser)   |  | custody or<br>control of  | nom activity  | fundraiser listed in<br>col. (i)   | organization   |
|   |  | contributions?  |   |  |  |
|   |  | Yes No  |   |  |  |
|   |  |   |   |  |  |
|   |  |   |   |  |  |
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|   |  | <b>⊳</b>  |   |  |  |
| tal   |  |   |   |  | t from registration or   |
|   |  | d or licensed to sol  | licit contributions or bas be   | oon notified it is evenn   | c nom registration of  |
| tal   |  | d or licensed to sol  | licit contributions or has be   | een notified it is exemp   |  |
| List all states in which the organ licensing.   | nization is registered   |   |   |  |  |
| List all states in which the organ licensing.   | ization is registered  |   |   |  |  |
| List all states in which the organ licensing.   | ization is registered  | for Form 990 or 99  | 10-EZ. Cat. No. !   |  |  |
| List all states in which the organ<br>licensing.  | ization is registered  | for Form 990 or 99  |   |  |  |
| List all states in which the organ<br>licensing.  | ization is registered<br>see the Instructions<br>018   | for Form 990 or 99  | 0-EZ. Cat. No. !<br>age 2   | 50083H Schedule (  | 5 (Form 990 or 990-EZ) 2011<br>Page 2  |
| List all states in which the organ<br>licensing.<br>r Paperwork Reduction Act Notice, s<br>hedule G (Form 990 or 990-EZ) 2<br>Part II Fundraising Event<br>than \$15,000 of fun   | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc  | for Form 990 or 99  | 10-EZ. Cat. No. !   | 50083H Schedule (  | Form 990 or 990-EZ) 2014<br>Page 2<br>8, or reported more  |
| List all states in which the organ<br>licensing.  | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.  | for Form 990 or 99<br>Pr<br>Pr<br>ne organization a<br>putributions and   | o-EZ. Cat. No. :<br>age 2<br>answered "Yes" on Form<br>gross income on Form   | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and   | Form 990 or 990-EZ) 2019<br>Page 2<br>8, or reported more<br>6b. List events with  |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>hedule G (Form 990 or 990-EZ) 2<br>art II Fundraising Event<br>than \$15,000 of fun  | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event co<br>er than \$5,000.  | for Form 990 or 99<br>Pre organization a<br>pontributions and<br>a)Event #1   | 0-EZ. Cat. No. !<br>age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2   | 50083H Schedule of<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events   | Form 990 or 990-EZ) 2014<br>Page 2<br>8, or reported more<br>6b. List events with<br>(d)<br>Total events   |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>medule G (Form 990 or 990-EZ) 2<br>art II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great  | see the Instructions<br>018<br>ts. Complete if the<br>idraising event co<br>ier than \$5,000.<br>(i<br>GREE  | for Form 990 or 99 for Form 990 or 99 Provide a potributions and a)Event #1 TASTE OF NWICH HOUSE  | o-EZ. Cat. No. :<br>age 2<br>answered "Yes" on Form<br>gross income on Form   | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and   | Form 990 or 990-EZ) 2011<br>Page 2<br>8, or reported more<br>6b. List events with<br>(d)   |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>nedule G (Form 990 or 990-EZ) 2<br>art II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great  | see the Instructions<br>018<br>ts. Complete if the<br>idraising event co<br>ier than \$5,000.<br>(i<br>GREE  | for Form 990 or 99<br>P,<br>he organization a<br>portributions and<br>a)Event #1<br>TASTE OF  | age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2<br><u>CSP LUNCHEON</u>  | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br><u>3</u>  | Form 990 or 990-EZ) 2013<br>Page 2<br>8, or reported more<br>6b. List events with<br>(d)<br>Total events<br>(add col. (a) through  |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>medule G (Form 990 or 990-EZ) 2<br>art II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great  | see the Instructions<br>018<br>ts. Complete if the<br>idraising event co<br>ier than \$5,000.<br>(i<br>GREE  | for Form 990 or 99 for Form 990 or 99 Provide a potributions and a)Event #1 TASTE OF NWICH HOUSE  | age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2<br><u>CSP LUNCHEON</u>  | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br><u>3</u>  | Contract                        |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>nedule G (Form 990 or 990-EZ) 2<br>art II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great<br>1 Gross receipts  | see the Instructions<br>018<br>ts. Complete if the<br>idraising event co<br>ier than \$5,000.<br>(i<br>GREE  | for Form 990 or 99<br>Pre-<br>e organization a<br>ontributions and<br>a)Event #1<br>TASTE OF<br><u>NWICH HOUSE</u><br>event type)<br>238,352                          | 0-EZ. Cat. No. 9<br>age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2<br><u>CSP LUNCHEON</u><br>(event type)<br>88,405  | 50083H Schedule (<br>50083H Schedule (<br>990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br><u>3</u><br>(total number)<br>80,88            | G (Form 990 or 990-EZ) 2014           Page 2           8, or reported more           6b. List events with           (d)           Total events           (add col. (a) through           col. (c))           31  |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>medule G (Form 990 or 990-EZ) 22<br>art II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great<br>1 Gross receipts<br>2 Less: Contributions<br>3 Gross income (line 1 minus  | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(a<br><u>GREE</u><br>(u                               | for Form 990 or 99 provide organization a pontributions and a)Event #1 TASTE OF NWICH HOUSE event type) 238,352 222,492   | 0-EZ. Cat. No. 1<br>age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2<br>CSP LUNCHEON<br>(event type)<br>88,405<br>80,205   | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84                             | Contract                        |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, s<br>redule G (Form 990 or 990-EZ) 2<br>art II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great<br>1 Gross receipts<br>2 Less: Contributions<br>3 Gross income (line 1 minus<br>line 2)  | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>adraising event cc<br>er than \$5,000.<br>(a<br><u>GREEI</u><br>(a                             | for Form 990 or 99<br>Pre-<br>e organization a<br>ontributions and<br>a)Event #1<br>TASTE OF<br><u>NWICH HOUSE</u><br>event type)<br>238,352                          | 0-EZ. Cat. No. 9<br>age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2<br><u>CSP LUNCHEON</u><br>(event type)<br>88,405  | 50083H Schedule (<br>50083H Schedule (<br>990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br><u>3</u><br>(total number)<br>80,88            | Contract                        |
| List all states in which the organ<br>licensing.  | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(a<br><u>GREE</u><br>(u                               | for Form 990 or 99 provide organization a pontributions and a)Event #1 TASTE OF NWICH HOUSE event type) 238,352 222,492   | 0-EZ. Cat. No. 1<br>age 2<br>answered "Yes" on Form<br>gross income on Form<br>(b) Event #2<br>CSP LUNCHEON<br>(event type)<br>88,405<br>80,205   | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84                             | Contract                        |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, se<br>hedule G (Form 990 or 990-EZ) 2<br>Part II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great<br>1 Gross receipts<br>2 Less: Contributions<br>3 Gross income (line 1 minus<br>line 2)<br>4 Cash prizes<br>5 Noncash prizes   | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(a<br><u>GREE</u><br>(u                               | for Form 990 or 99 for Form 990 or 99 Present #1 TASTE OF WYICH HOUSE event type) 238,352 222,492 15,860  | 0-EZ. Cat. No. 3 age 2 answered "Yes" on Form gross income on Form (b) Event #2 CSP LUNCHEON (event type) 88,405 80,205 8,200   | 50083H Schedule (<br>50083H Schedule (<br>990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84<br>18,04 | (d)           Total events           (add col. (a) through col. (c)           31         407,638           40         42,100   |
| List all states in which the organ<br>licensing.  Paperwork Reduction Act Notice, s  nedule G (Form 990 or 990-EZ) 2  art II Fundraising Event than \$15,000 of fun gross receipts great  1 Gross receipts  2 Less: Contributions  3 Gross income (line 1 minus line 2)  4 Cash prizes  5 Noncash prizes  | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(a<br><u>GREE</u><br>(u                               | for Form 990 or 99 provide organization a pontributions and a)Event #1 TASTE OF NWICH HOUSE event type) 238,352 222,492   | 0-EZ. Cat. No. 3 age 2 answered "Yes" on Form gross income on Form (b) Event #2 CSP LUNCHEON (event type) 88,405 80,205 8,200 1,729   | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84<br>18,04<br>5,25            | Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< td=""></thco<></thcontrol<></thcontrol<> |
| List all states in which the organ<br>licensing.<br>Paperwork Reduction Act Notice, se<br>hedule G (Form 990 or 990-EZ) 2<br>Part II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great<br>1 Gross receipts<br>2 Less: Contributions<br>3 Gross income (line 1 minus<br>line 2)<br>4 Cash prizes<br>5 Noncash prizes   | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(a<br><u>GREE</u><br>(u                               | for Form 990 or 99 for Form 990 or 99 Present #1 TASTE OF WYICH HOUSE event type) 238,352 222,492 15,860  | 0-EZ. Cat. No. 3 age 2 answered "Yes" on Form gross income on Form (b) Event #2 CSP LUNCHEON (event type) 88,405 80,205 8,200   | 50083H Schedule (<br>50083H Schedule (<br>990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84<br>18,04 | Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< td=""></thco<></thcontrol<></thcontrol<> |
| List all states in which the organ<br>licensing.<br>r Paperwork Reduction Act Notice, s<br>chedule G (Form 990 or 990-EZ) 2<br>Part II Fundraising Event<br>than \$15,000 of fun<br>gross receipts great<br>1 Gross receipts<br>2 Less: Contributions<br>3 Gross income (line 1 minus<br>line 2)<br>4 Cash prizes<br>5 Noncash prizes   | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(a<br><u>GREE</u><br>(u                               | for Form 990 or 99 for Form 990 or 99 Present #1 TASTE OF WYICH HOUSE event type) 238,352 222,492 15,860  | Image 2         Cat. No. 3           age 2         answered "Yes" on Form gross income on Form           (b) Event #2         CSP LUNCHEON<br>(event type)           88,405         80,205           88,200         1,729           1,729         6,119 | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84<br>18,04<br>5,25            | Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< td=""></thco<></thcontrol<></thcontrol<> |
| I Gross receipts<br>2 Less: Contributions<br>3 Gross income (line 1 minus<br>line 2)<br>4 Cash prizes<br>5 Noncash prizes<br>7 Food and beverages   | ization is registered<br>see the Instructions<br>018<br>ts. Complete if th<br>draising event cc<br>er than \$5,000.<br>(i<br>GREEI<br>(i<br><br><br><br><br><br><br><br><br> | for Form 990 or 99<br>Pre-<br>ne organization a<br>a)Event #1<br>TASTE OF<br>NWICH HOUSE<br>event type)<br>238,352<br>222,492<br>15,860<br>28,931<br>28,931<br>30,440 | 0-EZ. Cat. No. 3 age 2 answered "Yes" on Form gross income on Form (b) Event #2 CSP LUNCHEON (event type) 88,405 80,205 8,200 1,729   | 50083H Schedule (<br>n 990, Part IV, line 1<br>990-EZ, lines 1 and<br>(c)Other events<br>3<br>(total number)<br>80,88<br>62,84<br>18,04<br>5,25            | Control         Control         Page 2           8, or reported more 6b. List events with         6b. List events with           (d)         Total events (add col. (a) through col. (c))           31         407,638           40         407,638           40         42,100           00         35,950           38         17,587  |

| NOVOIMO     |  |   |  |  |   |
|-------------|--|---|--|--|---|
| 5           |  | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo   | (c) Other gaming   | <ul> <li>(d) Total gaming (add c</li> <li>(a) through col.(c))</li> </ul>             |
|             | •  |   |  |  |   |
| _           | 1 Gross revenue  |   |  |  |   |
|             | 2 Cash prizes  |   |  |  |   |
|             | 3 Noncash prizes   |   |  |  |   |
|             | 4 Rent/facility costs  |   |  |  |   |
|             | 5 Other direct expenses  |   |  |  |   |
|             |  | ☐ Yes%  | □ Yes%   | ☐ Yes%   |   |
|             | 6 Volunteer labor  | □ No  | □ No   | □ No   |   |
|             | 7 Direct expense summary. Add lines 2  | through 5 in column (d)   |  | 🕨  |   |
|             | 8 Net gaming income summary. Subtrac   | t line 7 from line 1, colun   | nn (d)   | 🕨  |   |
|             | Enter the state(s) in which the organizat  | ion conducts gaming activ   | vities:  |  |   |
| 1           | Is the organization licensed to conduct g  | aming activities in each c  | f these states?  |  | 🗌 Yes 🗌 No  |
| 2           | If "No," explain:  |   |  |  |   |
| a           | Were any of the organization's gaming li   |   | ed or terminated during the  |  |   |
| )           | If "Yes," explain:   |   | -  |  | Yes No  |
|             |  |   |  |  |   |
|             |  |   |  |  | Form 990 or 990-EZ) 20  |
|             |  |   |  | 00.00000000  |   |
|             |  |   | Page 3   |  |   |
| e           | dule G (Form 990 or 990-EZ) 2018   |   |  |  | Pag   |
|             | Does the organization conduct gaming a<br>Is the organization a grantor, beneficiary   |   |  |  | · 🗌 Yes 🗌 No  |
|             | formed to administer charitable gaming?  | · · · · · ·   | · · · · · · · · ·  | · · · · ·  | Yes 🗌 No  |
|             | Indicate the percentage of gaming activi<br>The organization's facility  | ty conducted in:  |  | <b>13</b> a  |   |
| ,           |  |   |  | <b>13</b> b  |   |
|             | Enter the name and address of the perso  | on who prepares the orga  | nization's gaming/special e  | vents books and records  | :   |
|             |  |   |  |  |   |
|             | Name 🕨   |   |  |  |   |
|             | Name  Address  |   |  |  |   |
| а           | Address Description have a contract w  | ith a third party from who  | om the organization receive  | es gaming  |   |
| a           | Address Description have a contract w  | ith a third party from who  | om the organization receive  | es gaming  | . 🛛 Yes 🗌 No  |
| 5           | Address Does the organization have a contract w<br>revenue?<br>If "Yes," enter the amount of gaming rev<br>amount of gaming revenue retained by t  | ith a third party from who<br>venue received by the org<br>the third party ► \$                     | om the organization receive  | es gaming  |   |
| 5           | Address Does the organization have a contract w<br>revenue?  | ith a third party from who<br>venue received by the org<br>the third party ► \$<br>third party:     | m the organization receive<br>anization ► \$   | es gaming  |   |
| •           | Address Does the organization have a contract w<br>revenue?  | ith a third party from who<br>venue received by the org<br>the third party ► \$<br>third party:     | om the organization receive  | es gaming  |   |
| ,           | Address Does the organization have a contract w<br>revenue?  | ith a third party from who<br>venue received by the org<br>the third party ► \$<br>third party:     | m the organization receive<br>anization ► \$   | es gaming  |   |
| ,           | Address Does the organization have a contract we revenue?  | ith a third party from who<br>venue received by the org<br>the third party ► \$<br>third party:     | m the organization receive<br>anization ► \$   | es gaming  |   |
| ,           | Address Description of the amount of gaming revenue?   | ith a third party from who<br><br>venue received by the org<br>the third party ▶ \$<br>third party: | m the organization receive   | es gaming  | · OYes ONo  |
| ,           | Address Description of the amount of gaming revenue?   | ith a third party from who<br><br>venue received by the org<br>the third party ▶ \$<br>third party: | m the organization receive<br>anization ► \$   | es gaming  | · OYes ONo  |
| •           | Address<br>Does the organization have a contract w<br>revenue?   | ith a third party from who<br><br>venue received by the org<br>the third party ▶ \$<br>third party: | m the organization receive   | es gaming  | · OYes ONo  |
| 5           | Address Description have a contract we revenue?  | ith a third party from who<br><br>venue received by the org<br>the third party ▶ \$<br>third party: | m the organization receive   | es gaming  | · O Yes O No  |
| 5           | Address Description have a contract we revenue?  | ith a third party from who<br><br>venue received by the org<br>the third party ▶ \$<br>third party: | m the organization receive   | es gaming  | · O Yes O No  |
| 5           | Address Description have a contract we revenue?  | ith a third party from who<br><br>venue received by the org<br>the third party ▶ \$<br>third party: | m the organization receive   | es gaming  | · O Yes O No  |
| 5           | Address Description of services provided Description of services provided Description for the service of the se | ith a third party from who<br>  | m the organization receive   | es gaming  | · O Yes O No  |
| ,           | Address  Does the organization have a contract w revenue?  | ith a third party from who<br>  | m the organization receive<br>anization ▶ \$<br>   | es gaming  | · O Yes O No  |
| •           | Address ><br>Does the organization have a contract w<br>revenue?   | ith a third party from who<br>renue received by the org<br>the third party ▶ \$                     | m the organization receive<br>anization > \$<br><br><br><br><br><br>                               | es gaming  | · O Yes O No  |
| 2<br>2<br>3 | Address >  | ith a third party from who<br>venue received by the org<br>the third party ▶ \$<br>third party:<br> | m the organization receive<br>anization ▶ \$<br><br>□ Independer<br>stributions from the gamin<br> | es gaming and the  | <ul> <li>Yes No</li> <li>Yes No</li> </ul>  |
| 2<br>2<br>3 | Address ><br>Does the organization have a contract w<br>revenue? in the amount of gaming rev-<br>amount of gaming revenue retained by t<br>If "Yes," enter name and address of the<br>Name ><br>Address ><br>Gaming manager information:<br>Name ><br>Gaming manager compensation > \$<br>Description of services provided ><br>Director/officer<br>Mandatory distributions:<br>Is the organization required under state<br>retain the state gaming license?<br>Enter the amount of distributions required   | ith a third party from who<br>venue received by the org<br>the third party ▶ \$                     | m the organization receive<br>anization ▶ \$   | es gaming<br>  | <ul> <li>Yes No</li> <li>Yes No</li> <li>Yes No</li> <li>and (v); and Part</li> </ul> |
| 2<br>2<br>3 | Address > Does the organization have a contract w<br>revenue?  | ith a third party from who<br>venue received by the org<br>the third party ▶ \$                     | m the organization receive<br>anization ▶ \$   | es gaming<br>and the<br>and the | <ul> <li>Yes No</li> <li>Yes No</li> <li>Yes No</li> <li>and (v); and Part</li> </ul> |

|  |  | ectId: 2020317693   |                                 |   |  |                         | TIN: 13-5562204                        |
|--|--|---|---------------------------------|---|--|-------------------------|--|
| Schedule I   | he full content o                          | of this document, pl  |                                 |   | · · ·  | -                       | OMB No. 1545-0047                      |
| (Form 990)   |  | Governm   | ents and Indi                   | sistance to Org<br>viduals in the                                 | United States  |                         | 2018                                   |
| Department of the<br>Freasury  |  |   | Attac                           | ed "Yes," on Form 990<br>h to Form 990.<br>1990 for the latest in | , Part IV, line 21 or 22.<br>Iformation.               |                         | Open to Public<br>Inspection           |
| Internal Revenue Service<br>Name of the organization<br>GREENWICH HOUSE IN |  |   | <i>j</i>                        |   |  | Employer                | identification number                  |
|  |  |   |                                 |   |  | 13-55622                | 204                                    |
|  |  | n Grants and Assistands to substantiate the a   |                                 | ssistance, the grantees'  | eligibility for the grants or assis                    | tance, and              |  |
| the selection crite  | eria used to award t                       | the grants or assistance?<br>s procedures for monitori  |                                 |   |  |                         | 🗹 Yes 🗌 No                             |
| Part II Grants an  | d Other Assistand                          | ce to Domestic Organiz  | ations and Domestic             | Governments. Complet  | e if the organization answered '                       | 'Yes" on Form 990, Part | IV, line 21, for any recipient         |
| (a) Name and addr  | ress of (b)                                | 00. Part II can be duplicated by the second | ection (d) Amour                | t of cash (e) Amoun   | t of non- (f) Method of valuat                         | ion (g) Descriptio      | on of (h) Purpose of grant             |
| organization<br>or governmen   |  | (if applica   | able) gra                       | nt casi<br>assista  | h (book, FMV, apprais                                  | al, noncash assist      | tance or assistance                    |
| 1)   |  |   |                                 |   |  |                         |  |
| (2)  |  |   |                                 |   |  |                         |  |
| (3)  |  |   |                                 |   |  |                         |  |
| (4)  |  |   |                                 |   |  |                         |  |
| (5)  |  |   |                                 |   |  |                         |  |
| (6)  |  |   |                                 |   |  |                         |  |
| (7)  |  |   |                                 |   |  |                         |  |
| (8)  |  |   |                                 |   |  |                         |  |
| 9)   |  |   |                                 |   |  |                         |  |
| 10)  |  |   |                                 |   |  |                         |  |
| 11)  |  |   |                                 |   |  |                         |  |
| (12)   |  |   |                                 |   |  |                         |  |
|  |  | )(3) and government orgations listed in the line 1  |                                 |   |  |                         |  |
|  |  | Instructions for Form 990   |                                 |   | No. 50055P   |                         | Schedule I (Form 990) 2018             |
|  |  |   | - Page 2                        |   |  |                         |  |
| chedule I (Form 990)   | 2018                                       |   |                                 |   |  |                         | Page <b>2</b>                          |
| Part III Grants an<br>Part III ca  | nd Other Assistand<br>n be duplicated if a | ce to Domestic Individe<br>dditional space is needed  | <b>Jals.</b> Complete if the or | ganization answered "Yes  | s" on Form 990, Part IV, line 22                       |                         |  |
| (a) Type of gra  | ant or assistance                          | (b) Number of<br>recipients   | (c) Amount of<br>cash grant     | (d) Amount of<br>noncash assistance                               | (e) Method of valuation (boo<br>FMV, appraisal, other) | ok, (f) Descript        | tion of noncash assistance             |
|  |  | 342   |                                 | 122,30  | 03   |                         |  |
| (1) SCHOLARSHIPS   |  |   |                                 |   |  |                         |  |
|  |  |   |                                 |   |  |                         |  |
| 1)   |  |   |                                 |   |  |                         |  |
| 1)<br>2)   |  |   |                                 |   |  |                         |  |
| 1)<br>2)<br>3)   |  |   |                                 |   |  |                         |  |
| 1)<br>2)<br>3)<br>4)   |  |   |                                 |   |  |                         |  |
| (1) SCHOLARSHIPS<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)                 |  |   |                                 |   |  |                         |  |
| (1)       (2)       (3)       (4)       (5)       (6)                      |  |   |                                 |   |  |                         |  |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)                              | lemental Inform                            | nation. Provide the in  | formation required in           | Part I, line 2; Part II   | I, column (b); and any othe                            | r additional informat   | tion.                                  |
| (1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)                              | Expl                                       | lanation  |                                 |   |  |                         | tion.<br>A DETERMINATION, BASED ON NEE |

Additional Data

Return to Form

| efile Public Visual Render ObjectId: 202031769349300248 - Submission: 2020-06-24 TIN |  |  |  |                               |   | TIN: 13                  | FIN: 13-5562204 |       |      |  |  |  |
|--|--|--|--|-------------------------------|---|--------------------------|-----------------|-------|------|--|--|--|
| Sch  | nedule J                               |  | Com  | pensati                       | ion Information   |                          | OMB No.         | 1545- | 0047 |  |  |  |
| (Forn  | n 990)                                 | For certain Officers, Directors, Trustees, Key Employees, and Highest<br>Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. |  |                               |   |                          |                 |       | }    |  |  |  |
| Departi  | ment of the Treasury                   | Þ  | Go to <u>www.irs.gov/Fo</u>                            |                               | to Form 990.<br>instructions and the latest infor   | rmation.                 | Open            | to Pu | blic |  |  |  |
| nterna   | I Revenue Service                      |  |  |                               |   | <u> </u>                 |                 | ectio | n    |  |  |  |
| GRE  | ne of the organiza<br>ENWICH HOUSE INC | ation  |  |                               |   | Employer iden            | tification n    | umber |      |  |  |  |
|  |  |  |  |                               |   | 13-5562204               |                 |       |      |  |  |  |
| Pa   | rt I Questi                            | ons Regard   | ling Compensation                                      |                               |   |                          |                 |       |      |  |  |  |
| 1a   | Check the appro<br>990, Part VII, S    | piate box(es)<br>ection A, line  | ) if the organization prov<br>1a. Complete Part III to | vided any of<br>provide an    | the following to or for a person list<br>y relevant information regarding the                               | ed on Form<br>ese items. |                 | Yes   | No   |  |  |  |
|  |  | or charter tr  | avel   |                               | Housing allowance or residence for  | r personal use           |                 |       |      |  |  |  |
|  | Travel for                             | companions   |  |                               | Payments for business use of pers   | onal residence           |                 |       |      |  |  |  |
|  |  | ification and  | gross-up payments                                      |                               | Health or social club dues or initial   |                          |                 |       |      |  |  |  |
|  | Discretion                             | ary spending   | account  | $\cup$                        | Personal services (e.g., maid, chau   | uffeur, chef)            |                 |       |      |  |  |  |
| b  | If any of the box<br>or provision of a | kes in line 1a<br>Ill of the expe  | are checked, did the or<br>nses described above?       | ganization fo<br>If "No," com | ollow a written policy regarding pay plete Part III to explain  | ment or reimburse        | ment<br>• 1b    |       |      |  |  |  |
| 2  | Did the organiza                       | ation require s  | substantiation prior to re                             | eimbursing (                  | or allowing expenses incurred by all  |                          | 2               |       |      |  |  |  |
|  | directors, truste                      | es, officers, i  | ncluding the CEO/Execu                                 | tive Director                 | r, regarding the items checked in lin   | ne 1a?                   |                 |       |      |  |  |  |
| 3  | organization's C<br>used by a relate   | EO/Executive   | Director. Check all that                               | apply. Do n                   | d to establish the compensation of<br>to check any boxes for methods<br>CEO/Executive Director, but explain |                          |                 |       |      |  |  |  |
|  |  | ation committ  |  |                               | Written employment contract   |                          |                 |       |      |  |  |  |
|  |  |  | ation consultant                                       |                               | Compensation survey or study  |                          |                 |       |      |  |  |  |
|  | Form 990                               | of other orga  | anizations   |                               | Approval by the board or compens  | ation committee          |                 |       |      |  |  |  |
| 4  | During the year,<br>related organiza   |  | on listed on Form 990, I                               | Part VII, Seo                 | ction A, line 1a, with respect to the   | filing organization      | or a            |       |      |  |  |  |
| а  | Receive a sever                        | ance payment   | t or change-of-control p                               | ayment? .                     |   |                          | 4a              |       | No   |  |  |  |
| b  |  |  |  |                               | ified retirement plan?  |                          | 4b              |       | No   |  |  |  |
| c  |  |  |  |                               | nsation arrangement?  |                          | 4c              |       | No   |  |  |  |
| 5  | For persons liste                      | d on Form 99   |  |                               | must complete lines 5-9.<br>the organization pay or accrue any  |                          |                 |       |      |  |  |  |
| а  | The organization                       |  |  |                               |   |                          | 5a              |       | No   |  |  |  |
| b  | Any related orga<br>If "Yes," on line  |  | cribe in Part III.                                     |                               |   |                          | 5b              |       | No   |  |  |  |
| 6  |  |  | 90, Part VII, Section A, I<br>the net earnings of:     | ine 1a, did I                 | the organization pay or accrue any  |                          |                 |       |      |  |  |  |
| а  | The organization                       | 1?   |  |                               |   |                          | 6a              |       | No   |  |  |  |
| b  | Any related orga                       |  |  |                               |   |                          | 6b              |       | No   |  |  |  |
| 7  | For persons liste                      | d on Form 99   | scribe in Part III.<br>90, Part VII, Section A, I      | ine 1a, did I                 | the organization provide any nonfix   | ed                       | -               |       |      |  |  |  |
| 8  | Were any amou                          | nts reported o   | nes 5 and 6? If "Yes," de<br>on Form 990, Part VII, p  | aid or accur                  | red pursuant to a contract that was   |                          | 7               |       | No   |  |  |  |
|  | subject to the in in Part III .        | itial contract   | exception described in I                               | Regulations                   | section 53.4958-4(a)(3)? If "Yes," (  | describe                 | 8               |       | No   |  |  |  |
| 9  |  |  |  |                               | presumption procedure described in  |                          | on 9            |       |      |  |  |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2018

Page 2

 Schedule J (Form 990) 2018
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 individual. Page 2

| (A) Name and Title                          |      | .,                       | own of W-2 and/or<br>compensation            |   | (C) Retirement<br>and other | (D) Nontaxable<br>benefits | columns    | (F)<br>Compensation in                                     |
|---|------|--------------------------|--|---|-----------------------------|----------------------------|------------|--|
|   |      | (i) Base<br>compensation | (ii)<br>Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | deferred<br>compensation    |                            | (B)(i)-(D) | column (B)<br>reported as<br>deferred on prior<br>Form 990 |
| 1ROY L LEAVITT<br>EXEC. DIR./CEO (OUTGOING) | (i)  | 211,787                  | 0  | 4,944                                     | 0                           | 30,516                     | 247,247    | 0  |
|   | (ii) | 0                        |  |   |                             | 0                          | 0          | 0  |
| 2JANET ROSS<br>CFO                          | (i)  | 136,078                  | 0  | 1,583                                     | 0                           | 17,374                     | 155,035    | 0  |
|   | (ii) |                          |  |   |                             |                            | 0          |  |
| 3GAIL REID<br>DIR. OF BEHAVIORAL HEALTH     | (i)  | 125,340                  | 0  | 1,032                                     | 0                           | 33,034                     | 159,406    | 0  |
|   | (ii) | 0                        | 0  | 0   | 0                           | 0                          | 0          | 0  |
| 4SARA TAKI<br>MEDICAL DIRECTOR              | (i)  | 170,129                  | 0  | 216                                       | 0                           | 44,316                     | 214,661    | 0  |
|   | (ii) | 0                        |  | 0   | 0                           | 0                          | 0          |  |
|   |      |                          |  |   |                             |                            |            |  |
|   |      |                          |  |   |                             |                            |            |  |
|   |      |                          |  |   |                             |                            |            |  |
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|   |      |                          |  |   |                             |                            |            |  |
|   |      |                          |  |   |                             |                            |            |  |
|   |      |                          |  |   |                             |                            |            |  |
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|   |      |                          |  |   |                             |                            |            |  |
|   |      |                          |  |   |                             |                            |            |  |

|  | Schedule J (Form 990) 2018                  |                    |                      |                     |                   |                   |                 |               |  |  |  |  |  |
|--|---|--------------------|----------------------|---------------------|-------------------|-------------------|-----------------|---------------|--|--|--|--|--|
|  |   |                    | Page 3               |                     |                   |                   |                 |               |  |  |  |  |  |
| Schedule J (Form 990) 2018               |   |                    |                      |                     |                   |                   |                 | Page 3        |  |  |  |  |  |
| Part III Supplemental Inform             | ation                                       |                    |                      |                     |                   |                   |                 |               |  |  |  |  |  |
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, | 1b, 3, 4a, 4b, 4c, | 5a, 5b, 6a, 6b, 7, a | and 8, and for Part | II. Also complete | this part for any | additional info | rmation.      |  |  |  |  |  |
| Return Reference                         |   |                    | E                    | cplanation          |                   |                   |                 |               |  |  |  |  |  |
|  |   |                    |                      |                     |                   | 9                 | Schedule J (Fo  | orm 990) 2018 |  |  |  |  |  |
|  |   |                    |                      |                     |                   |                   |                 |               |  |  |  |  |  |
|  |   |                    |                      |                     |                   |                   |                 |               |  |  |  |  |  |
| Additional Data                          |   |                    |                      |                     |                   |                   | Ret             | urn to Form   |  |  |  |  |  |
|  | Software ID:                                |                    |                      |                     |                   |                   |                 |               |  |  |  |  |  |
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| -        | e Public Visua                           | l Render                   | Obje             | ctId: 20                            | 02031769349300248 -  | Submission: 2020-0  | 6-24      |                      | TIN: 1                          | 13-556             | 2204          |
|----------|--|----------------------------|------------------|-------------------------------------|--|---|-----------|----------------------|---------------------------------|--------------------|---------------|
|          | IEDULE M<br>m 990)                       |                            |                  | Ν                                   | Ioncash Contri   | butions   |           |                      | OMB N                           | 0.1545-            | 0047          |
| . 01     |  | ▶Complete i<br>▶ Attach to |                  | -                                   | ons answered "Yes" on F  | orm 990, Part IV, lines 2   | 9 or 30.  | •                    | 2                               | 018                | 3             |
|          | ment of the Treasury                     | ▶Go to <u>www</u>          | <u>w.irs.gov</u> | /Form9                              | 90 for the latest informat                                       | ion.  |           |                      |                                 | n to Pu            |               |
| lam      | l Revenue Service<br>e of the organizati | ion                        |                  |                                     |  |   | Employ    | /er ident            |                                 | spectio<br>n numbe |               |
| REE      | NWICH HOUSE INC                          |                            |                  |                                     |  |   | 13-5562   | 2204                 |                                 |                    |               |
| Pa       | rt I Types o                             | of Property                | /                |                                     |  |   | 1         |                      |                                 |                    |               |
|          |  |                            |                  | <b>(a)</b><br>Check if<br>pplicable | (b)<br>Number of contributions or<br>items contributed           | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g |           | Methoo<br>oncash co  | (d)<br>I of deter<br>ontributio |                    | nts           |
|          | Art—Works of art                         |                            | . 🗆              |                                     |  | 19  |           |                      |                                 |                    |               |
|          | Art—Historical tre<br>Art—Fractional in  |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
| 4        | Books and public                         | ations .                   | · [              |                                     |  |   |           |                      |                                 |                    |               |
| 5        | Clothing and hou goods                   |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
| 6        | Cars and other ve                        | ehicles .                  | · [              |                                     |  |   |           |                      |                                 |                    |               |
| 7<br>8   | Boats and planes<br>Intellectual prope   |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
| 9        | Securities—Public                        |                            | · –              | Х                                   | 7  | 82,84   | 1 FMV     |                      |                                 |                    |               |
|          | Securities-Close                         |                            | · [              |                                     |  |   |           |                      |                                 |                    |               |
| 11       | Securities—Partn<br>or trust interests   |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          | Securities-Misce                         | ellaneous .                |                  |                                     |  |   |           |                      |                                 |                    |               |
| 13       | Qualified conserv<br>contribution—Hi     |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          | structures                               |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
| 14       | Qualified conserv<br>contribution—Ot     |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          | Real estate—Res                          |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
| 16       | Real estate—Con<br>Real estate—Oth       |                            | •                |                                     |  |   |           |                      |                                 |                    |               |
|          | Collectibles .                           |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          | Food inventory                           |                            | _                |                                     |  |   |           |                      |                                 |                    |               |
|          | Drugs and medic<br>Taxidermy             |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          | Historical artifact                      |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          | Scientific specim                        |                            | _                |                                     |  |   |           |                      |                                 |                    |               |
|          | Archeological art<br>Other ► (           |                            | · –              |                                     |  |   |           |                      |                                 |                    |               |
|          | Other  (                                 | )                          |                  |                                     |  |   |           |                      |                                 |                    |               |
| 27       |  | )                          |                  |                                     |  |   |           |                      |                                 |                    |               |
| 28<br>29 | Other  (                                 | )<br>: 8283 receive        | ed by the        | organiza                            | ation during the tax year for                                    | contributions   |           |                      |                                 |                    |               |
|          |  |                            |                  |                                     | 3, Part IV, Donee Acknowledg                                     |   | 29        |                      |                                 |                    |               |
|          |  |                            |                  |                                     |  |   |           |                      | ļ                               | Yes                | No            |
| 30a      | buring the year,<br>hold for at least    | three years fi             | rom the o        | eceive by<br>date of th             | contribution any property r<br>ie initial contribution, and will | eported in Part I, lines 1 th<br>nich is not required to be u                         | sed for e | s, that it<br>exempt | must                            |                    |               |
|          | purposes for the                         | entire holdin              | ng period?       | ?                                   |  |   | • •       | ·                    | 30                              | Ja                 | No            |
| b        | If "Yes," describe                       | e the arrange              | ement in F       | Part II.                            |  |   |           |                      |                                 |                    |               |
| 31       | Does the organiz                         | zation have a              | gift acce        | ptance p                            | olicy that requires the reviev                                   | v of any nonstandard contr  | ibutions? | 2                    | 3                               | 1 Yes              |               |
| 32a      | Does the organiz                         | zation hire or             | use third        | d parties (                         | or related organizations to s                                    | olicit, process, or sell nonce  | ash       |                      |                                 | -                  |               |
|          | contributions? .<br>If "Yes," describe   |                            | • •              | • •                                 |  |   |           | •                    | 34                              | 2a                 | No            |
|          |  |                            | port an ai       | mount in                            | column (c) for a type of pro                                     | perty for which column (a)  | is check  | ed.                  |                                 |                    |               |
|          | describe in Part                         |                            |                  |                                     | ()   |   |           | ,                    |                                 |                    |               |
| or P     | aperwork Reductio                        | on Act Notice, s           | see the Ir       | nstructior                          | ns for Form 990.   | Cat. No. 51227J   | l         | Scheo                | lule M (F                       | orm 990)           | ) (2018)      |
|          |  |                            |                  |                                     |  |   |           |                      |                                 |                    |               |
|          |  |                            |                  |                                     | Page 2   |   |           |                      |                                 |                    |               |
| che      | dule M (Form 990                         | ) (2018)                   |                  |                                     |  |   |           |                      |                                 |                    | Page <b>2</b> |
| Р        |  | olemental I                |                  |                                     | hu Daut I lines 20h 22h  | and 22 and whathan  |           |                      |                                 |                    | - Daut        |
|          |  |                            |                  |                                     | l by Part I, lines 30b, 32t<br>ntributions, the number o         |   |           |                      |                                 |                    |               |
|          | this r                                   | part for any               |                  |                                     |  | ,   |           |                      |                                 |                    |               |
|          | Return Refe                              | erence                     |                  |                                     |  | Explanation   |           |                      |                                 |                    |               |
| AR       | I, COLUMN (B):                           |                            | THE              | NUMBER                              | IN COLUMN (B) REPRESEN   | S THE NUMBER OF CONTR   |           |                      | M (7                            |                    | (201          |
|          |  |                            |                  |                                     |  |   | s         | chedule              | M (Fori                         | n 990)             | (2018)        |
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| A        | ditional Da                              | ta                         |                  |                                     |  |   |           |                      | Return                          | to For             | m             |
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| efile Public  | Visual  | Render  | ObjectId:  | 20203176934  | 9300248 - Submi  | ssion: 2020-  | 06-24   | TIN: 13-5562204   |  |  |  |
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| SCHEDUL<br>(Form 990 or 9<br>Department of the Tre<br>Internal Revenue Serv | 90-EZ)<br>asury   |   | Ippleme<br>Complete to p<br>Form 99  | OMB No. 1545-0047  |  |   |   |   |  |  |  |
| Name of the org   |   | n   |  |  |  |   | Employer id   | entification number   |  |  |  |
| GREENWICH HOUS  | SE INC  |   |  |  |  |   | 13-5562204  |   |  |  |  |
| Return<br>Reference   |   |   |  |  | Explanation  |   | •   |   |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 2                               |   | GE DAVIDS(<br>TIONSHIP.   | ON, DIRECTO  | DR EMERITUS, AN  | D CHRISTOPHER KI   | PLOK, VICE CH   | HAIR, HAVE A E  | BUSINESS  |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B                             |   |   |  |  | DRM 990 AND THE CI<br>DR TO SUBMISSION   |   | THE RETURN  | AND A COPY OF THE   |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C                             | DIREC   | BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE CHAIR OF THE BOARD OF<br>DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE ANSWERS TO DETERMINE IF A CONFLICT EXISTS. ANY<br>MEMBER WITH A CONFLICT OF INTEREST IS EXCLUDED FROM DISCUSSIONS AND VOTING ON ANY MATTER<br>PERTAINING TO THE MEMBER'S CONFLICT OF INTEREST. |  |  |  |   |   |   |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A                             | DIREC<br>COND<br>DATA.<br>RECO<br>GREE<br>\$85,00<br>ORGA<br>EXEC | CTOR AT ITS<br>UCTED ON<br>THESE DEL<br>RDED BY TH<br>NWICH HOU<br>O OR MORE<br>NIZATIONS<br>UTIVE SESS   | ANNUAL ME<br>COMPARABL<br>IBERATIONS<br>HE CHAIR OF<br>JSE BOARD (<br>E. TO DETERM<br>AND OTHER<br>SION, WITH TH | ETING IN OCTOBI<br>LE NONPROFIT OF<br>ARE DONE IN EX<br>THE HUMAN RES<br>DF DIRECTORS AI<br>MINE SALARY, IT F<br>WIDELY AVAILABI | RGANIZATIONS AND<br>ECUTIVE SESSION,<br>SOURCES COMMITT<br>INUALLY REVIEWS<br>REVIEWS PUBLISHEI<br>E PUBLISHED SALA<br>RECTOR PRESENT, | SALARY, IT RE<br>OTHER WIDEL<br>WITHOUT THE<br>EE OF THE BO<br>THE SALARIES<br>D SALARY SUF<br>RY DATA. THE | VIEWS PUBLIS<br>Y AVAILABLE F<br>EXECUTIVE E<br>ARD OF DIREC<br>OF ALL EMPL<br>RVEYS ON COI<br>SE DELIBERAT | SHED SALARY SURVEYS<br>PUBLISHED SALARY<br>DIRECTOR PRESENT AND<br>CTORS. THE |  |  |  |
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19                              | DOCU  | MENTS ARE   | AVAILABLE  | UPON REQUEST.  |  |   |   |   |  |  |  |
| FORM 990,<br>PART XI,<br>LINE 9:  | CHAN  | ge in valui   | E OF BENEFI  | ICIAL INTEREST II  | N REMAINDER TRUS   | T 4,784.  |   |   |  |  |  |
| FORM 990,<br>PART XII,<br>LINE 2C:  | THE P   | ROCESS HA   | AS NOT CHAN  | NGED FROM THE  | PRIOR YEAR.  |   |   |   |  |  |  |
| For Paperwork Redu  | ction Act N   | lotice, see the In  | structions for For   | m 990 or 990-EZ.   | Cat. No. 51  | L056K   | S   | chedule O (Form 990 or 990-EZ) 2018   |  |  |  |
| Additiona   | al Dat  | a   |  |  |  |   |   | Return to Form  |  |  |  |

| efile Public Visual Rende                       | r ObjectId: 2020   | 317693493002            | 48 - Sub   | missio          | on: 20               | 20-06-2               | 4                     |                        |                         |                     |               |                         | Т                        | IN: 13-                | 5562             | 204         |
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| SCHEDULE R                                      |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          | 3 No. 154              |                  |             |
|   |  | Related O               | rganiz     | zatio           | ns a                 | nd Un                 | related               | Partr                  | iersni                  | ps                  |               |                         |                          | າດ                     | 0                |             |
| (Form 990)                                      | ► Com  | plete if the organi     | zation an  | swered          | d "Yes"<br>ch to E   | ' on Form<br>orm 990. | 990, Part             | IV, line 3             | 3, 34, 35               | 5b, 36, or          | 37.           |                         |                          | 201                    | 8                |             |
| Department of the Treasury                      |  | ► Go to <u>www</u>      | .irs.gov/  | Form99          | of for i             | nstructio             | ns and the            | latest inf             | ormatio                 | n.                  |               |                         |                          | oen to I               |                  |             |
| Internal Revenue Service                        |  |                         |            |                 |                      |                       |                       |                        |                         | -                   |               |                         |                          | Inspect                | ion              |             |
| Name of the organization<br>GREENWICH HOUSE INC |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               | entificati              | on number                |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         | 13-5                | 562204        |                         |                          |                        |                  |             |
|   | of Disregarded Entit   |                         | he organ   | ization         | answe                | ered "Yes'            |                       |                        | IV, line                | 33.                 |               |                         |                          |                        |                  |             |
| Name, address, and I                            | (a)<br>EIN (if applicable) of disregard  | ed entity               |            | Pri             | (b)<br>imary act     | tivity                | Legal dom             | c)<br>icile (state     | (<br>Total              | d)<br>income        | (<br>End-of-v | <b>e)</b><br>ear assets | Di                       | (f)<br>irect contr     | ollina           |             |
|   |  |                         |            |                 |                      |                       | or foreign            | country)               |                         |                     |               |                         |                          | entity                 | 5                |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         | _                        |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
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|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
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|   |  |                         |            |                 |                      |                       |                       |                        | _                       |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            | I               |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   | f Related Tax-Exemp  |                         | s Comple   | te if th        | ie orga              | nization              | answered              | "Yes" on               | Form 99                 | 0, Part IV          | , line 34     | l becaus                | e it had on              | e or mo                | re               |             |
| related tax-exem                                | pt organizations during<br>(a)   | the tax year.           | r          | (b)             |                      | (0                    | 1                     | (d                     | ,                       |                     | e)            | -                       | (f)                      |                        | (g)              | <u> </u>    |
| Name, address, and                              | EIN of related organization  |                         | Prima      | ry activit      | y                    | Legal domi            | icile (state          | Exempt Co              | de section              | Public ch           | arity statu   | s I                     | Direct controll          | ing                    | Section !        | 512(b)      |
|   |  |                         |            |                 |                      | or foreign            | country)              |                        |                         | (II section         | 501(c)(3      | ,,                      | entity                   |                        | 13) con<br>entit | y?          |
| (1)BARROW STREET NURSERY SCHO                   | OOL AT GREENWICH HOUSE   |                         | NURSERY    | SCHOOL          |                      | N                     | Y                     | 501(C)(3)              |                         | LINE 2              |               | GREEN                   | WICH HOUSE               | INC                    | Yes<br>Yes       | No          |
| 122 WEST 27TH STREET                            |  |                         | CONDERT :  | 2.7002          |                      | N                     |                       | (0)(0)                 |                         |                     |               | GALEN                   |                          |                        |                  |             |
| NEW YORK, NY 10001<br>38-3720019                |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
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|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
| Can Damanna de Da duratione Ant                 | Notice   |                         |            |                 |                      | <u></u>               | t. No. 5013           | EV                     |                         |                     |               | 6                       | hadula D (               | F 00                   | 0) 20            | 10          |
| For Paperwork Reduction Act                     | . Notice, see the fisting  | cions for Form 9:       |            |                 |                      | Ca                    | L. NO. 3013           | 51                     |                         |                     |               | 30                      | hedule R (               | F0111 93               | 0) 20            | 10          |
|   |  | Page                    | 2          |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  | _           |
| Schedule R (Form 990) 2018                      |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        | Page             | 2           |
| Part III Identification o                       | f Related Organizations treated organization |                         |            |                 |                      |                       | organiza              | tion answ              | ered "Ye                | s" on For           | m 990,        | Part IV, I              | ine 34 bec               | ause it                | had              |             |
|   | (a)  |                         |            | b)              | (c)                  | (d)                   |                       | (e)                    | (f)                     | (g)                 |               | h)                      | (i)                      | (j)                    | (k               | ()          |
| Nam   | ne, address, and EIN of<br>related organization  |                         | Prir       | nary<br>ivity   | Legal<br>domicile    | Direct                | Pred                  | ominant<br>e(related,  | Share of<br>total incom | Share of            |               | ortionate (<br>ations?  | Code V-UBI               | General or<br>managing | Percer<br>owne   | ntage       |
|   |  |                         |            | ,               | (state<br>or         | entity                | unr                   | elated,<br>ed from tax |                         | assets              |               |                         | box 20 of<br>chedule K-1 | partner?               |                  |             |
|   |  |                         |            |                 | foreign<br>country)  |                       | under                 | sections<br>2-514)     |                         |                     |               |                         | Form 1065)               |                        |                  |             |
|   |  |                         |            |                 | cound y)             |                       | 51.                   | 2-314)                 |                         |                     | Yee           | No                      | -                        | Vee Ne                 |                  |             |
|   |  |                         | -          |                 |                      |                       |                       |                        |                         |                     | Yes           | No                      |                          | Yes No                 |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         | _          |                 |                      |                       | _                     |                        |                         |                     | _             |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            | I               |                      |                       |                       | T                      |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
| Part IV Identification o                        | f Related Organizati   | ons Taxable as          | a Corpo    | ration          | or Tru               | ust Comr              | lete if the           | organiza               | tion ans                | wered "Ye           | es" on F      | orm 990                 | , Part IV. li            | ne 34 h                | ecaus            | e           |
|   | re related organizations   |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
| (a)<br>Name, address, and E                     | IN of  | (b)<br>Primary activity |            | (               | (c)<br>egal          |                       | (d)<br>Direct control | (<br>lling Type of     | e)<br>of entity         | (f)<br>Share of tot | al Share      | (g)<br>e of end-of-     | (h)<br>Percent           | age                    | (i)<br>Section ! | )<br>512(b) |
| related organizatio                             | in   |                         |            | dor<br>(state ( | micile<br>or foreigi |                       | entity                | (C corp                | , S corp,<br>rust)      | income              |               | year<br>assets          | owners                   | hip (                  | 13) con<br>entit | trolled     |
|   |  |                         |            |                 | untry)               |                       |                       |                        |                         |                     |               |                         |                          |                        | Yes              | No          |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 | _                    |                       |                       |                        |                         |                     |               |                         | 1                        |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 | _                    |                       |                       |                        |                         |                     |               |                         |                          | _                      | _                |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         | 1                        |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               | -                       | had the P i              | Form 27                | 0) 25            | 10          |
|   |  |                         | 2          |                 |                      |                       |                       |                        |                         |                     |               | SC                      | hedule R (               | Form 99                | 0) 20            | 10          |
|   |  | Page                    | 3          |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |
| Schedule R (Form 990) 2018                      |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        | Page             | 3           |
| Part V Transactions W                           | ith Related Organiza   | tions Complete          | if the org | anizati         | on ans               | wered "Y              | es" on Fo             | rm 990, P              | art IV, li              | ne 34, 35           | b, or 36      | i.                      |                          |                        |                  |             |
| Note. Complete line 1 if a                      | -  |                         |            |                 |                      |                       |                       |                        |                         | ,                   |               |                         |                          |                        | /es              | No          |
| 1 During the tax year, did the o                |  |                         |            |                 | one or n             | nore relate           | d organizat           | tions listed           | in Parts I              | I-IV?               |               |                         |                          |                        |                  |             |
| a Receipt of (i) interest, (ii                  |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         | •                        | 1a                     | 1                | No          |
| b Gift, grant, or capital cont                  | tribution to related organiz   | zation(s)               |            |                 |                      |                       |                       |                        |                         |                     |               | • •                     | •                        | 1b                     |                  | No          |
| c Gift, grant, or capital cont                  |  |                         | • • •      | • •             |                      | • •                   |                       |                        | • •                     |                     | • •           | • •                     | • •                      | 1c                     |                  | No          |
| d Loans or loan guarantees                      |  |                         | • •        |                 | • •                  | • • •                 | • • •                 | • •                    |                         | • •                 |               | • •                     | ·                        | 1d<br>1e               |                  | No          |
| e Loans or loan guarantees                      | by related organization(s)   |                         | • •        | • •             | • •                  | • • •                 | • •                   | • • •                  | • • •                   | • • •               | • •           | • •                     |                          | 16                     |                  | 10          |
| f Dividends from related or                     | anization(s)   |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          | 1f                     |                  | No          |
| g Sale of assets to related or                  |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          | 1g                     |                  | No          |
| , Suit of assets to related t                   |  |                         |            | • •             | • •                  |                       |                       | • • •                  | • • •                   | • • •               |               |                         |                          | -9                     | -1:              |             |
|   |  |                         |            |                 |                      |                       |                       |                        |                         |                     |               |                         |                          |                        |                  |             |

| h     | Purchase of assets from related organization(s)  | ın         | l      | NO |
|-------|--|------------|--------|----|
| i     | Exchange of assets with related organization(s)  | <b>1</b> i |        | No |
| j     | Lease of facilities, equipment, or other assets to related organization(s)   | 1j         | Yes    |    |
|       |  |            |        |    |
| k     | Lease of facilities, equipment, or other assets from related organization(s)   | 1k         |        | No |
| Т     | Performance of services or membership or fundraising solicitations for related organization(s)   | 11         |        | No |
| m     | n Performance of services or membership or fundraising solicitations by related organization(s)  | 1m         |        | No |
| n     | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  | 1n         | Yes    |    |
| o     | Sharing of paid employees with related organization(s)   | 10         | Yes    |    |
|       |  |            |        |    |
| р     | Reimbursement paid to related organization(s) for expenses   | 1p         |        | No |
| q     | Reimbursement paid by related organization(s) for expenses   | 1q         | Yes    |    |
|       |  |            |        |    |
| r     | Other transfer of cash or property to related organization(s)  | 1r         |        | No |
| s     | Other transfer of cash or property from related organization(s)  | 1s         |        | No |
| 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) (b) (c) (d)<br>Name of related organization trivolved fetermining an<br>type (ars)   | iount i    | nvolve | d  |
| • /   | ARROW STREET NURSERY SCHOOL J 475,592 FAIR MARKET VALUE  |            |        |    |
| (2)B/ | ARROW STREET NURSERY SCHOOL Q 504,990 FAIR MARKET VALUE  |            |        |    |

## Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 4
Page 4
Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
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. Page 4

— Page 4 —

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Predominant<br>income<br>(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (e)<br>Are all partners<br>section<br>501(c)(3)<br>organizations? |    | (e) (f) (g)<br>Il partners Share of Share of End-of-year<br>1(c)(3) income assets |   | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20<br>of Schedule<br>K-1<br>(Form 1065) | x managing<br>partner? |      | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|---|----|---|---|--|----|---|------------------------|------|--------------------------------|
|   |                         |  | 514)   | Yes   | No |   |   | Yes                                    | No |   | Yes                    | No   |                                |
|   |                         |  |  |   |    |   |   |  |    |   |                        |      |                                |
|   |                         |  |  |   |    |   |   |  |    |   |                        |      |                                |
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|   |                         |  |  |   |    |   |   |  |    |   |                        |      |                                |
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|   |                         |  |  |   |    |   |   |  |    |   |                        |      |                                |
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|   |                         |  |  |   |    |   |   |  |    |   |                        |      |                                |
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|   |                         |  |  |   |    |   |   |  |    |   |                        | Ī    |                                |
|   |                         |  |  |   |    |   |   |  |    |   |                        | Ī    |                                |
|   | •                       | •  | •  |   | •  |   | • | •                                      |    | Schedu  | e R (Forn              | n 99 | 0) 2018                        |

|   |                   | Page 5                    |
|---|-------------------|---------------------------|
| Schedule R (Fo  | orm 990) 2018     | Page 5                    |
| Part VII  | Supplemental Info | mation                    |
| Provide additional information for responses to questions on Schedule R (see instructions). |                   |                           |
| Return Reference  |                   | Explanation               |
|   |                   | Schedule R (Form 990) 201 |
|   |                   |                           |

Additional Data

Return to Form

