TIN: 13-5562204

OMB No. 1545-0047

2019

Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

_			Do not enter soci	al security numbers on this form as	it may be mad	de public.	2010
		f the Treasury nue Service	► Go to <u>www.irs.go</u>	v/Form990 for instructions and	the latest in	formation.	Open to Public Inspection
A E	ar th	2010 6	alondar voar or tay voar bogin	ning 07-01-2019 , and ending (16-30-2020		
			C Name of organization	illing 07-01-2019 , and ending t	00-30-2020	D Employee	idontification number
_		applicable:	GREENWICH HOUSE INC			D Employer	dentification number
O Na		change				13-55622	204
O Ini		-	Doing business as				
		rn/terminated					
□ Am	ende	d return	Number and street (or P.O. box if ma		om/suite	E Telephone	number
○ Ap	plicati	ion pending	122 WEST 27TH STREET 6TH FLOOR			(212) 993	1-0003
			City or town, state or province, coun	try, and ZIP or foreign postal code			
			NEW YORK, NY 10001			G Gross rece	eipts \$ 15,197,130
			F Name and address of principa	l officer:	H(a) I	s this a group retu	ırn for
			DARREN BLOCH	20p		subordinates?	□Yes ✓No
			122 WEST 27TH STREET 6TH FLO NEW YORK, NY 10001	JOR		Are all subordinate	
I Tax	-exer	mpt status:				ncluded?	
			✓ 501(c)(3)	insert no.) 4947(a)(1) or 52			st. (see instructions)
J W	ebsit	te:▶ WW	/W.GREENWICHHOUSE.ORG		11(c)	Group exemption n	number 🕨
					I Voor of	formation, 1003	M Chaha of local deministry NV
K Forr	n of o	rganization:	Corporation U Trust U Assoc	ciation U Other	L Year or	formation: 1902	M State of legal domicile: NY
Pa	rt I		mary scribe the organization's mission or				
Activities & Governance		ANDBACK	GROUNDS. EACH YEAR GREENWH	ANDOPPORTUNITIES FOR CIVIC INV ICH HOUSE PROVIDES NEARLY 12,0 ONAL GROWTH AND ENRICHMENT.			
š	-						
Ğ	2	Check thi	is box ▶ □				
*8	_			g body (Part VI, line 1a)			3 20
<u>e</u>	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)		4 19
₹				endar year 2019 (Part V, line 2a)			5 255
Ş				essary)		•	6 48
•						• •	
				VIII, column (C), line 12			7a 15,276
	ь	Net unrel	ated business taxable income from	n Form 990-T, line 39	<u> </u>	• •	7b 12,631
						Prior Year	Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h)			6,075,27	5,946,683
enue						6,075,27 7,847,93	
enueve	9	Program					7,563,279
Revenue	9 10	Program Investme	service revenue (Part VIII, line 2g)	nes 3, 4, and 7d)		7,847,93	7,563,279 23 193,952
Revenue	9 10 11	Program Investme Other rev	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li renue (Part VIII, column (A), lines !	nes 3, 4, and 7d)	2)	7,847,93 239,32	7,563,279 7,563,279 7,563,279 7,193,952 7,418,694
Revenue	9 10 11 12	Program Investme Other rev Total reve	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li enue (Part VIII, column (A), lines ! enue—add lines 8 through 11 (mus	nes 3, 4, and 7d)	2)	7,847,93 239,32 1,436,34 15,598,87	7,563,279 23 193,952 16 1,418,694 73 15,122,608
Revenue	9 10 11 12 13	Program Investme Other rev Total reve Grants ar	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li enue (Part VIII, column (A), lines senue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co	nes 3, 4, and 7d)	2)	7,847,93 239,32 1,436,34	7,563,279 193,952 16 1,418,694 15,122,608 33 89,697
	9 10 11 12 13 14	Program Investme Other rev Total reve Grants ar Benefits p	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li enue (Part VIII, column (A), lines senue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co paid to or for members (Part IX, co	nes 3, 4, and 7d)		7,847,93 239,32 1,436,34 15,598,87 122,30	33 7,563,279 23 193,952 36 1,418,694 73 15,122,608 03 89,697 0 0
Ses Revenue	9 10 11 12 13 14 15	Program Investme Other rev Total reve Grants ar Benefits p Salaries,	service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li enue (Part VIII, column (A), lines 5 enue—add lines 8 through 11 (mus nd similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee be	nes 3, 4, and 7d)		7,847,93 239,32 1,436,34 15,598,87 122,30	33 7,563,279 23 193,952 36 1,418,694 73 15,122,608 30 89,697 0 0 66 9,881,187
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ses	9 10 11 12 13 14 15 16a b	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr	service revenue (Part VIII, line 2g) ant income (Part VIII, column (A), li venue (Part VIII, column (A), lines senue—add lines 8 through 11 (must and similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee be anal fundraising fees (Part IX, column aising expenses (Part IX, column (D), li	nes 3, 4, and 7d)		7,847,93 239,32 1,436,34 15,598,87 122,30 9,138,94	33 7,563,279 23 193,952 46 1,418,694 33 15,122,608 23 89,697 0 0 0 46 9,881,187 0 0
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ses	9 10 11 12 13 14 15 16a b 17	Program Investme Other rev Total reve Grants ar Benefits p Salaries, Professio Total fundr Other exp	service revenue (Part VIII, line 2g) ant income (Part VIII, column (A), line venue (Part VIII, column (A), lines senue—add lines 8 through 11 (must and similar amounts paid (Part IX, co paid to or for members (Part IX, co other compensation, employee be anal fundraising fees (Part IX, colum aising expenses (Part IX, column (D), li penses (Part IX, column (A), lines in	nes 3, 4, and 7d)		7,847,93 239,32 1,436,34 15,598,87 122,30 9,138,94	33 7,563,279 23 193,952 24 1,418,694 25 15,122,608 26 9,881,187 27 0 27 5,466,128 20 15,437,012
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Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits Salaries, a Professio Total fundr Other exp Total exp Revenue	service revenue (Part VIII, line 2g) ant income (Part VIII, column (A), line service (Part VIII, column (A), lines service (Part VIII, column (A), lines service (Part IX, column (A), column (A), column (A), column (A), column (B), lines service (Part IX, column (B), lines service (Part IX, column (A), lines services (Part IX, column (A), line	nes 3, 4, and 7d)	10)	7,847,93 239,32 1,436,34 15,598,87 122,30 9,138,94 5,569,87 14,831,12 767,75	33 7,563,279 23 193,952 36 1,418,694 373 15,122,608 303 89,697 0 0 0 66 9,881,187 0 0 71 5,466,128 20 15,437,012 53 -314,404 ar End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits Salaries, a Professio Total fundr Other exp Total exp Revenue	service revenue (Part VIII, line 2g) ant income (Part VIII, column (A), line service (Part VIII, column (A), lines service—Add lines 8 through 11 (must add similar amounts paid (Part IX, color compensation, employee be anal fundraising fees (Part IX, column aising expenses (Part IX, column (B), lines services (Part IX, column (A), lines services (Part IX, column (A), lines services (Part IX, column (B), lines servi	nes 3, 4, and 7d)	10)	7,847,93 239,32 1,436,34 15,598,87 122,30 9,138,94 5,569,87 14,831,12 767,75 aning of Current Year	33 7,563,279 23 193,952 24 1,418,694 27 15,122,608 28 89,697 20 0 0 66 9,881,187 0 0 71 5,466,128 20 15,437,012 53 -314,404 ar End of Year
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Net Assets or Expenses Fund Balances Page 18 P	9 10 11 12 13 14 15 16a b 17 18 19	Program Investme Other rev Total reve Grants ar Benefits Salaries, Professio Total fundr Other exp Total exp Revenue Total liabi Net asset Sign: Balties of pre Balties	service revenue (Part VIII, line 2g) and income (Part VIII, column (A), livenue (Part VIII, column (A), livenue (Part VIII, column (A), livenue—add lines 8 through 11 (must and similar amounts paid (Part IX, column (B), lines 12 the part IX, column (B), lines 13 the part IX, column (B), lines 14 the part IX, column (B), lines 15 the part IX, column (B), lines 16 the part IX, column (B), lines 17 (must equilates expenses. Subtract line 18 from the part IX, line 16)	nes 3, 4, and 7d)	Begin	7,847,93 239,32 1,436,34 15,598,87 122,30 9,138,94 5,569,87 14,831,12 767,75 4,107,53 7,639,95 s and statements, sed on all informat 2021-05-14 Date	33 7,563,279 23 193,952 36 1,418,694 37 15,122,608 38 89,697 0 0 0 46 9,881,187 0 0 71 5,466,128 20 15,437,012 33 -314,404 ar End of Year 24 11,549,979 36 4,425,564 37 7,124,415 and to the best of my ion of which preparer has
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For P	Paperwork Reduction Act Notice, see the separate instructions.	Cat. No. 11282Y	Fo	orm 99 0	0 (2019)
	Page 2				
Form	990 (2019)				Page 2
	statement of Program Service Accomplishments				rage 2
	Check if Schedule O contains a response or note to any line in this Part III				✓
1 GREE	Briefly describe the organization's mission: NWICH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLINGLIVES BY OFFE	ERING SOCIAL AND HEALTH S	ERVICE	S, CULT	URAL
AND I	EDUCATION PROGRAMS, AND OPPORTUNITIES FOR CIVIC INVOLVEMENT TO NEW YORKER:	S OFALL AGES AND BACKGRO	UNDS.		
2	Did the organization undertake any significant program services during the year which we the prior Form 990 or 990-EZ?			es 🔽	No
	If "Yes," describe these new services on Schedule O.			es 🐱	NO
3	Did the organization cease conducting, or make significant changes in how it conducts, an	y program		Yes	7
	services?			Yes	∠ No
4	Describe the organization's program service accomplishments for each of its three largest Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants	program services, as measure	ed by ex	kpenses.	
	and revenue, if any, for each program service reported.	s and anocacions to others, th	e total e	expense	5,
4a	(Code:) (Expenses \$ 6,123,347 including grants of \$) (Revenue \$	8,109,	007)	
	BEHAVIORAL HEALTH PROGRAMS: IN FY2020 THE METHADONE MAINTENANCE TREATMENT PROGRAM (I ACCESS TO TREATMENT AND INTEGRATED CARE BY OFFERING METHADONE, BUPRENOPHINE AND VIVIT	MMTP) HAS FURTHER ENHANCED S TROL, OVERDOSE PREVENTION, EX	SERVICES KPANDED	BY PROV	/IDING L CARE
	FOR PRIMARY CARE AND HEPATITIS C TREATMENT, AND PROVIDING PSYCHIATRIC SERVICES. THE PROG WHO RECEIVE CREDITS TOWARD THEIR MENTAL HEALTH AND SOCIAL WORK MASTER'S DEGREES.				
4b	(Code:) (Expenses \$ 2,710,267 including grants of \$ ARTS AND EDUCATION SERVICES: IN FY2020 GREENWICH HOUSE MUSIC SCHOOL (GHMS) EXPANDED I) (Revenue \$ ITS PUBLIC SCHOOL OUTREACH PR	ROGRAM) TO SERVI	E
	MIDDLE AND HIGH SCHOOL STUDENTS IN ADDITION TO ELEMENTARY SCHOOL STUDENTS WITH ITS CHINTRODUCED A THEATER PROGRAM FOR CHILDREN IN COLLABORATION WITH PARTNER ARS NOVA. THE	HORAL AND SONGWRITING PROGR E MUSIC SCHOOL PRESENTED OVE	RAMMING R 50 CO	. GHMS MMUNITY	,
	CONCERTS INCLUDING ITS SIGNATURE UNCHARTED SERIES FOR EMERGING ARTISTS WORKING ON NE PROGRAM FOR SENIORS AT GREENWICH HOUSE SENIOR CENTERS. THE GREENWICH HOUSE POTTERY ((THE POTTERY) PRESENTED SEVEN	N EXHIBIT	TIONS	
	FEATURING EMERGING AND ESTABLISHED ARTISTS AND SUPPORTED ONE RESIDENCY AND TWO FELLO AND OFFERED MORE THAN 100 CLASSES ANNUALLY. THE GREENWICH HOUSE AFTER-SCHOOL ARTS PRO	OGRAM INTRODUCED FAMILY GAM	ES NIGH	TS TO AN	D
	ROOFTOP MOVIE NIGHTS ACCESSIBLE TO THE 200 STUDENTS AND THEIR FAMILIES IN THE PROGRAM. NEARLY \$100,000 DISTRIBUTED FOR ARTS SCHOLARSHIPS TO STUDENTS IN THE ARTS AFTER-SCHOOL				
4c	(Code:) (Expenses \$ 1,925,208 including grants of \$	89,697) (Revenue \$,	
70	SENIOR SERVICES: GREENWICH HOUSE ANNUALLY SERVES THOUSANDS OF SENIORS WHO ARE 60 YEAR	ARS AND OLDER IN GREENWICH V			
	PROVIDING DAILY CONGREGATE HOT MEALS, AND CULTURAL, FITNESS AND EDUCATIONAL PROGRAMM: WERE ASKED TO PRESENT AT THE LIVEON NY ANNUAL CONFERENCE, EDUCATING OTHER PROVIDERS O	F SENIOR SERVICES ON HOW TO	INCREAS	E CENTE	R
	PROGRAM PARTICIPATION. GREENWICH HOUSE'S FOUR SENIOR CENTER ADVISORY COUNCILS ARE NO EXPANDED CASE MANAGEMENT SERVICES TO SENIOR RESIDENTS AT WEST VILLAGE HOUSES. THE FOLLOWING THE PROGRAM OF T	JR GREENWICH HOUSE SENIOR CE	ENTERS I	NCREASE	D
	ACCESS TO TECHNOLOGY AND TECHNOLOGY EDUCATION, IN COMPLIANCE WITH NYC DEPARTMENT FOR CONDUCTED IN COLLABORATION WITH PARTNERS INCLUDING OLDER ADULTS TECHNOLOGY SERVICES TIMEBANK.	(OATS), THE NEW YORK PUBLIC L	IBRARY A	AND ARCI	H CARE
	(Code:) (Expenses \$ 1,466,013 including grants of \$) (Revenue \$)	
4.1	Other and a serious (Describe in Colorlet)				
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,466,013 including grants of \$) (R	evenue \$)		
4e	Total program service expenses ▶ 12,224,835				
			F	orm 99	0 (2019)
	Page 3 ————				
Form	990 (2019)				Page 3
Par	Checklist of Required Schedules				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private four	ndation)? If "Yes." complete		Yes Yes	No
-	Schedule A 3		1	103	
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instruc	•	2	Yes	N-
3	Did the organization engage in direct or indirect political campaign activities on behalf of of for public office? If "Yes," complete Schedule C, Part I		3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or				
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," comple				
6	Did the organization maintain any depart advised funds or any similar fu	ir which donore have the wi-th	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts fo to provide advice on the distribution or investment of amounts in such funds or accounts?	If "Yes," complete			No
7	Schedule D,Part I		6		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D	, Part II 🥵	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other sim complete Schedule D, Part III	ilar assets? If "Yes,"	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account lia	ability; serve as a custodian			
_	for amounts not listed in Part X; or provide credit counseling, debt management, credit reservices? If "Yes," complete Schedule D, Part IV	pair, or debt negotiation	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily		10	Vac	
	permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V .			Yes	
11	If the organization's answer to any of the following questions is "Yes." then complete Sche	edule D. Parts VI. VIII. VIII IX			

			163	110
Рa	rt IV Checklist of Required Schedules (continued)		Yes	No
	990 (2019)			Page 4
	Tuge T			
	Page 4			
		F	orm 99	0 (2019)
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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	complete Schedule G, Part III	19		No
19	lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
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? If "Yes," complete Schedule D, Part VIII 2	11c		No
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🐒	11b		No
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total	11a	Yes	
_	or X as applicable.			

1 01111	330 (2013)			Page 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
	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	
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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Yes	
25-	Part V, line 1			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	Yes	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35b	Yes	
	organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	-		
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 90		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	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	0 (2019)
	Page 5			
	990 (2019)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	7 L	Voc	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	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	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country:			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
	not tax deductible?	6b		
	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7.		Na
Ч	Form 8282?	7c		No
е	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?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			

a Is the organist Note. See b Enter the a which the a which the a which the a lift and the organism of the org	parization licensed to issue qualified health plans in more than one state? ee the instructions for additional information the organization must report on S amount of reserves the organization is required to maintain by the states in organization is licensed to issue qualified health plans	throughtule 0	hedule O remuneration or excess	o" resp	onse to	Page (
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b If "Yes," ha Is the organization of the content	page 6 Page 6 Page 6 Page 6 Page 7 Coverning Body and Management number of voting members of the governing body at the end of the tax year re material differences in voting rights among members of the governing obdy delegated broad authority to an executive committee or mmittee, explain in Schedule O. number of voting members included in line 1a, above, who are independent efficier, trustee, or key employee? reganization delegate control over management duties customarily performed by directors or trustees, or key employees to a management company or other reganization make any significant changes to its governing documents since the reganization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization delegate was a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization delegate aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization delegate control over management of a significant diversion of the organization become aware during the year of a significant diversion of the organization delegate control over management organization of the organization become aware during the ye	through the latest through through the latest through through the latest through through the latest through the latest through	remuneration or excess	14b 15 16 F	onse to	No No Page (
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7a Did the org members of b Are any go persons of b Did the org the following a The govern b Each commod for the following a The govern b Section B. F. 10a Did the org b If "Yes," di and branct 11a Has the orgon? . b Describe in	rganization have members of stockholders:		is assets? .	6		No No
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persons of the following a The govern b Each comm 9 Is there are organization Section B. F 10a Did the organization b If "Yes," diand branch 11a Has the orform? . b Describe in	of the governing body?			7a		No
B Did the ord the following The governing Th	overnance decisions of the organization reserved to (or subject to approval by) meml	pers, stockholders, or	7b		No
the following th	ther than the governing body? rganization contemporaneously document the meetings held or written actions					
 b Each comm 9 Is there are organization Section B. F 10a Did the organization b If "Yes," diand branch 11a Has the organization b Describe in 		unuen	aken during the year by			
 9 Is there are organization Section B. F. 10a Did the organization b If "Yes," diand branches 11a Has the organization b Describe in 	rning body?			8a	Yes	
organization Section B. F 10a Did the organization b If "Yes," diand branch 11a Has the organization form? b Describe in	mittee with authority to act on behalf of the governing body?			8b	Yes	
Section B. F 10a Did the ord b If "Yes," di and branch 11a Has the or form? b Describe in	iny officer, director, trustee, or key employee listed in Part VII, Section A, who ion's mailing address? If "Yes," provide the names and addresses in Schedule			9		NI-
10a Did the org b If "Yes," di and branch 11a Has the or form? b Describe in					2)	No
b If "Yes," di and branch11a Has the or form? .b Describe in	Policies (This Section B requests information about policies not requests information about policies not requests.)	ın eu D	у але тистнат кечепи	e Code	Yes	No
b If "Yes," di and branch11a Has the or form? .b Describe in	rganization have local chapters, branches, or affiliates?			10a		No
and branch 11a Has the or form? . b Describe in	did the organization have written policies and procedures governing the activit	es of si	uch chapters, affiliates,			
form? . b Describe in	ches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
b Describe in	rganization provided a complete copy of this Form 990 to all members of its g			11a	Yes	
	in Schedule O the process, if any, used by the organization to review this Forn					
	rganization have a written conflict of interest policy? If "No," go to line 13.			12a	Yes	
b Were office	ters, directors, or trustees, and key employees required to disclose annually in				-	
conflicts?				12b	Yes	
	rganization regularly and consistently monitor and enforce compliance with the O how this was done			12-	Voc	
	O now this was done			12c	Yes Yes	
-	rganization have a written whistleblower policy?			14	Yes	
	rocess for determining compensation of the following persons include a review				163	
	comparability data, and contemporaneous substantiation of the deliberation are					
	nization's CEO, Executive Director, or top management official			15a	Yes	
	cers or key employees of the organization			15b		No
	o line 15a or 15b, describe the process in Schedule O (see instructions).					
	rganization invest in, contribute assets to, or participate in a joint venture or s ntity during the year?			16-		Nic
	nacy during the year:			16a		No
in joint ver	did the organization follow a written policy or presedure requires the	ard the	e organization's exempt			
status with	did the organization follow a written policy or procedure requiring the organiza enture arrangements under applicable federal tax law, and take steps to safeg			16b		
Section C. D	did the organization follow a written policy or procedure requiring the organiza enture arrangements under applicable federal tax law, and take steps to safeg th respect to such arrangements?					
17 List the sta	enture arrangements under applicable federal tax law, and take steps to safeg th respect to such arrangements?					
18 Section 61	enture arrangements under applicable federal tax law, and take steps to safegth respect to such arrangements?		nd 990-T (501(c)(3)s			
only) avail	enture arrangements under applicable federal tax law, and take steps to safegich respect to such arrangements?	990, ar	ly			
	enture arrangements under applicable federal tax law, and take steps to safegth respect to such arrangements?	hat app	•			
19 Describe in policy, and	enture arrangements under applicable federal tax law, and take steps to safegich respect to such arrangements?	hat app chedul	e O)			
20 State the r	enture arrangements under applicable federal tax law, and take steps to safegth respect to such arrangements?	hat app chedul	e O)			

Part VII

Form 990 (2019)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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.

See instructions for the order in which to list the persons above.

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 one on is	e bo botl	ch x, u n an	eck m inless office ustee	er	(D) Reportable compensation from the organization (W-	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-Z/1099- MISC)	organization and related organizations
(1) ALICE YU DIRECTOR	0.50	Х						0	0	0
(2) CARMINE GIBALDI DIRECTOR	0.50	х						0	0	0
(3) CATHY AQUILA	0.50 0.50	Х		Х				0	0	0
SECRETARY (4) CHRISTINE GRYGIEL-WEST	0.50 0.50	.,							•	
VICE CHAIR	0.50	Х		Х				0	0	0
(5) CHRISTOPHER KIPLOK VICE CHAIR	0.50	x		х				0	0	0
(6) CRAIG DELAURIER DIRECTOR	0.50	Х						0	0	0
(7) DARREN BLOCH EXEC. DIR./CEO (FROM 1/2/20)	0.50	Х		х				0	0	0
(8) DIANE C KOEPPEL	0.50	х						0	0	0
DIRECTOR (9) EDWARD AK ADLER	0.50 0.50	Х						0	0	0
DIRECTOR (10) ELISABETH HESLOP	0.50 0.50	^						0		
DIRECTOR (OUTGOING)	0.50	Х						0	0	0
(11) ELISSA KRAMER	0.50	Х						0	0	0
(12) HENRY PINNELL DIRECTOR	0.50	х						0	0	0
(13) JAN-WILLEM VAN DEN DORPEL CHAIR	0.50	Х		х				0	0	0
(14) JOAN RAPPOPORT ROSENFELD DIRECTOR	0.50	х						0	0	0
(15) LAURA VALEROSO DIRECTOR	0.50 0.50	х						0	0	0
(16) MARK S RUDD DIRECTOR	0.50	х						0	0	0
(17) MARY ANN EDDY DIRECTOR	0.50	х						0	0	0

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et V/II	Section A	Officers	Directors	Tructooc	Vov Employees	and Highart Compa	speated Er	nnlovooc (continued)	

Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, ar	nd Hig	jhes	st Compensated	Employees (con	tinued)	
(A) Name and title	(B) Average hours per week (list any hours	than d	one b	ox, ι n of	t ch unle fice	eck mess pers r and a tee)	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Estim amount of comper from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-Z/1099- MISC)	organizal relai organiz	:ed
(18) MYRNA CHAO	0.50					<u>.</u>					
DIRECTOR	0.50	×						0	0		0
(19) ROY L LEAVITT	30.00	x		Х				221,936	0		35,378
EXEC. DIR./CEO (OUTGOING) (20) SAMIR H HUSSEIN	5.00 0.50										
TREASURER	0.50	x		Х				0	0		0
(21) TAMARA ALEXANDER LYNCH	0.50										
DIRECTOR	0.50							0	0		0
(22) JANET ROSS				х				144,393	0		19,922
CFO (23) ABHA GUPTA	5.00										
MEDICAL DIRECTOR	35.00					Х		113,400	0		0
(24) ANDREA NEWMAN	35.00					х		138,222	0		18,221
ASSISTANT EXECUTIVE DIRECT						^		138,222	0		10,221
(25) GAIL REID	35.00					х		130,926	0		36,611
(26) HANI MEMBERS	25.00										
PHYSICIAN ASSISTANT	35.00					Х		105,995	0		4,466
(27) SARA TAKI	35.00					Х		183,738	0		51,084
MEDICAL DIRECTOR		••••						,			
1b Sub-Total	/II, Section A				1	<u>, , , , , , , , , , , , , , , , , , , </u>		1,038,610	0		165,682
Total number of individuals (including but of reportable compensation from the orga-		those li	sted a	abov	re) v	who re	ceive	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former office	er, director or t	rustee,	key e	empl	loye	e, or h	ighe	est compensated en	nployee on		
line 1a? If "Yes," complete Schedule J for			•	٠	٠		•		3		No
For any individual listed on line 1a, is the organization and related organizations gr individual									he 4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> '									dual for	132	No
Section B. Independent Contractors	3									Į.	
Complete this table for your five highest from the organization. Report compensation.	ion for the caler								tax year.	nsation	
Name and b	(A) pusiness address							Descrip	(B) tion of services	Comper	
2 Total number of independent contractors (in compensation from the organization ▶ 0	ncluding but not	: limited	l to ti	nose	list	ed abo	ove)	who received more	e than \$100,000 of	Form 99	0 (2019)
			_								
			Pag	je 9	_						
Form 990 (2019) Part VIII Statement of Revenue											Page 9

Check if Schedule O contains a response or note to any line in this Part VIII .

(B) Related or

(D) Revenue

					exempt function revenue	business revenue	excluded from tax under sections 512 - 514
erated campaigns		1a			revenue		312 - 314
nbership dues .		1b					
nbership dues . draising events . ated organizations ernment grants (cont		1c					
ated organizations		1d					
ernment grants (cont	ribution	ns) 1e					
ther contributions, gi	ifts ora	nte					
and similar amounts not above	include	1f					
1,297,114							
Noncash contributions inc lines 1a - 1f:\$	cluded i	n 1g					
35,436							
Fotal. Add lines 1a-1f	f.,		5,946,683				
- COCIAL CERVICES A	ND CLT	INT FFFC	Business Code	5,069,032	5,069,032		
2a SOCIAL SERVICES AI	ND CLIE	ENT FEES	621400				
PROGRAM TUITION A	AND FEE	ES	611600	2,494,247	2,494,247		
·							
f All other program	convic	o rovonuo					
9 Total. Add lines 2			7,563,279				
3 Investment income	(inclu	ding dividends, int		193,726			193,726
similar amounts) . 4 Income from invest			d proceeds	133,720			155,720
5 Royalties			1				
	I,	(i) Real	(ii) Personal				
6a Gross rents	6a	857,690					
b Less: rental expenses	6b	0					
c Rental income or (loss)	6c	857,690					
d Net rental income	e or (lo	· ·		857,690			857,690
- 6	$\lfloor - \rfloor$	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other	7a	26,684					
than inventory							
b Less: cost or other basis and sales expenses	7b	26,458					
c Gain or (loss)	7c	226					
d Net gain or (loss)				226			226
Gross income from fu (not including \$		of					
(not including \$ contributions reporte See Part IV, line 18 b Less: direct expen c Net income or (los							
b Less: direct expen	ises .	<u> </u>					
c Net income or (los	ss) fro	m fundraising ever	nts >				
Gross income from	gamin	g activities.					
See Part IV, line 19		30					
b Less: direct expen c Net income or (los		L	s				
10aGross sales of income	onton:	less	-				
10aGross sales of inver returns and allowa	ences	10a	63,340				
b Less: cost of good			48,064				
C Net income or (los Miscellane			Business Code	15,276		15,276	
11a _{MANAGEMENT} FE		. criuc	561000	499,901	499,901		

b INSURANCE REIMBURSEMENT	900099	43,687	43,687		
c OTHER	900099	2,140	2,140		
d All other revenue	-				
e Total. Add lines 11a-11d	>	545,728			
12 Total revenue. See instructions		0.07.20			
12 local revenue. See instructions	•	15,122,608	8,109,007	15,276	1,051,642

12 Total revenue. See instructions	15,122,608	8,109,007	15,276	1,051,64 Form 990 (2019
	– Page 10 ––––			
rm 990 (2019)				Page 1
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must or	omplete all columns	All other organization	ns must complete sel	lumn (A)
Check if Schedule O contains a response or note to an	•	-	ns must complete co	
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3	. , ,
2 Grants and other assistance to domestic individuals. See Part IV, line 22	89,697	89,697		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	432,021		432,021	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,307,938	5,920,243	1,071,217	316,47
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,177	137,848	24,533	5,79
9 Other employee benefits	1,315,204	1,110,698	157,804	46,70
0 Payroll taxes	657,847	539,211	95,964	22,67
1 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17			-	
f Investment management fees	204 540	707.040	205 207	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	994,540	707,018	285,207	2,31
2 Advertising and promotion	20,200	18,136	2,064	
3 Office expenses	71,094	43,941	17,184	9,96
4 Information technology	355,013	284,524	44,658	25,83
5 Royalties				
6 Occupancy	1,981,864	1,810,977	146,408	24,47
7 Travel	48,415	48,140	262	1
Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	25,693	10,564	14,706	42
0 Interest	22,269	7,851	14,159	25
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	226,911	69,741	157,170	
3 Insurance	208,671	173,259	32,921	2,49
expenses on Schedule O.) a PROGRAM SUPPLIES	698,561	681,225	16,694	64:
b BAD DEBT	229,325	223,231	6,094	
c OTHER	221,957	78,253	141,128	2,57
d REPAIRS AND MAINTENANCE	206,790	161,771	44,724	29
e All other expenses	154,825	108,507	35,078	11,24
Total functional expenses. Add lines 1 through 24e	15,437,012	12,224,835	2,739,996	472,18
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).				

Page **11**

Part X **Balance Sheet**

		Check if Schedule O contains a response or not	e to any	line in this Part IX			🗆
			,		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,043,407	1	1,452,670
	2	Savings and temporary cash investments .			366,750	2	370,836
	3	Pledges and grants receivable, net			547,020	3	503,756
	4	Accounts receivable, net		–	2,157,870	4	3,719,915
	5	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor, or	35% controlled entity		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$				6	
60	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
SS	9	Prepaid expenses and deferred charges			94,081	9	62,354
1	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7,888,794			
	b	Less: accumulated depreciation	10b	5,496,573	2,514,678	10c	2,392,221
	11	Investments—publicly traded securities .			2,474,543	11	2,481,487
	12	Investments—other securities. See Part IV, line	11 .			12	
	13	Investments—program-related. See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		–	549,145	15	566,740
	16	Total assets. Add lines 1 through 15 (must eq	ual line :	33)	9,747,494	16	11,549,979
	17	Accounts payable and accrued expenses			1,139,042	17	1,240,734
	18	Grants payable				18	
	19	Deferred revenue			215,800	19	245,463
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	art IV of	Schedule D		21	
iabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons	butor, or	35% controlled entity		22	
-13	23	Secured mortgages and notes payable to unrela	ted third	narties	752.695	23	750.050
	24	Unsecured notes and loans payable to unrelated				24	2,189,317
	25	Other liabilities (including federal income tax, p. and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables			25	
	26	Total liabilities. Add lines 17 through 25 .			2,107,537	26	4,425,564
Balances	27	Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33. Net assets without donor restrictions	neck he	re 🕨 🔽 and	4,448,079	27	3,542,528
Sali	27						
d E	28	Net assets with donor restrictions			3,191,878	28	3,581,887
or Fund	29	Organizations that do not follow FASB ASC complete lines 29 through 33. Capital stock or trust principal, or current funds	•	neck here ▶ □ and		29	
	30	Paid-in or capital surplus, or land, building or ed		fund		30	
Assets	31	Retained earnings, endowment, accumulated in				31	
	32	Total net assets or fund balances			7,639,957	32	7,124,415
Net	33	Total liabilities and net assets/fund balances .			9,747,494	33	11,549,979
-		Total national and net assets/runa balances	• •		5,77,404	-	Form 990 (2019)

- Page 12 -

Form	990 (2019)		Page 12
Pa	rt XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,122,608
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,437,012
3	Revenue less expenses. Subtract line 2 from line 1	3	-314,404
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,639,957
5	Net unrealized gains (losses) on investments	5	-202,340
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule 0)	9	1,202
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,124,415

Check if Schedule O contains a response or note to any line in this Part XII		✓
	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ✓ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		No
If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	Yes	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
☐ Separate basis		
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	Yes	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a		No
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b 		
F	orm 99 0	0 (2019
Form 990 (2019)		
Additional Data Return	to Fo	rm
Software ID:		
Software Version:		
Form 990, Special Condition Description:		
Special Condition Description		

efile Public Visual Render ObjectId: 202141379349300249 - Submission: 2021-05-17

TIN: 13-5562204 OMB No. 1545-0047

2019

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

		he organization HOUSE INC							Emplo	yer identific	ation number
GILL	LIVWICII								13-55		
	art I organiz	Reason for Public C ration is not a private found							See inst	tructions.	
1	O. 9a	A church, convention of c		•)(A)(i).		
2		A school described in sec	tion 170(b)(1)(A)(ii)	. (Attach Sch	nedule E (F	orm 99	0 or 990-EZ).)		
3		A hospital or a cooperativ	e hospital sen	ice orga	nization desc	ribed in se	ction 1	70(b)(1)(A)	(iii).		
4		A medical research organ name, city, and state:	ization operate	ed in con	junction with	a hospital	describ	ed in section	170(b)	(1)(A)(iii). E	nter the hospital's
5		An organization operated 170(b)(1)(A)(iv). (Com	nplete Part II.)		_	•		, -		tal unit descril	bed in section
6		A federal, state, or local of									
7		An organization that norm section 170(b)(1)(A)(v			itial part of it	s support 1	rom a g	jovernmentai	unit or fr	om the genera	al public described in
8		A community trust descri	bed in sectior	170(b)	(1)(A)(vi).	(Complete	Part II.)			
9		An agricultural research of non-land grant college of									ege or university or a
10	~	An organization that norn from activities related to investment income and u 30, 1975. See section 50	nally receives: its exempt fun nrelated busin	(1) more ctions—s ess taxal	e than 33 _{1/3} % ubject to cer ole income (le	of its sup	port fro	m contribution nd (2) no mor	ns, meml e than 33	bership fees, a	pport from gross
11		An organization organized	d and operated	l exclusiv	ely to test fo	r public sat	ety. Se	e section 50 9	9(a)(4).		
12		An organization organized more publicly supported on lines 12a through 12d	organizations o	described	in section 5	09(a)(1)	or sect	ion 509(a)(2	2). Śee s	ection 509(a	
а		Type I. A supporting orgonization(s) the power complete Part IV, Section 1997.	r to regularly a	appoint or							
b		Type II. A supporting or management of the support must complete Part IV	ganization sup orting organiza	ervised o							
С		Type III functionally in	n tegrated. A s	supportin						ionally integra	ted with, its
d		supported organization(s) Type III non-functiona		-		-	-			nnorted organ	nization(s) that is not
		functionally integrated. The instructions of the contract of t	he organizatio	n general	ly must satis	fy a distrib	ution re				
e f	☐ Enter	Check this box if the orga integrated, or Type III no r the number of supported	nization receivn-functionally	ved a writ integrate	ten determir d supporting	nation from organizati	the IRS	S that it is a T	ype I, Ty	pe II, Type III	functionally
g		Provide the following info	rmation about	the supp	orted organiz	zation(s).				·	
	1 (i)	Name of supported organization	(ii) EIN	orga (describ	Type of inization bed on lines above (see			nization listed ig document?	mone	Amount of tary support instructions)	(vi) Amount of other support (see instructions)
				instr	uctions))	Yes		No	-		
_											
Tot											
		work Reduction Act Notic or 990-EZ.	ce, see the Ir	nstructio	ns for	Cat. No.	11285F	:	Schedu	le A (Form 9	90 or 990-EZ) 201
					Pa	ige 2 —					
Sch	edule A	(Form 990 or 990-EZ) 201	9								Page 2
P	art II	Support Schedule (Complete only if you If the organization for	u checked th	ne box o	n line 5, 7,	or 8 of Pa	art I or	if the organ	ization	failed to qua	
	ectior lendar	A. Public Support									
(01	fiscal	year beginning in) 🕨	(a) 201	5	(b) 2016	(c)	2017	(d) 201	.8	(e) 2019	(f) Total
1	membe	rants, contributions, and ership fees received. (Do no	ot								
2	Tax rev	any "unusual grant.") renues levied for the									
	to or e	ration's benefit and either particular parti									
3	furnish	lue of services or facilities ed by a governmental unit	to								
4		anization without charge Add lines 1 through 3									
	The po	rtion of total contributions lerson (other than a	by								
	govern suppor line 1 t	mental unit or publicly ted organization) included (hat exceeds 2% of the amo									
6		on line 11, column (f) support. Subtract line 5 fi	rom								

Cale (or	ndar year fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4 Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, e	`	,			12	
	First five years. If the Form 990 is for check this box and stop here						
	ction C. Computation of Public						
• •	Public support percentage for 2019 (lin		•			14	
	Public support percentage for 2018 Sch 33 1/3% support test—2019. If the o					15 more check this h	nox
	and stop here. The organization qualif						
b	33 1/3% support test—2018. If the	organization did	not check a box o	n line 13 or 16a, a	nd line 15 is 33 1/3	3% or more, check	k this
i	box and stop here. The organization 10%-facts-and-circumstances test s 10% or more, and if the organization n Part VI how the organization meets to the organization or the organization meets to the organization meets the organization meets to the organization meets the organization	-2019. If the ord meets the "facts	ganization did not -and-circumstance	check a box on lires" test, check this	ie 13, 16a, or 16b, s box and stop he	and line 14 re. Explain	
	organization	t—2018. If the or ation meets the "i	rganization did not acts-and-circumst	check a box on li ances" test, check	ne 13, 16a, 16b, o this box and sto	or 17a, and line here.	▶□
	Explain in Part VI how the organization supported organization			_	•		▶ 🗆
•	Private foundation. If the organization	on did not check a	box on line 13, 1	5a, 16b, 17a, or 1	7b, check this box	and see	
į	nstructions		<u> </u>	<u></u>		e A (Form 990 o	
					Schedu	C A (1 01 III 330 0	. 330 LL, 2013
			Page 3				
	dule A (Form 990 or 990-EZ) 2019						Page 3
	art III Support Schedule fo					d to qualify unde	er Part II. If
P	Support Schedule for (Complete only if you the organization fails to	checked the bo	x on line 10 of F	art I or if the or	ganization faile		er Part II. If
Se	Support Schedule for (Complete only if you the organization fails to ction A. Public Support	checked the bo to qualify under	x on line 10 of F the tests listed	art I or if the or below, please c	ganization faile omplete Part II.) ,	
Se Cale	Support Schedule for (Complete only if you the organization fails to tection A. Public Support sindar year fiscal year beginning in)	checked the bo	x on line 10 of F	art I or if the or	ganization faile		er Part II. If (f) Total
Se Cale (or 1	Support Schedule for (Complete only if you the organization fails to total A. Public Support ondar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	checked the bo to qualify under	x on line 10 of F the tests listed (b) 2016	art I or if the or below, please c	ganization failer omplete Part II.) ,	
Se Cale (or 1	Support Schedule for (Complete only if you the organization fails to ction A. Public Support (Complete only if you the organization fails to ction A. Public Support (Complete only if scal year beginning in) fiscal year beginning in) fiscal year beginning in) fiscal year beginning in) for Gross receipts from admissions, merchandise sold or services	checked the bo to qualify under (a) 2015	x on line 10 of F the tests listed (b) 2016	art I or if the or below, please c	ganization failer omplete Part II.	(e) 2019	(f) Total
Se Cale (or t	Support Schedule for (Complete only if you the organization fails to the organization of the org	checked the bo to qualify under (a) 2015	x on line 10 of F the tests listed (b) 2016	art I or if the or below, please c	ganization failer omplete Part II.	(e) 2019	(f) Total
Se Cale (or 1 1	Support Schedule for (Complete only if you the organization fails to totion A. Public Support (Complete only if you the organization fails to totion A. Public Support (Complete only in the support (Complete only in the support of the support (Complete only in the support of t	checked the bo co qualify under (a) 2015 5,500,929	x on line 10 of F the tests listed (b) 2016 5,362,795	art I or if the oi below, please c (c) 2017 5,824,788	ganization failer omplete Part II. (d) 2018	(e) 2019 5,946,683	(f) Total 28,710,466
Se Cale (or t	Support Schedule for (Complete only if you the organization fails to totion A. Public Support (Complete only if you the organization fails to totion A. Public Support (Complete only if you the organization and membership fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or	checked the bo co qualify under (a) 2015 5,500,929	x on line 10 of F the tests listed (b) 2016 5,362,795	art I or if the oi below, please c (c) 2017 5,824,788	ganization failer omplete Part II. (d) 2018	(e) 2019 5,946,683	(f) Total 28,710,466
Se Cale (or 1 1	Support Schedule for (Complete only if you the organization fails to the organization organization for facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that	checked the bo co qualify under (a) 2015 5,500,929	x on line 10 of F the tests listed (b) 2016 5,362,795	art I or if the oi below, please c (c) 2017 5,824,788	ganization failer omplete Part II. (d) 2018	(e) 2019 5,946,683	(f) Total 28,710,466
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3	Total support. (Add lines 9, 10c, 13,616,573 14,554,102 14,524,297 15,687,475 15,123,73	14	73,506,17
	11, and 12.). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)		
	check this box and stop here	-	
9	ction C. Computation of Public Support Percentage		
	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))		87.140 %
	Public support percentage from 2018 Schedule A, Part III, line 15		85.580 %
•	Cition D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))		6.530 %
	Investment income percentage from 2018 Schedule A, Part III, line 17		5.980 %
	331/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line	ne 17 is	
	nore than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	/3% an	d line 18 is
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		
	Schedule A (Form 990		
	Page 4 ———————————————————————————————————		
	ule A (Form 990 or 990-EZ) 2019		Page 4
-	(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 Sections A and D, and complete Part V.)		
	ction A. All Supporting Organizations		1
			Yes No
	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the designation. If historic and continuing relationship, explain.	1	
	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	,	2	
	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	2-	
	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied	3a	
	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
		3b	
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	
	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you	30	
	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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
	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 Part VI 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	
	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 Part VI , 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		
	amendment to the organizing document).	5a	
	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Eh	
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c	
	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	J.	
	organization's supported organizations? If "Yes," provide detail in Part VI .	6	
	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).		
	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"	7	
	complete Part I of Schedule L (Form 990 or 990-EZ).	8	
	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 Part VI.	05	
	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 Part VI .	9a 9b	
	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 Part VI.	9c	
	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,"	90	
	answer line 10b below.	10a	
	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).	46:	
	-	10b	

Par	Supporting Organizations (continued)					
- 011	(continued)				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons	?				
a	A person who directly or indirectly controls, either alone or together with persons described to the following persons de		in (h) and (c) helow the			
	governing body of a supported organization?		(b) and (c) belon, the	11a		
b	A family member of a person described in (a) above?			11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or a	c. prov	ide detail in Part VI	11c		
	ction B. Type I Supporting Organizations	-, p			<u> </u>	
	ection by Type 1 supporting organizations				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations ha					
	elect at least a majority of the organization's directors or trustees at all times during t VI how the supported organization(s) effectively operated, supervised, or controlled t	he tax	year? If "No," describe in Part			
	organization had more than one supported organization, describe how the powers to a	appoint	and/or remove directors or			
	trustees were allocated among the supported organizations and what conditions or responses during the tax year.	strictio	ns, if any, applied to such			
	,			1		
2	Did the organization operate for the benefit of any supported organization other than operated, supervised, or controlled the supporting organization? If "Yes," explain in Po					
	carried out the purposes of the supported organization(s) that operated, supervised or			2		
	organization.					
Se	ction C. Type II Supporting Organizations					
					Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a neach of the organization's supported organization(s)? If "No," describe in Part VI how	najorit	y of the directors or trustees of			
	supporting organization was vested in the same persons that controlled or managed to			1		
Se	ction D. All Type III Supporting Organizations			L	L	1
					Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of					
	tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of					
	documents in effect on the date of notification, to the extent not previously provided?		3	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported					
		_		2		
3	By reason of the relationship described in (2), did the organization's supported organicorganization's investment policies and in directing the use of the organization's income					
	year? If "Yes," describe in Part VI the role the organization's supported organizations			3		
Se	ction E. Type III Functionally-Integrated Supporting Organizations					•
1	Check the box next to the method that the organization used to satisfy the Integral Part	art Test	during the year (see instruct	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	line 3	B below.			
b	The organization is the parent of each of its supported organizations. Complete The organization supported a governmental entity. Describe in Part VI how yo			instru	ctions)	
с	The organization supported a governmental entity. Describe in Part VI how yo			instru	ctions)	
				instru	ctions)	No
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	A				
1	Aggregate fair market value of all non-exempt-use ass tax year or assets held for part of year):	sets (see instructions for short	1		
a	Average monthly value of securities		1a		
	Average monthly cash balances		1b		
•	Fair market value of other non-exempt-use assets		1c		
d	Total (add lines 1a, 1b, and 1c)		1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use	e assets	2		
3	Subtract line 2 from line 1d		3		
4	Cash deemed held for exempt use. Enter 1-1/2% of lininstructions).	ne 3 (for greater amount, see	4		
5	Net value of non-exempt-use assets (subtract line 4 fr	rom line 3)	5		
6	Multiply line 5 by .035	<u> </u>	6		
7	Recoveries of prior-year distributions		7		
	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, lir	ne 8, Column A)	1		
	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, u	nless subject to emergency	6		
	temporary reduction (see instructions)				
che	dule A (Form 990 or 990-EZ) 2019	——— Page 7 ————			Page
Pa	t V Type III Non-Functionally Integrated	l 509(a)(3) Supporting	Organi	zations (continued	d)
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes			
2	Amounts paid to perform activity that directly furthers ϵ	exempt nurnoses of supported	organiz	ations in	
-	amounts paid to perform detivity that directly farthers t	exempt purposes or supported	organiz	20013, 111	
	excess of income from activity				
	excess of income from activity Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons		
3	excess of income from activity Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons		
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3j and 4c.	to 2020. Add lines				1	
8 Breakdown of line 7:						
a Excess from 2015						
b Excess from 2016						
c Excess from 2017						
d Excess from 2018						
e Excess from 2019						
				Schedul	le A (Forn	n 990 or 990-EZ) (2019)
		Page 8				
Schedule A (Form 990 or 990-EZ) 201	.9					Page 8
Part IV, Section D, lines Section D, lines 5, 6, and instructions).	d 8; and Part V, Sectio		. Also complete th			
Return Reference	Т		Explanati	on		
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	AMOUNT: \$ 11,188. AMOUNT: \$ 134,653 AMOUNT: \$ 504,990	. 2019 AMOUNT: \$ 2, 3. 2017 AMOUNT: \$ 3	140. FUNDRAISIN 38,805. 2018 AMO 199,901. INSUREN	G INCOMÉ - 20 UNT: \$ 42,100. CE REIMBURSE	15 AMOUN MANAGEN	
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efile Public Visual Render

ObjectId: 202141379349300249 - Submission: 2021-05-17

TIN: 13-5562204

Person

Schedule B

Schedule of Contributors

OMB No. 1545-0047 (Form 990, 990-EZ, or 990-PF) ► Attach to Form 990, 990-EZ, or 990-PF. 2019 Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization GREENWICH HOUSE INC Employer identification number 13-5562204 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:**Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively **Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Cat No. 30613X for Form 990, 990-EZ, or 990-PF. Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization GREENWICH HOUSE INC Employer identification number Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (b) (c) Total contributions (d) Νό. Name, address, and ZIP + 4 Type of contribution Person RESTRICTED Payroll \$ RESTRICTED Noncash (Complete Part II for noncash (b) (d) Νo Name, address, and ZIP + 4 **Total contributions** Type of contribution

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		\$_	☐ Payroll☐ Noncash
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			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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=		Φ.	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
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		\$	Noncash
			(Complete Part II for noncash contributions.)
			·
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	Dage 2	Schedule B (F	orm 990, 990-EZ, or 990-PF) (2019)
	Page 3 ———	Schedule B (F	orm 990, 990-EZ, or 990-PF) (2019)
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No. from Part I	ransferee's name, address, and ZIP 4		er of gift	
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	ransferee's name, address, and ZIP 4		Relations	ship of transferor to transferee
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			Sche	dule B (Form 990, 990-EZ, or 990-PF) (2

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TIN: 13-5562204 OMB No. 1545-0047

SCHEDULE D

(Form 990)

Supplemental Financial Statements

2019

-tt -f th - T	Part IV, line 6, 7, 8, 9, 1			or 12b.	Open to Public
rtment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form</u>	Attach to Form 9 990 for instruction		ormation.	Inspection
ne of the organ	ization			Employer ider	tification number
WICH HOUSE INC				13-5562204	
	zations Maintaining Donor Advis			or Accounts.	
Complet	te if the organization answered "Ye		Part IV, line 6. r advised funds	(b) Funds	and other accounts
Total number at	end of year	(0, 20		(2,7 2	
Aggregate value	of contributions to (during year)				
Aggregate value	of grants from (during year)				
Aggregate value	at end of year				
organization's pr	ation inform all donors and donor adviso roperty, subject to the organization's ex	clusive legal control	?		e Yes No
charitable purpo	ition inform all grantees, donors, and do uses and not for the benefit of the donor	or donor advisor, o	r for any other purpose		issible
	vation Easements.	s" on Form 000 I	Part IV line 7		
	te if the organization answered "Ye enservation easements held by the organ				
	on of land for public use (e.g., recreation	•		an historically impor	tant land area
	of natural habitat			certified historic st	
	on of open space		- Treservation of	. cerameu matoric si	acture
	on or open space 2a through 2d if the organization held a	qualified conservati	on contribution in the	orm of a conservati	on
	e last day of the tax year.	,			the End of the Year
Total number of	conservation easements			2a	
Total acreage res	stricted by conservation easements			2b	
	ervation easements on a certified historic			2c	
	ervation easements included in (c) acquing the National Register	red after 7/25/06, a	and not on a historic	2d	
	ervation easements modified, transferre	d, released, extingu	uished, or terminated b	y the organization (during the
Number of state	s where property subject to conservatio	n easement is locat	ed ▶		
Does the organizand enforcemen	zation have a written policy regarding the tof the conservation easements it holds	e periodic monitorii	ng, inspection, handlin		☐ Yes ☐ No
Staff and volunt	eer hours devoted to monitoring, inspec	ting, handling of vio	plations, and enforcing		
	nses incurred in monitoring, inspecting,	handling of violatio	ns, and enforcing cons	ervation easements	during the year
Does each conse	ervation easement reported on line 2(d) (h)(4)(B)(ii)?	above satisfy the re	equirements of section		
	cribe how the organization reports cons				☐ Yes ☐ No d
the organization	and include, if applicable, the text of the 's accounting for conservation easement zations Maintaining Collections	is.			
Complet	te if the organization answered "Ye on elected, as permitted under FASB AS	s" on Form 990, I	Part IV, line 8.		
historical treasu Part XIII, the tex If the organizati	on elected, as perinited under 135 AS res, or other similar assets held for publ xt of the footnote to its financial statem on elected, as permitted under FASB AS res, or other similar assets held for publ	ic exhibition, educa ents that describes C 958, to report in	tion, or research in fur these items. its revenue statement	therance of public s and balance sheet v	ervice, provide, in vorks of art,
following amoun	ed on Form 990, Part VIII, line 1			·	
-	, , , , , , , , , , , , , , , , , , , ,			· 	
)Assets included	in Form 990, Part X			• •	
If the organizati	in Form 990, Part X	cal treasures, or oth	ner similar assets for fi	· · · · · · · · · · · · · · · · · · ·	e the
If the organizati	on received or held works of art, historic	cal treasures, or oth ASC 958 relating to	ner similar assets for fir these items:	nancial gain, provide	
If the organizati following amoun Revenue include	on received or held works of art, historicals required to be reported under FASB A	cal treasures, or oth ASC 958 relating to	ner similar assets for fir these items:	nancial gain, provide	
If the organizati following amoun Revenue include Assets included	on received or held works of art, historic ats required to be reported under FASB A and on Form 990, Part VIII, line 1	cal treasures, or oth ASC 958 relating to	ner similar assets for fil these items:	nancial gain, provide	
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If the organizati following amoun Revenue include Assets included Paperwork Redudule D (Form 990	on received or held works of art, historic tts required to be reported under FASB A ed on Form 990, Part VIII, line 1 in Form 990, Part X inction Act Notice, see the Instruction	cal treasures, or oth ASC 958 relating to	ner similar assets for fii these items: 	nancial gain, provide ▶ \$ ▶ \$ ▶ \$ o. 52283D Schee	dule D (Form 990) 2019
If the organizati following amoun Revenue included Assets included Paperwork Redudule D (Form 990	on received or held works of art, historic tts required to be reported under FASB A td on Form 990, Part VIII, line 1 in Form 990, Part X inction Act Notice, see the Instruction) 2019 zations Maintaining Collections	al treasures, or oth ASC 958 relating to	ner similar assets for fil these items: 	nancial gain, provide \bigs \$ \bigs \$ \bigs \$ \square \$	dule D (Form 990) 2019 Page 2
If the organizati following amoun Revenue included Assets included Paperwork Reduction Department of the Department of t	on received or held works of art, historic its required to be reported under FASB And on Form 990, Part VIII, line 1	al treasures, or oth ASC 958 relating to	ner similar assets for fil these items: 	nancial gain, provide \bigs \$ \bigs \$ \bigs \$ \square \$	dule D (Form 990) 2019 Page 2
If the organizati following amoun Revenue include Assets included aperwork Redulule D (Form 990 III Organi: Using the organi items (check all	on received or held works of art, historic its required to be reported under FASB And on Form 990, Part VIII, line 1	al treasures, or oth ASC 958 relating to	ner similar assets for fil these items: 	sher Similar Ass	dule D (Form 990) 2019 Page 2
If the organizati following amoun Revenue included Assets included aperwork Redule D (Form 990 III Organiitems (check all	on received or held works of art, historicits required to be reported under FASB And on Form 990, Part VIII, line 1	cal treasures, or oth ASC 958 relating to	ner similar assets for filthese items: Cat. N al Treasures, or Or y of the following that Loan or exchange	sher Similar Ass	Page 2 ets (continued) e of its collection
If the organizati following amoun Revenue included Assets included Apperwork Reduction Department of the Department of t	on received or held works of art, historicits required to be reported under FASB And on Form 990, Part VIII, line 1	al treasures, or oth ASC 958 relating to	ner similar assets for filthese items: Cat. N al Treasures, or Or y of the following that Loan or exchange	sher Similar Ass	Page 2 ets (continued) e of its collection
If the organizati following amoun Revenue included Assets included perwork Reduction	on received or held works of art, historicits required to be reported under FASB And on Form 990, Part VIII, line 1	cal treasures, or oth ASC 958 relating to	ner similar assets for filthese items: Cat. N al Treasures, or Or y of the following that Loan or exchange	sher Similar Ass	Page 2 ets (continued) e of its collection
If the organizati following amoun Revenue included Assets included Asperwork Reduction Preservation Public exhibits and the organization of the or	on received or held works of art, historicits required to be reported under FASB And on Form 990, Part VIII, line 1	of Art, Historica er records, check an d e	ner similar assets for filthese items: Cat. N al Treasures, or Or y of the following that Loan or exchange Other	sare a significant use	Page 2 ets (continued) e of its collection

Complete if the orgine 21.	ganization answered "Yes	" on Form 990, F	Part IV, lin	ne 9, or repo	orted an am	ount on For	rm 990, Part X,
1a Is the organization an agent included on Form 990, Part 2						· 🗆 Yes	□ No
b If "Yes," explain the arrange	ement in Part XIII and comple	ete the following to	ıble:			Amount	
c Beginning balance				1c			
d Additions during the year .				1d			
e Distributions during the year	r			. 1e			
f Ending balance				1f			
2a Did the organization include							□ No
b If "Yes," explain the arrange		e if the explanation	has been	provided in P	art XIII	🗆	
Part V Endowment Fund	ds. ganization answered "Yes	" on Form 990 I	Part IV lin	ne 10			
Complete if the ory	(a) Curre			(c) Two years b	ack (d) Three	years back (e	e) Four years back
1a Beginning of year balance .		2,394,944	2,309,634	2,203	,592	1,801,345	1,958,315
b Contributions		-3,832	85,310	106	,042	200,000 251,218	-23,542
c Net investment earnings, gaird Grants or scholarships		3,032	03,310		,042	231,210	23,342
Other expenditures for facilities and programs						48,971	133,428
f Administrative expenses . g End of year balance		2,391,112	2,394,944	2,309	,634	2,203,592	1,801,345
 Provide the estimated perce 				-		, ,	<u> </u>
b If "Yes" on 3a(ii), are the rel	not in the possession of the	organization that a	 ule R? .		d for the	3a(3a(i	ii) No
4 Describe in Part XIII the inte		n's endowment fur	nds.				
Part VI Land, Buildings, Complete if the or	and Equipment. ganization answered "Yes	" on Form 990. I	Part IV. lin	ne 11a. See	Form 990. F	Part X. line	10.
Description of property	(a) Cost or other basis (investment)	(b) Cost or other ba			ted depreciation) Book value
	(investment)						
1a Land							
b Buildings			450,605 2,223,433		1,473,10		750,332
c Leasehold improvements d Equipment			926,067		898,30		27,767
e Other			4,288,689		2,674,56		1,614,122
Fotal. Add lines 1a through 1e. (C	Column (d) must equal Form	990, Part X, colum	n (B), line	10(c).)	•		2,392,221
schedule D (Form 990) 2019		Page 3			S	Schedule D ((Form 990) 2019
Part VII Investments Ot	ther Securities.						Page 3
Complete if the or	ganization answered "Yes	" on Form 990, F		ne 11b.See			
	ion of security or category ing name of security)		(b) Book value	,	(c) Metho	od of valuatio f-year marke	
(1) Financial derivatives(2) Closely-held equity interests(3)Other							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(I)							
Total. (Column (b) must equal Form 99	0, Part X, col. (B) line 12.)		•				
Part VIII Investments□P	rogram Related.	d on Farma 000 5	Dort IV	no 11 o C-	Form 000 5	Dowt V III	12
Complete if the or	rganization answered 'Yes (a) Description of investme		rart IV, lin		Form 990, F Book value	(c) Meth	13. nod of valuation: nd-of-year market
(2)							value
(2)							
(3)							

		<u>.</u>		
4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		•		
Complete if the organization answered 'Yes' on Form 990, Part	IV, lin	e 11d. See Form 990, Pa	art X, lir	
(a) Description				(b) Book value
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
			. •	
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part	IV, lin	e 11e or 11f.See Form	990,	Part X, line 25.
1. (a) Description of liability				(b) Book value
(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.)			F	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to		-		
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here	e ir the	lext of the roothote has l		ovided in Part XIII ule D (Form 990) 2019
Page 4				
Schedule D (Form 990) 2019				Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			eturn.	
Total revenue, gains, and other support per audited financial statements			1	18,379,678
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-202,340	_	
b Donated services and use of facilities	2b 2c	1,150	0	
c Recoveries of prior year grants	2c 2d	3,410,196	5	
e Add lines 2a through 2d			2e	3,209,006
3 Subtract line 2e from line 1			3	15,170,672
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 -	1		
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	4a 4b	-48,064	-	
c Add lines 4a and 4b		-48,004	4c	-48,064
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,122,608
Part XII Reconciliation of Expenses per Audited Financial Staten			Returi	1.
Complete if the organization answered 'Yes' on Form 990, Part Total expenses and losses per audited financial statements			1	18,777,532
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
Donated services and use of facilities	2a 2h	1,150		
D FOOT YEAR ADDISTRIEDS	2 P		- 1	

С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d		3,291,306		
е	Add lines 2a through 2d				2e	3,292,456
3	Subtract line 2e from line 1				3	15,485,076
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b		-48,064		
С	Add lines 4a and 4b				4c	-48,064
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)) .	 		5	15,437,012
Dav	t VIII Complemental Information					

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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 POSITIONS AS OF JUNE 30, 2020 IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION ("ASC") TOPIC 740, "INCOME TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE FOR AFFILIATE ORGANIZATION 4,489,654. CONSOLIDATING ELIMINATIONS -989,761. FINANCIAL AID -89,697.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	POTTERY SALES COGS -48,064.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES FOR AFFILIATE ORGANIZATION 4,370,764. CONSOLIDATING ELIMINATIONS -989,761. FINANCIAL AID -89,697.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	POTTERY SALES COGS -48,064.

Schedule D (Form 990) 2019

Additional Data

Return to Form

TIN: 13-5562204

efile Public Visual Render ObjectId: 202141379349300249 - Submission: 2021-05-17
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990) Grants and Other Assistance to Organizations,

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047 2019

Department of the Treasury					Attach	ı to Form	n Form 990, Par 990. the latest inform					C	Open to Public Inspection	
Internal Revenue Service Name of the organization GREENWICH HOUSE IN	IC										Employer 13-55622		ion number	
Part I Genera	l Informa	tion on Gra	ants and Assista	ance										
the selection crit Describe in Part	eria used to IV the orga	o award the gr nization's pro	rants or assistance? cedures for monitor	· · · ing the us	e of grant funds	in the Un	ited States.						Yes	□ No
Part II Grants ar that receive	nd Other A ved more th	ssistance to han \$5,000. P	Domestic Organiz art II can be duplica	tations and ted if add	nd Domestic G litional space is	overnme needed.	nts. Complete if the	ne org	ganization answered "Yes"	on Form	990, Part	IV, line 21	1, for any recipi	ent
(a) Name and add organization or governmer	ress of	(b) EIN	(c) IRC se (if applica	ection	(d) Amount grant	of cash	(e) Amount of n cash assistance	ion-	(f) Method of valuation (book, FMV, appraisal, other)	(g) nonc	Descriptions ash assist	n of ance	(h) Purpose or assistance	of grant
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
	2019 nd Other A	ssistance to	Domestic Individ	— Page		anization a	Cat. No. 5		990, Part IV, line 22.				lule I (Form 990	age 2
(a) Type of grar			nal space is needed (b) Number of		(c) Amour	nt of	(d) Amount of	f	(e) Method of valuation (book,	(f) Desc	ription of	noncash assist	ence
(1) SCHOLARSHIPS			recipients 151		cash gra	int	noncash assistar 89,697	nce	FMV, appraisal, other)				
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
Part IV Supp	lemental	Information	on. Provide the ir	formatio	n required in	Part I, lir	ne 2; Part III, co	lumr	n (b); and any other ac	dditional	informat	ion.		
Return Reference		Explanat		TATING A	L OF THE FINA	NICTAL TAIF	CODMATION OF THE	005	ADDIVING FOR COURT AND	LIVE AND	MAKEC	DETERM	TALATTON BACE	ON NEED
PART I, LINE 2:		WHO WILL	RECEIVE A SCHOL	ARSHIP AI	ND FOR HOW M	UCH. UPO	N APPROVAL, THE	TUIT	APPLYING FOR SCHOLARS ION PAYMENT FOR THE IN E STUDENT IS ENROLLED	AUDIVIDUA	L IS REDU	ICED BY T	THE SCHOLARSI	IP AWARD
												Schedule	I (Form 990)	2019
Additional Da	ta												Return to F	orm
			Soft	tware II):									
			Software											

Schedule J

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization GREENWICH HOUSE INC

Open to Public Inspection

Employer identification number

Pa	rt I	Questions Regarding Compensation		13-5562204			
FG	10.2	Questions Regarding Compensation				Yes	No
1a		k the appropiate box(es) if the organization provided					
	990,	Part VII, Section A, line 1a. Complete Part III to provi	ide ar	ny relevant information regarding these items.			
		First-class or charter travel		Housing allowance or residence for personal use			
		Travel for companions		Payments for business use of personal residence			
		Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
		Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)			
b		y of the boxes on Line 1a are checked, did the organiz bursement or provision of all of the expenses describe			1b		
2		the organization require substantiation prior to reimbuttors, trustees, officers, including the CEO/Executive D			2		
3	orga	cate which, if any, of the following the filing organization nization's CEO/Executive Director. Check all that apply by a related organization to establish compensation of	. Do r	not check any boxes for methods			
	~	Compensation committee		Written employment contract			
		Independent compensation consultant		Compensation survey or study			
		Form 990 of other organizations	\checkmark	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Part V. ed organization:	II, Se	ection A, line 1a, with respect to the filing organization or a			
а	Rece	eive a severance payment or change-of-control paymen	nt?.		4a		No
b		cipate in, or receive payment from, a supplemental no			4b		No
С		cipate in, or receive payment from, an equity-based co			4c		No
	If "Ye	es" to any of lines 4a-c, list the persons and provide the	ne app	plicable amounts for each item in Part III.			
	Only	, 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9.			
5	For p	persons listed on Form 990, Part VII, Section A, line 1a pensation contingent on the revenues of:					
а	The	organization?			5a		No
b	Any	related organization?			5b		No
	If "Ye	es," on line 5a or 5b, describe in Part III.					
6		persons listed on Form 990, Part VII, Section A, line 1a pensation contingent on the net earnings of:	a, did	the organization pay or accrue any			
а	The	organization?			6a		No
b	Any	related organization?			6b		No
	If "Ye	es," on line 6a or 6b, describe in Part III.					
7		persons listed on Form 990, Part VII, Section A, line 1a ments not described in lines 5 and 6? If "Yes," describe			7		No
8	subj	e any amounts reported on Form 990, Part VII, paid or ect to the initial contract exception described in Regula art III					
9			ttahlo	presumption procedure described in Regulations section	8		No
,		958-6(c)?		· · · · · · · · · · · · · · · · · · ·	9		
For I	aper	work Reduction Act Notice, see the Instructions	for F	orm 990. Cat. No. 50053T Schedule 3	(Forn	1 990)	2019
						,	
				Page 2			

Page 2

Schedule J (Form 990) 2019

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 individuals.

(A) Name and Title		(B) Breakde	own of W-2 and/or compensation	1099-MISC	(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)	216,992	0	4,944	0	35,378	257,314	0
	(ii)	0	0	0	0	0	0	0
2)ANET ROSS CFO	(i)	142,748	0	1,645	0	19,922	164,315	0
	(ii)	0	0	0	0	0	0	0
3ANDREA NEWMAN ASSISTANT EXECUTIVE DIRECT	(i)	137,151	0	1,071	0	18,221	156,443	0
	(ii)	0	0	0		0	0	0
4GAIL REID DIR. OF BEHAVIORAL HEALTH	(i)	129,159	0	1,767	0	36,611	167,537	0
	(ii)	0			0	0	0	0
SSARA TAKI MEDICAL DIRECTOR	(i)	183,489	0	249	0	51,084	234,822	0
	(ii)	0	0	0	0	0	0	0
	-	ļ		ļ	ļ	-		

							:	Schedule J (F	orm 990) 2019
			P	age 3					
Schedule J (Form 990) 2019									Page 3
Part III Supplemental Information									
Provide the information, explanation, or description	ons required for Part I, lines	s 1a,	1b, 3, 4a, 4b, 4c, 5	5a, 5b, 6a, 6b, 7, a	and 8, and for Part	II. Also complete	this part for any	additional info	rmation.
Return Reference				Ex	cplanation				
								Schedule J (F	orm 990) 2019
Additional Data								Ret	urn to Form

efile Public Visual Render ObjectId: 202141379349300249 - Submission: 2021-05-17 TIN: 13-5562204 SCHEDULE M OMB No. 1545-0047 Noncash Contributions (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ►Go to www.irs.gov/Form990 for the latest information. **Open to Public** Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** GREENWICH HOUSE INC 13-5562204 Part I Types of Property (c) Noncash contribution (d) Method of determining (a) Check if Number of contributions or applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art Art—Historical treasures . 3 Art—Fractional interests . . 4 Books and publications 5 Clothing and household goods **6** Cars and other vehicles . . Boats and planes Intellectual property . . . 8 Securities-Publicly traded . Χ 35,436 FMV Securities—Closely held stock . 10 Securities—Partnership, LLC, or trust interests . . . Securities-Miscellaneous . . Qualified conservation contribution—Historic structures . . Qualified conservation contribution—Other . . 15 Real estate—Residential . 16 Real estate-Commercial . . Real estate—Other . . . Collectibles 18 Food inventory . . . 19 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts 23 Scientific specimens . . Archeological artifacts . . . 25 Other ▶ (___ _____) 26 Other ► (_ 27 Other ► (_ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No **30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a No **b** If "Yes," describe the arrangement in Part II. 31 Yes 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 512273 Schedule M (Form 990) (2019)

	Page 2	
Schedule M (F	Form 990) (2019)	Page :
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization	
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also	
	complete this part for any additional information.	

PART I, COLUMN (B): THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2019)

Additional Data

describe in Part II.

Return Reference

Return to Form

efile Public Visual Render

ObjectId: 202141379349300249 - Submission: 2021-05-17

TIN: 13-5562204

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization GREENWICH HOUSE INC

Employer identification number

13-5562204

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	AN INDEPENDENT ACCOUNTANT PREPARES FORM 990 AND THE CFO REVIEWS THE RETURN AND A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD PRIOR TO SUBMISSION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE CHAIR OF THE 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	THE GREENWICH HOUSE, INC. BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR AT ITS ANNUAL MEETING IN OCTOBER. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY SURVEYS CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITHOUT THE EXECUTIVE DIRECTOR PRESENT AND RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE GREENWICH HOUSE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARIES OF ALL EMPLOYEES EARNING \$85,000 OR MORE. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY SURVEYS ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITH THE EXECUTIVE DIRECTOR PRESENT, AND RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 1,202.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2019

Additional Data

Return to Form

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form.99 for instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization GREENWICH HOUSE INC 13-5562204 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) Direct contr entity (b) Primary activity (e) End-of-year assets Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)

Name, address, and EIN of related organization (e) Public charity status (b) Primary activity (c) Legal domicile (state (f) Direct controlling (g) ection 512(b) (d) Exempt Code section (if section 501(c)(3)) or foreign country) entity 13) controlled Yes No (1)BARROW STREET NURSERY SCHOOL AT GREENWICH HOUSE 122 WEST 27TH STREET NURSERY SCHOOL NY 01(C)(3) INF 2 REENWICH HOUSE INC NEW YORK, NY 10001 38-3720019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2019 Schedule R (Form 990) 2019 Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (j) General or managing partner? (a) Name, address, and EIN of related organization (e)
Predominant
income(related,
unrelated,
excluded from tax (k) Percentage ownership (i) Code V-UBI stat or (Form 1065) Yes No Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (a) Name, address, and EIN of related organization (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e) Type of entity (C corp, S corp or trust) (i) Section 512(b) (13) controlled (b) Primary activity (f) Share of total income year assets entity?
Yes No Schedule R (Form 990) 2019

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2019

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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a neceipt of (1) interest, (11)armulaes, (111) royalites, or (12)	rent nom a con	iti viieu eiii	ш.у								120	, ,
b Gift, grant, or capital contribution to related organization(s)										1b	No
c Gift, grant, or capital contribution from related organization	n(s)										1c	No
d Loans or loan guarantees to or for related organization(s)									• •		1d 1e	No No
e Loans or loan guarantees by related organization(s)				•						•	==	H-1-
f Dividends from related organization(s)											1f	No
${\bf g}$ Sale of assets to related organization(s)											1g	No
\boldsymbol{h} $$ Purchase of assets from related organization(s)											1h	No
i Exchange of assets with related organization(s)									•		1i 1j	Yes No
j Lease of facilities, equipment, or other assets to related org	janization(s) .									•	-7	100
k Lease of facilities, equipment, or other assets from related	organization(s)										1k	No
I Performance of services or membership or fundraising solici	itations for relat	ed organiz	ration(s)								. 11	No
\boldsymbol{m} Performance of services or membership or fundraising solic											1m	
n Sharing of facilities, equipment, mailing lists, or other asset		rganizatio	n(s)	٠						•	1n 1o	
$\ensuremath{\mathbf{o}}$ Sharing of paid employees with related organization(s) .											10	103
p Reimbursement paid to related organization(s) for expense	·s										1р	No
q Reimbursement paid by related organization(s) for expense	es										1q	Yes
r Other transfer of cash or property to related organization(s											1r 1s	No No
s Other transfer of cash or property from related organization If the answer to any of the above is "Yes " see the instruction."				to this		ing covered			eaction	thresholds	15	140
2 If the answer to any of the above is "Yes," see the instruction (a)		.on on wh	o musi comple	ce tills		(b)	(c)			(d)	
Name of related organization	n					nsaction pe (a-s)	Amount		М	ethod of determ	ining amount	involved
)BARROW STREET NURSERY SCHOOL					J	,	489	,860	FAIR MAI	RKET VALUE		
)BARROW STREET NURSERY SCHOOL					Q		499	,901	FAIR MAI	RKET VALUE		
										Schedul	e R (Form	990) 2019
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hedule R (Form 990) 2019												Page 4
Part VI Unrelated Organizations Taxable as a Pa												
ovide the following information for each entity taxed as a partne as not a related organization. See instructions regarding exclusions	ersnip through v on for certain in	vilich the d vestment	nganization co partnerships.	ınduct	ea more tha	ii five perce	ent of its act	ivities (me	asured	by total assets	or gross re	venue) that
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal	(d) Predominant	Are	(e) all partners	(f) Share of	(g) Share of	(h) Disproprt		(i) Code V-UBI	(j) General or	(k) Percentage
, Success, and Ent of entity	ar, activity	domicile (state or	income (related,		section 501(c)(3)	total	end-of-year assets	allocati	ions?	amount in box	managing partner?	ownership
		foreign country)	unrelated, excluded from	org	ganizations?					of Schedule K-1	pa. a. a.	
		country)	tax under sections 512-							(Form 1065)		
			514)	Yes	No	1		Yes	No		Yes	No
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				H								
				H					_			
				H								
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										Schedul	e R (Form	990) 2019
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hedule R (Form 990) 2019												Page 5
Part VII Supplemental Information												rage 3
Provide additional information for responses to q	uestions on Sch	edule R. (s	see instruction	s).								
Return Reference					Explan	ation						
										Sc	hedule R (Fo	rm 990) 2019
Additional Data												to Form