		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 Revenue Service	Go to <u>www.irs.gov/Form990</u> for instructions and the	latest info	ormation.	Open to Public 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 GREENWICH HOUSE INC		D Employer	identification number
	lress change ne change			13-55622	04
	ial return	Doing business as		_	
_	l return/terminated 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 NEW YORK, NY 10001			
					pts \$ 15,715,643
		F Name and address of principal officer: DARREN BLOCH		this a group retur bordinates?	n for
		122 WEST 27TH STREET 6TH FLOOR 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? "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: CH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLING LI			
		GROUNDS. EACH YEAR GREENWHICH HOUSE PROVIDES NEARLY 12,000 N S, ALL AIMED ATPROVIDING PERSONAL GROWTH AND ENRICHMENT.	EWYORKE	RS WITH SOCIAL,	MEDICAL, AND CULTURAL
2.01		_			
3	2 Check thi 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 6,075,271
enue					
	9 Program			6,988,58	
leve					5 7,847,933
Reve	10 Investme	service revenue (Part VIII, line 2g)		6,988,58 182,839 1,444,040	5 7,847,933 9 239,323 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)		6,988,58 182,83	5 7,847,933 9 239,323 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)		6,988,58 182,839 1,444,040	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 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)		6,988,58 182,83 1,444,040 14,440,25 99,270	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 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)		6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 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)		6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 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)		6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 3 9,138,946 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)		6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77 6 5,511,96 14,250,01	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 0 3 9,138,946 0 0 0 4 5,569,871 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)		6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77 6 5,511,96 14,250,01 190,23	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 0 8 9,138,946 0 0 0 4 5,569,871 3 14,831,120 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	6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77 6 5,511,96 14,250,01	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 3 9,138,946 0 0 4 5,569,871 3 14,831,120 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	6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77 6 5,511,96 14,250,01 190,23	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 3 9,138,946 0 0 4 5,569,871 8 14,831,120 4 767,753 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	6,988,58 182,83 1,444,04 14,440,25 99,27 ( 8,638,77 ( 5,511,96 14,250,01 190,23 <b>ing of Current Yea</b> 8,723,53 1,750,49	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 3 9,138,946 0 0 0 4 5,569,871 8 14,831,120 4 767,753 r End of Year 5 9,747,494 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	6,988,58 182,83 1,444,04 14,440,25 99,27 6 8,638,77 6 5,511,96 14,250,01 14,250,01 190,23 ing of Current Yea 8,723,53	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 3 9,138,946 0 0 0 4 5,569,871 3 14,831,120 4 767,753 r End of Year 5 9,747,494 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)		6,988,58 182,83 1,444,04 14,440,25 99,27 6,5,511,96 14,250,01 14,250,01 14,250,01 14,250,01 190,23 ing of Current Yea 8,723,53 1,750,49 6,973,04	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 0 8 9,138,946 0 0 0 4 5,569,871 3 14,831,120 4 767,753 r End of Year 5 9,747,494 3 2,107,537 3 7,639,957
Expenses Fund Balances 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	6,988,58 182,83 1,444,04 1,444,025 99,27 6,5,511,96 14,250,011 190,23 ing of Current Yea 8,723,53 1,750,49 6,973,04 and statements, a	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 3 14,831,120 4 767,753 7 End of Year 5 9,747,494 3 2,107,537 3 7,639,957 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	6,988,58 182,83 1,444,04 14,440,25 99,27 99,27 6,5511,96 14,250,01 14,250,01 14,250,01 14,250,01 14,250,01 6,973,04 and statements, a d on all information	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 3 14,831,120 4 767,753 r End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my
Expenses of Expenses of Parameters of Expenses of Parameters of Paramete	10 Investme 11 Other rev 12 Total reve 13 Grants ar 14 Benefits p 15 Salaries, 16 Profession b Total fundr 17 Other exp 18 Total expu 19 Revenue 20 Total labid 22 Net assett 11 Signa pen-Ites of pr adge and belie towledge.	service revenue (Part VIII, line 2g)	schedules	6,988,58 182,83 1,444,04 1,444,025 99,27 6,5,511,96 14,250,011 190,23 ing of Current Yea 8,723,53 1,750,49 6,973,04 and statements, a	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 3 14,831,120 4 767,753 r End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my
Expenses Inder assess of Part Balances Balances Balances Balances Balances Balances Balances Balances Balances	10 Investme 11 Other rev 12 Total reve 13 Grants ar 14 Benefits p 15 Salaries, 16 Professio b Total fundr 17 Other exp 18 Total exp 19 Revenue 20 Total asset 21 Total liabid 22 Net asset 33 Signatu	service revenue (Part VIII, line 2g)	schedules	6,988,58: 182,833 1,444,041 14,440,255 99,277 6,5,511,964 14,250,018 190,233 <b>ing of Current Yea</b> 8,723,533 1,750,492 6,973,043 and statements, a ed on all information 2020-05-28	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 3 14,831,120 4 767,753 7 End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my
Expenses Inder assess of Part Balances Balances Balances Balances Balances Balances Balances Balances Balances	10 Investme 11 Other rev 12 Total reve 13 Grants ar 14 Benefits p 15 Salaries, 16a Professio b Total fundr 17 Other exp 18 Total exp 19 Revenue 20 Total asset 21 Total liabi 22 Net asset 11 Signat penaltes of pr add ge.	service revenue (Part VIII, line 2g)	schedules	6,988,58: 182,833 1,444,041 14,440,255 99,277 6,5,511,964 14,250,018 190,233 <b>ing of Current Yea</b> 8,723,533 1,750,492 6,973,043 and statements, a ed on all information 2020-05-28	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 3 14,831,120 4 767,753 7 End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my
Expenses Inder assess of Part Balances Balances Balances Balances Balances Balances Balances Balances 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 cer) is base	6,988,58: 182,833 1,444,044 14,440,25: 99,274 ( 8,638,774 ( 5,511,964 14,250,014 190,234 ing of Current Yea 8,723,534 1,750,493 6,973,042 6,973,042 and statements, a d on all information 2020-05-28 Date	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 767,753 r End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my on of which preparer has
Part Balances Expenses of Expe	10 Investme 11 Other rev 12 Total reve 13 Grants ar 14 Benefits ( 15 Salaries, 16 Professio b Total fundr 17 Other exp 18 Total exp 19 Revenue 20 Total asset 21 Total liabi 22 Net asset 11 Signatu penalties of pr addge and belie nowledge. P	service revenue (Part VIII, line 2g)	schedules cer) is base	6,988,58: 182,833 1,444,041 14,440,255 99,277 8,638,773 5,511,964 14,250,013 190,233 1,750,492 6,973,043 and statements, a ed on all information 2020-05-28 Date Check if Pin check if Pin Pin	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 7 End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my on of which preparer has
Sign Here Paid	10 Investme 11 Other rev 12 Total reve 13 Grants ar 14 Benefits q 15 Salaries, 16 Professio b Total fundr 17 Other exp 18 Total exp 19 Revenue 20 Total asset 21 Total liabi 22 Net asset 11 Signatu penalties of pr dege and belie total fundr 15 Salaries, 16 Signatu 19 Signatu 10 Signatu 10 Signatu 10 Signatu 10 Signatu 10 Signatu 10 Signatu 10 Signatu 10 Signatu	service revenue (Part VIII, line 2g)	schedules cer) is base	6,988,58: 182,83 1,444,04 14,440,25: 99,27 99,27 0 5,511,96 14,250,01 14,250,01 14,250,01 14,250,01 14,250,01 1,750,49 6,973,04 and statements, a d on all informatic 2020-05-28 Date PDT Check if PTT	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 8 9,138,946 0 0 4 5,569,871 3 14,831,120 4 5,569,871 7 End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my on of which preparer has
Expenses Part Fund Balances Bign Here Paid	10 Investme 11 Other rev 12 Total reve 13 Grants ar 14 Benefits p 15 Salaries, 16 Professio b Total fundr 17 Other exp 18 Total exp 19 Revenue 20 Total asset 21 Total liabi 22 Net asset 3 Signatu DARRE Type or Party Find Party	service revenue (Part VIII, line 2g)	schedules cer) is base	6,988,58: 182,833 1,444,041 14,440,255 99,277 8,638,778 5,511,966 14,250,018 190,233 1,750,492 6,973,043 and statements, a ed on all information 2020-05-28 Date Check if Pin check if Pin Pin	5 7,847,933 9 239,323 0 1,436,346 2 15,598,873 5 122,303 0 0 0 8 9,138,946 0 0 0 4 5,569,871 3 14,831,120 4 767,753 7 End of Year 5 9,747,494 3 2,107,537 3 7,639,957 and to the best of my 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			
- GREE	NWICH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLINGLIVES BY OFFERING SOCIAL AND HEALTH SE 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 MIDDLE AND HIGH SCHOOL STUDENTS IN ADDITION TO ELEMENTARY SCHOOL STUDENTS WITH ITS CHORAL AND SONGWRITING PROGR INTRODUCED A THEATER PROGRAM FOR CHILDREN IN COLLABORATION WITH PARTNER ARS NOVA. THE MUSIC SCHOOL PRESENTED OVE CONCERTS INCLUDING ITS SIGNATURE UNCHARTED SERIES FOR EMERGING ARTISTS WORKING ON NEW PROJECTS OR IN NEW COLLABO PROGRAM FOR SENIORS AT GREENWICH HOUSE SENIOR CENTERS. THE GREENWICH HOUSE POTTERY) PRESENTED SEVEN FEATURING EMERGING AND ESTABLISHED ARTISTS AND SUPPORTED ONE RESIDENCY AND TWO FELLOWSHIPS. THE POTTERY WELCOMED AND OFFERED MORE THAN 100 CLASSES ANNUALLY. THE GREENWICH HOUSE AFTER-SCHOOL ARTS PROGRAM INTRODUCED FAMILY GAME ROOFTOP MOVIE NIGHTS ACCESSIBLE TO THE 200 STUDENTS AND THER FAMILIES IN THE PROGRAM FY2019 SAV OVER 4,000 CLASS NEARLY \$100,000 DISTRIBUTED FOR ARTS SCHOLARSHIPS TO STUDENTS IN THE ARTS AFTER-SCHOOL AND SUMMER CAMP, MUSIC SCHO	AMMING R 50 CC RATION EXHIBI OVER S NIGH EGISTR	G. GHMS MMUNIT IS AND A TIONS 450 STUI ITS TO AN ATIONS A	Y CHORAL DENTS ND 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 PROVIDING DAILY CONGREGATE HOT MEALS, AND CULTURAL, FITNESS AND EDUCATIONAL PROGRAMMING. IN FISCAL YEAR 2019 SENIOF WERE ASKED TO PRESENT AT THE LIVEON NY ANNUAL CONFERENCE, EDUCATING OTHER PROVIDERS OF SENIOR SERVICES ON HOW TO I PROGRAM PARTICIPATION. GREENWICH HOUSE'S FOUR SENIOR CENTER ADVISORY COUNCILS ARE NOW MEETING COLLECTIVELY. GREEN EXPANDED CASE MANAGEMENT SERVICES TO SENIOR RESIDENTS AT WEST VILLAGE HOUSES. THE FOUR GREENWICH HOUSE SENIOR CE ACCESS TO TECHNOLOGY AND TECHNOLOGY EDUCATION, IN COMPLIANCE WITH NYC DEPARTMENT FOR THE AGING REQUIREMENTS. TEC CONDUCTED IN COLLABORATION WITH PARTNERS INCLUDING OLDER ADULTS TECHNOLOGY SERVICES (OATS), THE NEW YORK PUBLIC LI TIMEBANK.	CENTE NCREAS WICH H NTERS 1 H EDUC	R SENIO SE CENTE OUSE HA INCREAS ATION W	R STAFF R S ED 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 ADULTS BEGAN OFFERING TWO GROUP THERAPY PROGRAMS: (1) WORKING WITH DIFFICULT FEELINGS FOR MEN, TO ADDRESS THE COM OLDER MEN FEELING ISOLATED AND WISHING TO IMPROVE COMMUNICATING THEIR FEELINGS; AND (2) WISE WOMEN, A GROUP THERAF WOMEN FIND WAYS TO AFFIRMATIVELY REDEFINE AND EXPRESS THEMESS STHEMESUVES AS THEY AGE. THESE GROUPS ARE ADDRESSING THE MOS AND CHALLENGES FACING TODAY'S SENIORS BY GENDER. THE CHILDREN'S SAFETY PROJECT (CSP), A PROGRAM FOR CHILDREN WHO HA ABUSE, DOMESTIC VIOLENCE AND TRAUMA, INCREASED ITS PROGRAM OFFERING BY PROVIDING, IN COLLABORATION WITH GREENWICH A SUMMER ART AND MUSIC THERAPY CAMP FOR CHILDREN OF THE CSP PROGRAM.	MON EX Y PROG T COMM VE BEE!	PERIENC GRAM TO ION STRE N VICTIM	es of Help Ingths 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> 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? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 📆	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			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? 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? If "Yes," complete Schedule D, Parts XI and XII 🔞	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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	-

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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 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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? 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> 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)

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orm	990 (2018)			Page <b>5</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			_
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
<b>0</b> -		8		<u> </u>
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 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> 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		

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⊥∠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? <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 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 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 perso	ne process for determining compensation of the following persons include a review and approval by independent 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 tatus with respect to such arrangements? <b>Section C. Disclosure</b> <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	

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related	than c is b	one b	ox, ι an of	t ch unle: ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F Estim amount comper from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organiza rela organiz	ted
(18) ROY L LEAVITT	30.00	x		x				216,731	0		30,516
EXEC. DIR./CEO (OUTGOING)	5.00 0.50			Â				210,751			50,510
(19) SAMIR H HUSSEIN		х		х				0	0		0
CHAIR (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 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 PLAINFIELD, NJ 07060											
IGT CLEANING & MOVING SERVICES								CLEANING SER	VICES		118,286
111-11 173RD STREET 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 dule O contains a resp	onse or note to any	line in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sectio 512 - 514
ø erated campaigns .	. 1a			revenue		512 514
additional and a second and a s	1b					
draising events	1c					
365,538 ated organizations	1d					
ernment grants (contribu	itions) <b>1e</b>					
ther contributions, gifts, anu similar amounts not incluabove						
843,261						
cash contributions includ 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 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 (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 5 Royalties 6a Gross rents	(i) Real	d proceeds	239,323			239,
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss)	d proceeds (ii) Personal	239,323			
similar amounts) 4 Income from investme 5 Royalties	(i) Real (i) Real 887,836 0 887,836	d proceeds				
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss)	d proceeds (ii) Personal				
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss)	d proceeds (ii) Personal				
similar amounts)	(i) Real (i) Real (i) Real (i) Securities (i) Securities	d proceeds (ii) Personal				
similar amounts)	(i) Real 887,836 0 887,836 (i) Securities (i) Securities	d proceeds (ii) Personal (ii) Other				
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (i) Securities (i) S	d proceeds (ii) Personal (ii) Other				
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (i) Securities (i) S	d proceeds (ii) Personal (ii) Other (ii) Other (ii) Other 42,100 88,602				239,
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss) (i) Securities (i) Securities (i) Securities (i) Securities (i) Securities (i) Securities (i) Securities (i) Securities (i) Securities (i) Securities	d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602	887,836			887,
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss) (i) Securities (i) Sec	d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602 ats	887,836			887,
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss) (i) Securities (i) Securitie	d proceeds (ii) Personal (ii) Personal (ii) Other (ii) Other 42,100 88,602 ats	887,836			887,
similar amounts)	(i) Real (i) Real 887,836 0 887,836 (loss) (i) Securities (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)
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	edule O contains a response or note to any ts reported on lines 6b, Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 Part IV, line 22	sistance to domestic individuals. See	122,303	122,303		
	sistance to foreign organizations, foreign 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 on 4958(f)(1)) and persons described in 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 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 nses in line 24e. If line 24e amount 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).

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Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any line in t	his Part IX			🗆
		· ·			(A) Beginning of year		<b>(B)</b> 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 trustees, key employees, and highest compensa Part II of Schedule L	ated employees.	Complete		5	
s	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organiza voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B) ations of section (see instructions	, and 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 and other liabilities not included on lines 17 - 24 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 complete lines 27 through 29, and lines 33 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 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

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### 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:	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		 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 Departmen	EDULE A 990 or 990EZ) nt of the Treasury evenue Service		lete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form www.irs.gov/Form	OMB No. 1545-0047			
Name o GREENWI	of the organiz 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 ( 4 (			•	vice organization desc ed in conjunction with			-	
C	name, cit	, and state:		-	-			
5 (		zation operated f .)(A)(iv). (Com		t of a college or unive )	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 <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 non-land	tural research or grant college of a	ganization de agriculture. S	ee instructions. Enter	(A)(ix) operate the name, city,	ed in conjunction and state of the o	with a land-grant college or universit	college or university or a cy:
10 11 ( 12 ( a	from activ investmer 30, 1975. An organi An organi more pub in lines 12	ities related to it t income and un See <b>section 50</b> zation organized zation organized icly supported or a through 12d th	ts exempt fur irelated busin <b>9(a)(2).</b> (Co and operated and operated rganizations of hat describes	omplete Part III.) d exclusively to test fo d exclusively for the b described in <b>section 5</b> the type of supporting	tain exceptions, ess section 511 r public safety. S enefit of, to perfi 509(a)(1) or se g organization a	and (2) no more tax) from busines Gee section 509 form the functions for 509(a)(2 and complete lines	than 331/3% of its sees acquired by th (a)(4). s of, or to carry out ). See <b>section 50</b> s 12e, 12f, and 12g	s support from gross te organization after June t the purposes of one or <b>9(a)(3).</b> Check the box g.
a	organizati	on(s) the power	to regularly a	appoint or elect a maj				by giving the supported organization. <b>You must</b>
b ſ	Type II.		anization sup	ervised or controlled i				
		ent of the suppo plete Part IV,		ation vested in the sar and C.	me persons that	control or manag	ge the supported o	rganization(s). <b>You</b>
<b>c</b> [				supporting organizatio ions). <b>You must com</b>				grated with, its
<b>d</b> (				<b>d.</b> A supporting organ 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 integrated supporting	organization.			
f Ei g			-	the supported organi				
	(i) Name of sup organizatio	ported	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	anization listed 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 Part		or 990-EZ) 2018		zations Described	in Sections	170(6)(1)(A)	(iv) 170(b)(1)	Page 2
	<b>170(b</b> (Comp III. If	)(1)(A)(ix) lete only if you 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 dar year	: Support	(a) 201	4 <b>(b)</b> 2015	(c) 2016	(d) 2011	7 (e) 2018	(f) Total
Gift	cal year begin s, grants, cont	ibutions, and			(c) 2010	(u) 201	(e) 2010	
mer inclu	ude any "unusi		t					
2 Tax orga	revenues levie anization's ben	d for the efit and either pa						
to o 3 The	or expended on a value of service	its behalf						
furn	nished by a gov organization w	ernmental unit t ithout charge	0					
4 Tot	tal. Add lines 1		у					
eacl gov	h person (othe vernmental unit	r than a or publicly						
line	1 that exceeds	ation) included o 2% of the amo						
	wn on line 11, blic support. S	column (f) 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 7	fiscal year beginning in) 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.) 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		· · ·	 or m	 ore chec	k this
D	• ••	5						,	
	box and stop here. The organization 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) 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 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 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	 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 (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 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 Part I	ecked 1 , comp	l 2b of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, 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 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 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 (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
ь	amendment to the organizing document). <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 (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 (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 –	
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Schedule A (Form 990 or 990-EZ) 2018		<u> </u>	Page 7
Part V Type III Non-Functionally Integrated Section D - Distributions	1 509(a)(3) Supporting	Organizations (continue	ed) 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 instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required explain in Part VI). 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 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.</li> </ul>			

	See insulucions.		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 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 SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	Explanation OTHER REVENUE - 2014 AMOUNT: \$ 2,072,623. 2015 AMOUNT: \$ 733,281. 2016 AMOUNT: \$ 632,529. 2017 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. MANAGEMENT FEE - 2018 AMOUNT: \$ 504,990. INSURENCE REIMBURSEMENT - 2018 AMOUNT: \$ 24,572. ATHLETIC FEES - 2018 AMOUNT: \$ 34,969. 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, or 990-PF) Department of the Treasury Internal Revenue Service	190, 990-EZ, PF) ► Attach to Form 990, 990-EZ, or 990-PF. It of the Treasury ► Go to www.irs.gov/Form990 for the latest information.			
Name of the organizat 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>	
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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 contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) 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 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 GREENWICH HOUS			ification number
Part II	Noncash Property (See instructions). Use duplicate copies of Part II if additional space is no		
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estima (See instruction	
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimation (See instruction	ate) (d) Date received
			\$
			φ
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim	
		(See instruction	1S)
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estim	
No. nom r urt r		(See instruction	ns) Dute received
		<u> </u>	\$
(a)	(b)	(c) 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 GREENWICH HOUSE			Employer identification number
			13-5562204
than \$1, organiza year. (Er	000 for the year from any one contributo	or. Complete columns (a) through (e) of <i>exclusively</i> religious, charitable, e ons.) ▶ \$	ction 501(c)(7), (8), or (10) that total more and the following line entry. For etc., contributions of \$1,000 or less for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and		nship of transferor to transferee
		Sched	ule B (Form 990, 990-EZ, or 990-PF) (2018)

**Additional Data** 

**Return to Form** 

efil	e Public Visua	l Render	ObjectId: 2020317	69349300248	- Submission: 202	0-06-2	4	TIN: 1	13-5562204
SCHEDULE D (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 ▶ Attach to Form	990.	or 12b.			to Public
	Revenue Service 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 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 at to the organization's exe				funds are f		Yes 🗌 No
6	charitable purpo	ses and not fo	grantees, donors, and do r the benefit of the donor	or donor advisor,	or for any other purpose	an be use e conferr	ed only for 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 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 structure listed in		ents included in (c) acqui Register	red after 7/25/06,	and not on a historic	2d			
3	Number of conse 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 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 applicable, the text of the for conservation easement	footnote to the or ts.	ganization's financial st	atements	s that desc	ribes	
Par	t III Organia Complet	zations Mai te if the orga	ntaining Collections inization answered "Yes	of Art, Historia s" on Form 990.	cal Treasures, or O Part IV, line 8.	ther Si	milar As	sets.	
1a	If the organization art, historical trees	on elected, as easures, or oth	permitted under SFAS 11 er similar assets held for of the footnote to its finan	6 (ASC 958), not t public exhibition, e	o report in its revenue s education, or research i	n further			
b	If the organization	on elected, as res, or other s	permitted under SFAS 11 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 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 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 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 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) Book	C	Cost or end-of-y		
					value				
	Financial derivatives	• •		• •	· ·				
	Closely-held equity interests 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 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 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 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 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) CHILDREN SERVICES, (2) GENERAL OPERATIONS, (3) LEADERSHIP AWARDS, (4) POTTERY AND (5) MUSIC SCHOOL PROGRAMS.			
PART X, LINE 2:	THE AGENCY BELIEVES IT HAS NO UNCERTAIN TAX POSITI ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICAT TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHIN PROVISIONS FOR UNCERTAIN TAX POSITIONS.	ION ("	ASC") TOPIC 740, "INCOME	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE FOR AFFILIATE ORGANIZATION 4,510,796. CONS 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 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 Gaming Activit on Form 990, Part IV, lines 12	-	OMB No. 1545-0047
epartment of the Treasury ternal Revenue Service	organizati	ion entered more tha Attach to Form	n \$15,000 on Form 990-EZ, lir 990 or Form 990-EZ. instructions and the latest inf	ne 6a.	Open to Public Inspection
ame of the organization REENWICH HOUSE INC					lentification number
				13-5562204	
Part I Fundraising Activit Form 990-EZ filers a		-	answered "Yes" on For 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 iser is
to be compensated at least \$5					
) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entry (fundraiser)		custody or control of	nom activity	fundraiser listed in col. (i)	organization
		contributions?			
		Yes No			
		<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 licensing.	ization is registered	for Form 990 or 99			
List all states in which the organ licensing.	ization is registered see the Instructions 018	for Form 990 or 99	0-EZ. Cat. No. ! age 2	50083H Schedule (	5 (Form 990 or 990-EZ) 2011 Page 2
List all states in which the organ licensing. r Paperwork Reduction Act Notice, s hedule G (Form 990 or 990-EZ) 2 Part II Fundraising Event than \$15,000 of fun	ization is registered see the Instructions 018 ts. Complete if th draising event cc	for Form 990 or 99	10-EZ. Cat. No. !	50083H Schedule (	Form 990 or 990-EZ) 2014 Page 2 8, or reported more
List all states in which the organ licensing.	ization is registered see the Instructions 018 ts. Complete if th draising event cc er than \$5,000.	for Form 990 or 99 Pr Pr ne organization a putributions and	o-EZ. Cat. No. : age 2 answered "Yes" on Form gross income on Form	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and	Form 990 or 990-EZ) 2019 Page 2 8, or reported more 6b. List events with
List all states in which the organ licensing. Paperwork Reduction Act Notice, s hedule G (Form 990 or 990-EZ) 2 art II Fundraising Event than \$15,000 of fun	ization is registered see the Instructions 018 ts. Complete if th draising event co er than \$5,000.	for Form 990 or 99 Pre organization a pontributions and a)Event #1	0-EZ. Cat. No. ! age 2 answered "Yes" on Form gross income on Form (b) Event #2	50083H Schedule of n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events	Form 990 or 990-EZ) 2014 Page 2 8, or reported more 6b. List events with (d) Total events
List all states in which the organ licensing. Paperwork Reduction Act Notice, s medule G (Form 990 or 990-EZ) 2 art II Fundraising Event than \$15,000 of fun gross receipts great	see the Instructions 018 ts. Complete if the idraising event co ier than \$5,000. (i 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. : age 2 answered "Yes" on Form gross income on Form	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and	Form 990 or 990-EZ) 2011 Page 2 8, or reported more 6b. List events with (d)
List all states in which the organ 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	see the Instructions 018 ts. Complete if the idraising event co ier than \$5,000. (i GREE	for Form 990 or 99 P, he organization a portributions and a)Event #1 TASTE OF	age 2 answered "Yes" on Form gross income on Form (b) Event #2 <u>CSP LUNCHEON</u>	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events <u>3</u>	Form 990 or 990-EZ) 2013 Page 2 8, or reported more 6b. List events with (d) Total events (add col. (a) through
List all states in which the organ licensing. Paperwork Reduction Act Notice, s medule G (Form 990 or 990-EZ) 2 art II Fundraising Event than \$15,000 of fun gross receipts great	see the Instructions 018 ts. Complete if the idraising event co ier than \$5,000. (i GREE	for Form 990 or 99 for Form 990 or 99 Provide a potributions and a)Event #1 TASTE OF NWICH HOUSE	age 2 answered "Yes" on Form gross income on Form (b) Event #2 <u>CSP LUNCHEON</u>	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events <u>3</u>	Contract
List all states in which the organ 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	see the Instructions 018 ts. Complete if the idraising event co ier than \$5,000. (i GREE	for Form 990 or 99 Pre- e organization a ontributions and a)Event #1 TASTE OF <u>NWICH HOUSE</u> event type) 238,352	0-EZ. Cat. No. 9 age 2 answered "Yes" on Form gross income on Form (b) Event #2 <u>CSP LUNCHEON</u> (event type) 88,405	50083H Schedule ( 50083H Schedule ( 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events <u>3</u> (total number) 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 licensing. Paperwork Reduction Act Notice, s medule G (Form 990 or 990-EZ) 22 art II Fundraising Event than \$15,000 of fun gross receipts great 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus	ization is registered see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (a <u>GREE</u> (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 age 2 answered "Yes" on Form gross income on Form (b) Event #2 CSP LUNCHEON (event type) 88,405 80,205	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84	Contract
List all states in which the organ licensing. Paperwork Reduction Act Notice, s redule 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)	ization is registered see the Instructions 018 ts. Complete if th adraising event cc er than \$5,000. (a <u>GREEI</u> (a	for Form 990 or 99 Pre- e organization a ontributions and a)Event #1 TASTE OF <u>NWICH HOUSE</u> event type) 238,352	0-EZ. Cat. No. 9 age 2 answered "Yes" on Form gross income on Form (b) Event #2 <u>CSP LUNCHEON</u> (event type) 88,405	50083H Schedule ( 50083H Schedule ( 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events <u>3</u> (total number) 80,88	Contract
List all states in which the organ licensing.	ization is registered see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (a <u>GREE</u> (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 age 2 answered "Yes" on Form gross income on Form (b) Event #2 CSP LUNCHEON (event type) 88,405 80,205	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84	Contract
List all states in which the organ licensing. Paperwork Reduction Act Notice, se hedule G (Form 990 or 990-EZ) 2 Part 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 see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (a <u>GREE</u> (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 ( 50083H Schedule ( 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84 18,04	(d)           Total events           (add col. (a) through col. (c)           31         407,638           40         42,100
List all states in which the organ 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 see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (a <u>GREE</u> (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 ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84 18,04 5,25	Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< td=""></thco<></thcontrol<></thcontrol<>
List all states in which the organ licensing. Paperwork Reduction Act Notice, se hedule G (Form 990 or 990-EZ) 2 Part 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 see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (a <u>GREE</u> (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 ( 50083H Schedule ( 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84 18,04	Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< td=""></thco<></thcontrol<></thcontrol<>
List all states in which the organ licensing. r Paperwork Reduction Act Notice, s chedule G (Form 990 or 990-EZ) 2 Part 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 see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (a <u>GREE</u> (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 (event type)           88,405         80,205           88,200         1,729           1,729         6,119	50083H Schedule ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84 18,04 5,25	Control         Contro <thcontrol< th=""> <thcontrol< th=""> <thco< td=""></thco<></thcontrol<></thcontrol<>
I Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 7 Food and beverages	ization is registered see the Instructions 018 ts. Complete if th draising event cc er than \$5,000. (i GREEI (i         	for Form 990 or 99 Pre- ne organization a a)Event #1 TASTE OF NWICH HOUSE event type) 238,352 222,492 15,860 28,931 28,931 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 ( n 990, Part IV, line 1 990-EZ, lines 1 and (c)Other events 3 (total number) 80,88 62,84 18,04 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 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 Is the organization a grantor, beneficiary				· 🗌 Yes 🗌 No
	formed to administer charitable gaming?	· · · · · ·	· · · · · · · · ·	· · · · ·	Yes 🗌 No
	Indicate the percentage of gaming activi 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 revenue? If "Yes," enter the amount of gaming rev amount of gaming revenue retained by t	ith a third party from who venue received by the org the third party ► \$	om the organization receive	es gaming	
5	Address Does the organization have a contract w revenue?	ith a third party from who venue received by the org the third party ► \$ third party:	m the organization receive anization ► \$	es gaming	
•	Address Does the organization have a contract w revenue?	ith a third party from who venue received by the org the third party ► \$ third party:	om the organization receive	es gaming	
,	Address Does the organization have a contract w revenue?	ith a third party from who venue received by the org the third party ► \$ third party:	m the organization receive anization ► \$	es gaming	
,	Address Does the organization have a contract we revenue?	ith a third party from who venue received by the org the third party ► \$ third party:	m the organization receive anization ► \$	es gaming	
,	Address Description of the amount of gaming revenue?	ith a third party from who  venue received by the org the third party ▶ \$ third party:	m the organization receive	es gaming	· OYes ONo
,	Address Description of the amount of gaming revenue?	ith a third party from who  venue received by the org the third party ▶ \$ third party:	m the organization receive anization ► \$	es gaming	· OYes ONo
•	Address Does the organization have a contract w revenue?	ith a third party from who  venue received by the org the third party ▶ \$ third party:	m the organization receive	es gaming	· OYes ONo
5	Address Description have a contract we revenue?	ith a third party from who  venue received by the org the third party ▶ \$ 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  venue received by the org the third party ▶ \$ 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  venue received by the org the third party ▶ \$ 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 	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 	m the organization receive anization ▶ \$ 	es gaming	· O Yes O No
•	Address > Does the organization have a contract w revenue?	ith a third party from who renue received by the org the third party ▶ \$	m the organization receive anization > \$      	es gaming	· O Yes O No
2 2 3	Address >	ith a third party from who venue received by the org the third party ▶ \$ third party: 	m the organization receive anization ▶ \$  □ Independer stributions from the gamin 	es gaming and the	<ul> <li>Yes No</li> <li>Yes No</li> </ul>
2 2 3	Address > Does the organization have a contract w revenue? in the amount of gaming rev- amount of gaming revenue retained by t If "Yes," enter name and address of the Name > Address > Gaming manager information: Name > Gaming manager compensation > \$ Description of services provided > Director/officer Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions required	ith a third party from who venue received by the org the third party ▶ \$	m the organization receive anization ▶ \$	es gaming 	<ul> <li>Yes No</li> <li>Yes No</li> <li>Yes No</li> <li>and (v); and Part</li> </ul>
2 2 3	Address > Does the organization have a contract w revenue?	ith a third party from who venue received by the org the third party ▶ \$	m the organization receive anization ▶ \$	es gaming and the 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 viduals in the	United States		2018
Department of the Freasury			Attac	ed "Yes," on Form 990 h to Form 990. 1990 for the latest in	, Part IV, line 21 or 22. Iformation.		Open to Public Inspection
Internal Revenue Service Name of the organization 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? 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 or governmen		(if applica	able) gra	nt casi 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 Part III ca	nd Other Assistand n be duplicated if a	ce to Domestic Individe 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 recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (boo FMV, appraisal, other)	ok, (f) Descript	tion of noncash assistance
		342		122,30	03		
(1) SCHOLARSHIPS							
1)							
1) 2)							
1) 2) 3)							
1) 2) 3) 4)							
(1) SCHOLARSHIPS (1) (2) (3) (4) (5) (6)							
(1)       (2)       (3)       (4)       (5)       (6)							
(1) (2) (3) (4) (5) (6) (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) (2) (3) (4) (5) (6) (7)	Expl	lanation					tion. A DETERMINATION, BASED ON NEE

Additional Data

Return to Form

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Sch	nedule J		Com	pensati	ion Information		OMB No.	1545-	0047			
(Forn	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							}			
Departi	ment of the Treasury	Þ	Go to <u>www.irs.gov/Fo</u>		to Form 990. instructions and the latest infor	rmation.	Open	to Pu	blic			
nterna	I Revenue Service					<u> </u>		ectio	n			
GRE	ne of the organiza ENWICH HOUSE INC	ation				Employer iden	tification n	umber				
						13-5562204						
Pa	rt I Questi	ons Regard	ling Compensation									
1a	Check the appro 990, Part VII, S	piate box(es) ection A, line	) if the organization prov 1a. Complete Part III to	vided any of provide an	the following to or for a person list y relevant information regarding the	ed on Form 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 or provision of a	kes in line 1a Ill of the expe	are checked, did the or nses described above?	ganization fo If "No," com	ollow a written policy regarding pay plete Part III to explain	ment or reimburse	ment • 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 used by a relate	EO/Executive	Director. Check all that	apply. Do n	d to establish the compensation of to check any boxes for methods 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, 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. the organization pay or accrue any							
а	The organization						5a		No			
b	Any related orga If "Yes," on line		cribe in Part III.				5b		No			
6			90, Part VII, Section A, I 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. 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 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 compensation		(C) Retirement and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1ROY L LEAVITT EXEC. DIR./CEO (OUTGOING)	(i)	211,787	0	4,944	0	30,516	247,247	0
	(ii)	0				0	0	0
2JANET ROSS CFO	(i)	136,078	0	1,583	0	17,374	155,035	0
	(ii)						0	
3GAIL REID 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 MEDICAL DIRECTOR	(i)	170,129	0	216	0	44,316	214,661	0
	(ii)	0		0	0	0	0	

	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					
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	IEDULE M m 990)			Ν	Ioncash Contri	butions			OMB N	0.1545-	0047
. 01		▶Complete i ▶ 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 e of the organizati	ion					Employ	/er ident		spectio n numbe	
REE	NWICH HOUSE INC						13-5562	2204			
Pa	rt I Types o	of Property	/				1				
				<b>(a)</b> Check if pplicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Methoo oncash co	(d) I of deter ontributio		nts
	Art—Works of art		. 🗆			19					
	Art—Historical tre Art—Fractional in										
4	Books and public	ations .	· [								
5	Clothing and hou goods										
6	Cars and other ve	ehicles .	· [								
7 8	Boats and planes Intellectual prope										
9	Securities—Public		· –	Х	7	82,84	1 FMV				
	Securities-Close		· [								
11	Securities—Partn or trust interests										
	Securities-Misce	ellaneous .									
13	Qualified conserv contribution—Hi										
	structures										
14	Qualified conserv contribution—Ot										
	Real estate—Res										
16	Real estate—Con Real estate—Oth		•								
	Collectibles .										
	Food inventory		_								
	Drugs and medic Taxidermy										
	Historical artifact										
	Scientific specim		_								
	Archeological art Other ► (		· –								
	Other  (	)									
27		)									
28 29	Other  (	) : 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, hold for at least	three years fi	rom the o	eceive by date of th	contribution any property r ie initial contribution, and will	eported in Part I, lines 1 th nich is not required to be u	sed for e	s, that it 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? . 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 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
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Name of the org		n					Employer id	entification number			
GREENWICH HOUS	SE INC						13-5562204				
Return Reference					Explanation		•				
FORM 990, PART VI, SECTION A, LINE 2		GE DAVIDS( TIONSHIP.	ON, DIRECTO	DR EMERITUS, AN	D CHRISTOPHER KI	PLOK, VICE CH	HAIR, HAVE A E	BUSINESS			
FORM 990, PART VI, SECTION B, LINE 11B					DRM 990 AND THE CI DR TO SUBMISSION		THE RETURN	AND A COPY OF THE			
FORM 990, PART VI, SECTION B, LINE 12C	DIREC	BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE CHAIR OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE ANSWERS TO DETERMINE IF A CONFLICT EXISTS. ANY MEMBER WITH A CONFLICT OF INTEREST IS EXCLUDED FROM DISCUSSIONS AND VOTING ON ANY MATTER PERTAINING TO THE MEMBER'S CONFLICT OF INTEREST.									
FORM 990, PART VI, SECTION B, LINE 15A	DIREC COND DATA. RECO GREE \$85,00 ORGA EXEC	CTOR AT ITS UCTED ON THESE DEL RDED BY TH NWICH HOU O OR MORE NIZATIONS UTIVE SESS	ANNUAL ME COMPARABL IBERATIONS HE CHAIR OF JSE BOARD ( E. TO DETERM AND OTHER SION, WITH TH	ETING IN OCTOBI LE NONPROFIT OF ARE DONE IN EX THE HUMAN RES DF DIRECTORS AI MINE SALARY, IT F WIDELY AVAILABI	RGANIZATIONS AND ECUTIVE SESSION, SOURCES COMMITT INUALLY REVIEWS REVIEWS PUBLISHEI E PUBLISHED SALA RECTOR PRESENT,	SALARY, IT RE OTHER WIDEL WITHOUT THE EE OF THE BO THE SALARIES D SALARY SUF RY DATA. THE	VIEWS PUBLIS Y AVAILABLE F EXECUTIVE E ARD OF DIREC OF ALL EMPL RVEYS ON COI SE DELIBERAT	SHED SALARY SURVEYS PUBLISHED SALARY DIRECTOR PRESENT AND CTORS. THE			
FORM 990, PART VI, SECTION C, LINE 19	DOCU	MENTS ARE	AVAILABLE	UPON REQUEST.							
FORM 990, PART XI, LINE 9:	CHAN	ge in valui	E OF BENEFI	ICIAL INTEREST II	N REMAINDER TRUS	T 4,784.					
FORM 990, PART XII, 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			
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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" ch to E	' on Form 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 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) EIN (if applicable) of disregard	ed entity		Pri	(b) imary act	tivity	Legal dom	c) icile (state	( Total	d) income	( End-of-v	<b>e)</b> ear assets	Di	(f) irect contr	ollina	
							or foreign	country)						entity	5	
													_			
									_							
				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 (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 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 Yes	No
122 WEST 27TH STREET			CONDERT :	2.7002		N		(0)(0)				GALEN				
NEW YORK, NY 10001 38-3720019																
															T	
								-				-			-	
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 related organization		Prir	nary ivity	Legal domicile	Direct	Pred	ominant e(related,	Share of total incom	Share of		ortionate ( ations?	Code V-UBI	General or managing	Percer owne	ntage
				,	(state or	entity	unr	elated, ed from tax		assets			box 20 of chedule K-1	partner?		
					foreign country)		under	sections 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) Name, address, and E	IN of	(b) Primary activity		(	(c) egal		(d) Direct control	( lling Type of	e) of entity	(f) Share of tot	al Share	(g) e of end-of-	(h) Percent	age	(i) Section !	) 512(b)
related organizatio	in			dor (state (	micile or foreigi		entity	(C corp	, S corp, rust)	income		year assets	owners	hip (	13) con 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 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) Name of related organization trivolved fetermining an 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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) (f) (g) Il partners Share of Share of End-of-year 1(c)(3) income assets		(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	x managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												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

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