							on: 2022		T1	
	C	90	Re	turn of Or	rganization Exen	npt From	n Incor	ne Tax	(OMB No. 1545-0047
Form 🗨			Under section	1 501(c), 527, or	• 4947(a)(1) of the Internal	- I Revenue Cod	e (except	private foundation	ons)	2020
					ocial security numbers on thi				-	
		the Treasury nue Service	▶ @	Go to <u>www.irs.c</u>	<u>gov/Form990</u> for instruct	ions and the	latest info	ormation.		Open to Public Inspection
A Fo	r th	e 2020 ca			inning 07-01-2020 ,and	ending 06-3	0-2021			
-		applicable:	C Name of organi GREENWICH HO					D Employe	identif	ication number
O Nan		change nange						13-55622	204	
O Init			Doing business	as						
_		rn/terminated d return	Number and str	reet (or P.O. box if r	mail is not delivered to street add	dress) Room/su	ite	E Telephone	number	
		ion pending		H STREET 6TH FLOO		, ,		(212) 99	1-0003	
					untry, and ZIP or foreign postal of	code				
			NEW YORK, NY					G Gross rece		7,852,681
			F Name and a ROBERT BLEDS	address of princip SOE	bal officer:			this a group retu	Irn for	
			122 WEST 27T NEW YORK, NY	TH STREET 6TH F (10001	LOOR			ibordinates? e all subordinate	s	Yes Vo
Тах	exer	mpt status:	_	501(c) ()	(insert no.) 4947(a)(1)	or 527	ín	cluded? "No," attach a lis		Yes No
We	bsit	te:▶ WW	W.GREENWICH			01 🕛 327		roup exemption r		
(Form	of o	rganization:	Corporation	Trust Ass	sociation 🗌 Other 🕨		L Year of f	ormation: 1902	M State	of legal domicile: NY
		-								
Pa		Sum			or most significant activities					
	-	PROGRAM	S, ALL AIMED AT	TPROVIDING PEF	RSONAL GROWTH AND ENRI	ICHMENT.				
ŝ	2	Check thi	s box 🕨 🗌							
\$	3	Number o	of voting membe	ers of the govern	ing body (Part VI, line 1a)			•	3	18
					of the governing body (Part				4	17
					alendar year 2020 (Part V, I	ine 2a)	• •		5	255
5			iber of voluntee	rs (estimate if ne					-	4.5
			lated buciness	rovonuo from Do				• •	6	-
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							· · · ·	Prior Year		3,587
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For Paperwork Reduction Act Notice, see the separate instruction
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Cat. No. 11282Y Form **990** (2020)

	Page 2			
Form	990 (2020)			Page 2
Pa	Statement of Program Service Accomplishments			_
1	Check if Schedule O contains a response or note to any line in this Part III			
- GREE	NWICH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLINGLIVES BY OFFERING SOCIAL AND HEALTH SE EDUCATION PROGRAMS, AND OPPORTUNITIES FOR CIVIC INVOLVEMENT TO NEW YORKERS OFALL AGES AND BACKGROU	RVICE	S, CULT	URAL
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		′es 🔽	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measure	d hv e	ynenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 6,555,619 including grants of \$) (Revenue \$	9,447,		
	BEHAVIORAL HEALTH PROGRAMS: IN FY2021 THE METHADONE MAINTENANCE TREATMENT PROGRAM (MMTP) HAS FURTHER ENHANCED SI ACCESS TO TREATMENT AND INTEGRATED CARE BY OFFERING METHADONE, BUPRENOPHINE AND VIVITROL, OVERDOSE PREVENTION, EX FOR PRIMARY CARE AND HEPATITIS C TREATMENT, AND PROVIDING PSYCHIATRIC SERVICES. THE PROGRAM CONTINUES TO TRAIN GRADU WHO RECEIVE CREDITS TOWARD THEIR MENTAL HEALTH AND SOCIAL WORK MASTER'S DEGREES.	PANDED	MEDICA	L CARE
4b	(Code:) (Expenses \$ 4,445,015 including grants of \$ 98,582) (Revenue \$)	
	SENIOR SERVICES: GREENWICH HOUSE ANNUALLY SERVES THOUSANDS OF SENIORS WHO ARE 60 YEARS AND OLDER IN GREENWICH VI PROVIDING DAILY CONGREGATE HOT MEALS, AND CULTURAL, FITNESS AND EDUCATIONAL PROGRAMMING. IN FISCAL YEAR 2021 SENIOR WERE ASKED TO PRESENT AT THE LIVEON NY ANNUAL CONFERENCE, EDUCATING OTHER PROVIDERS OF SENIOR SERVICES ON HOW TO I PROGRAM PARTICIPATION. GREENWICH HOUSE'S FOUR SENIOR CENTER ADVISORY COUNCILS ARE NOW MEETING COLLECTIVELY. GREEN' EXPANDED CASE MANAGEMENT SERVICES TO SENIOR RESIDENTS AT WEST VILLAGE HOUSES. THE FOUR GREENWICH HOUSE SENIOR CE ACCESS TO TECHNOLOGY AND TECHNOLOGY EDUCATION, IN COMPLIANCE WITH NYC DEPARTMENT FOR THE AGING REQUIREMENTS. TEC CONDUCTED IN COLLABORATION WITH PARTNERS INCLUDING OLDER ADULTS TECHNOLOGY SERVICES (OATS), THE NEW YORK PUBLIC LI TIMEBANK.	CENTE NCREAS WICH H NTERS I H EDUC	R SENIOF SE CENTE OUSE HA INCREASE ATION W	R STAFF R S D AS
4c	(Code:) (Expenses \$ 2,472,149 including grants of \$) (Revenue \$			
	INTRODUCED A THEATER PROGRAM FOR CHILDREN IN COLLABORATION WITH PARTNER ARS NOVA. THE MUSIC SCHOOL PRESENTED OVER CONCERTS INCLUDING ITS SIGNATURE UNCHARTED SERIES FOR EMERGING ARTISTS WORKING ON NEW PROJECTS OR IN NEW COLLABO PROGRAM FOR SENIORS AT GREENWICH HOUSE SENIOR CENTERS. THE GREENWICH HOUSE POTTERY (THE POTTERY) PRESENTED SEVEN FEATURING EMERGING AND ESTABLISHED ARTISTS AND SUPPORTED ONE RESIDENCY AND TWO FELLOWSHIPS. THE POTTERY WELCOMED AND OFFRED MORE THAN 100 CLASSES ANNUALLY. THE GREENWICH HOUSE AFTER-SCHOOL ARTS PROGRAM INTRODUCED FAMILY GAME ROOFTOP MOVIE NIGHTS ACCESSIBLE TO THE 200 STUDENTS AND THE FAMILIES IN THE PROGRAM INTRODUCED FAMILY GAME NEARLY \$100,000 DISTRIBUTED FOR ARTS SCHOLARSHIPS TO STUDENTS IN THE ARTS AFTER-SCHOOL AND SUMMER CAMP, MUSIC SCHO	RATION EXHIBI OVER S NIGH EGISTR	S AND A TIONS 450 STUD TS TO AN ATIONS A	CHORAL DENTS ID ND
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 13,472,783			0 (2020
	Page 3		0111 22	0 (2020
orm	990 (2020)			Page 3
Pa	t IV Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 😼	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🔞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete</i>	-		No
7	Schedule D, Part I 🖏. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🐄	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	8		No
9		9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the comprise time second for lead, building, and environment in Dert V, line 102 If IV/25 II complete			

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete
Schedule D. Part VI. 11a
Yes

b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕲	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 3.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕲	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e		No
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗐	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 🔞	21		No
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Page 4 Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 2 Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 Did the organization answer "Yes" to Part VII, Section A, IIIIe 3, 4, or 3 about Compensation or an organization of the organi Yes complete 23 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 No 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a No **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b No Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former 26 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 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 27 27 No 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete 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 A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," с No 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . 29 No 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation No 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 No Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 No 32

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 33

				NO				
	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 🔞	33		NO				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes					
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes					
36	36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2							
37	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 103							
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	nt V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
	· · ·		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 65							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0							
с	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?							
		F	orm 99	0 (2020)				

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Pa	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			
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	
3a	Did the organization have unrelated business gross income of $1,000$ or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\$.	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? \ldots .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	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. 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		

b	Enter the amount of reserves the organization is required to maintain by the states in			
-	which the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	14a		No
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?. If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule 0.	16		No
		F	orm 99	0 (2020)
	Page 6			
	990 (2020) t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No		anco to	Page 6
i ai	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	• • •		Integ
Se	ction A. Governing Body and Management		X	N-
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		No No
4	of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	3 4		No
5	Did the organization have any significant changes to its governing documents since the phot roim 950 was media.	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	105	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Yes	
	conflicts?	12b	Yes	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		X	
	The organization's CEO, Executive Director, or top management official	15a 15b	Yes	No
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ь	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		No
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			

- Own website Another's website Vupon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 19
- State the name, address, and telephone number of the person who possesses the organization's books and records: JANET ROSS CFO 122 W 27TH ST 6TH FLOOR NEW YORK, NY 10001 (212) 991-0003 20

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complet	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 boti	t cho x, u h an	eck m inless office ustee	er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W-2/1099- MISC)	organization and related organizations
(1) ALICE YU	0.50	x						0	0	0
DIRECTOR (OUTGOING)	0.50	^						U	U	0
(2) CARMINE GIBALDI	0.50								0	0
DIRECTOR	0.50	х						0	0	0
(3) CATHY AQUILA	0.50	v		v					0	0
VICE CHAIR	0.50	х		х				0	0	0
(4) CHRISTINE GRYGIEL-WEST	0.50									
VICE CHAIR	0.50	х		х				0	0	0
(5) CHRISTOPHER KIPLOK	0.50	×		v						
VICE CHAIR	0.50	х		х				0	0	0
(6) CRAIG DELAURIER DIRECTOR	0.50	х						0	0	0
(7) DARREN BLOCH EXEC. DIR./CEO	35.00	х		x				225,203	0	47,982
(8) DIANE C KOEPPEL DIRECTOR	0.50	x						0	0	0
(9) EDWARD AK ADLER DIRECTOR	0.50	x						0	0	0
(10) ELISSA KRAMER	0.50									
DIRECTOR (OUTGOING)		х						0	0	0
(11) GREGORY MAZLIN	0.50									
DIRECTOR	0.50	х						0	0	0
(12) HENRY PINNELL DIRECTOR	0.50	x						0	0	0
(13) JAN-WILLEM VAN DEN DORPEL	0.50	x		x				0	0	0
(14) JOAN RAPPOPORT ROSENFELD	0.50									
DIRECTOR (OUTGOING)		х						0	0	0
(15) LAURA VALEROSO	0.50									
DIRECTOR		х						0	0	0
(16) MARK S RUDD	0.50									
DIRECTOR	0.50	х						0	0	0
(17) MARY ANN EDDY	0.50									
DIRECTOR	0.50	х						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related	than o is t	one bo ooth a direct	ox, ι n of tor/t	t ch unle fice		son	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-	(F Estim amount comper from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,1000 (1000)	MISC)	organiz	ted
18) MYRNA CHAO	0.50	x						0	0		
IRECTOR	0.50							U	0		
9) SAMIR H HUSSEIN	0.50								_		
REASURER	0.50			х				0	0		
20) TAMARA ALEXANDER LYNCH	0.50				1						
IRECTOR	0.50							0	0		
IREGION 21) WENDY GONZALEZ IRECTOR								0	0		
22) JANET ROSS	30.00										
				х				154,057	0		17,8
FO 23) ANDREA NEWMAN	5.00				-						
	35.00					х		147,447	0		16,1
5515TANT EXECUTIVE DIRECT					-						
4) GAIL REID	35.00					х		136,324	0		25,7
IR. OF BEHAVIORAL HEALTH		••••						,			
25) HANI MEMBERS	35.00					x		113,098	0		2,8
HYSICIAN ASSISTANT						^		115,090	0		2,0.
26) MARLENE BONILLA	35.00					v		105 565			15.0
HYSICIAN ASSISTANT						х		105,565	0		15,6
27) SARA TAKI	35.00										
EDICAL DIRECTOR						х		199,901	0		47,8
b Sub-Total	VII, Section A					•		1,081,595	0		173,9
d Total (add lines 1b and 1c) Total number of individuals (including bu of reportable compensation from the org	t not limited to						ceive				175,5
										Yes	No
Did the organization list any former offic line 1a? If "Yes," complete Schedule J for			key e •	empl •	loye •	e, or h	ighe •	est compensated em	nployee on 3		No
For any individual listed on line 1a, is the organization and related organizations g individual		0,000?	İf "Ye	s," (com				ne ••••4	Yes	
Did any person listed on line 1a receive of services rendered to the organization? If											No
Section B. Independent Contractors	5										
Section B. Independent Contractors Complete this table for your five highest from the organization. Report compensa	compensated in tion for the cale								tax year.		
Complete this table for your five highest from the organization. Report compensation	compensated in							the organization's		nsation (C Comper	

(A)	(B)	(C)				
Name and business address	Description of services	Compensation				
BDO USA LLP	ACCOUNTING SERVICES	150,343				
100 PARK AVE FL 11 NEW YORK, NY 10017						
ACCOUNTEMPS	TEMPORARY STAFFING	105,641				
33 WHITEHALL ST						
NEW YORK, NY 10004						
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 2						
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Part VIII	Statement of Revenue						
	Check if Schedule O contains a response or note to any line in this Part VIII						

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
derated campaigns	s	1a		L			
sembership dues	-	1b					
Am							
indraising events	• •	1c					
Indraising events	s	1d					
vernment grants (con							
5 297 061		1e					
and similar amounts not	gifts, grants t included						
above		<u>1f</u>					
2,358,866 Noncash contributions in	ncluded in						
lines 1a - 1f:\$		1g					
Total. Add lines 1a-1							
Total. Add lines 1a-1			7,655,927 Business Code				
2a SOCIAL SERVICES A	AND CLIENT	FEES	621400	6,484,657	6,484,657		
PROGRAM TUITION	AND FEES			2,239,696	2,239,696		
PROGRAM TUITION 			611600				
5 1							
-							
f All other program	n service r	evenue.					
	2 26		0.734.953				
9 Total. Add lines			8,724,353 erest, and other				
9 Total. Add lines3 Investment income similar amounts)	e (includin	g dividends, int	erest, and other	96,201			96,201
9 Total. Add lines3 Investment income	e (includin	g dividends, int	erest, and other				96,201
 9 Total. Add lines 3 Investment income similar amounts) 4 Income from investment 	e (includin	g dividends, int tax-exempt bon	erest, and other d proceeds				96,201
 9 Total. Add lines 3 Investment incomisinilar amounts) 4 Income from inves 5 Royalties 6a Gross rents 	e (includin	ig dividends, int tax-exempt bon	d proceeds				96,201
 9 Total. Add lines 3 Investment incomisinilar amounts) 4 Income from inves 5 Royalties 	e (includin stment of f	g dividends, int tax-exempt bon (i) Real	d proceeds				96,201
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from inves 5 Royalties 6a Gross rents b Less: rental expenses c Rental income 	e (includin stment of f	g dividends, int tax-exempt bon (i) Real 620,134 0	d proceeds				96,201
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from invest 5 Royalties 6a Gross rents b Less: rental expenses 	e (includin stment of f	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134	d proceeds				96,201
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from invest 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 	e (includin stment of f	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134	erest, and other d proceeds 	96,201			
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from invest 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) 	e (includin stment of f	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134)	erest, and other d proceeds (ii) Personal	96,201			
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from invest 5 Royalties 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other 	e (includin stment of f 6a 6b 6c 6c (loss)	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134) i) Securities	erest, and other d proceeds (ii) Personal	96,201			
 9 Total. Add lines 3 Investment incomsimilar amounts). 4 Income from invest 5 Royalties . 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and 	e (includin stment of f 6a 6b 6c c 7a	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134) i) Securities 29,480	erest, and other d proceeds (ii) Personal	96,201			
 9 Total. Add lines 3 Investment incomisimilar amounts) 4 Income from invest 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 	e (includin stment of f 6a 6b 6c 6c 7a 7b 7c 5)	g dividends, int tax-exempt bon (i) Real 620,134 (0 620,134 () 620,134 () 620,134 () 223,378 () 6,102	erest, and other d proceeds (ii) Personal	96,201			
 9 Total. Add lines 3 Investment incomisimilar amounts). 4 Income from invest 5 Royalties . 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory bess: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 	e (includin stment of f 6a 6b 6c e or (loss) 7a 7b 7b 5)	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134)	erest, and other d proceeds (ii) Personal (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts). 4 Income from invest 5 Royalties . 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory bess: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 5) fundraising of ed on line 1	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134)	erest, and other d proceeds (ii) Personal (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts). 4 Income from invest 5 Royalties . 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory bess: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 	e (includin stment of 1 6a 6b 6c 6c 7a 7b 7b 7b 7c 5) fundraising 3	g dividends, int tax-exempt bon (i) Real 620,134 0 6,102	erest, and other d proceeds (ii) Personal (ii) Other (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from invest 5 Royalties 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from f (not including \$ contributions report See Part IV, line 18 b Less: direct expe c Net income or (loss) 	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 5) fundraising of red on line 1 3 stress . poss) from f	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134 0 620,134 0 22,134 0 23,378 6,102 23,378 6,102 0 0 8a 8b 0 0 8a 8b	erest, and other d proceeds (ii) Personal (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts). 4 Income from invest 5 Royalties . 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory bess: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 5) fundraising steed on line 1 3 steed on line 1 3	g dividends, int tax-exempt bon (i) Real 620,134 0 6,102 0 6,102 6	erest, and other d proceeds (ii) Personal (ii) Other (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts). 4 Income from investigation in the similar amounts. 4 Income from investigation in the similar amounts. 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income from investigation in the similar amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Sorss income from for the similar or the similar amount from the similar amount for the similar or the similar amount for the similar or the s	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 5) fundraising ed on line 1 3 stress . proses . proses . proses . proses .	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134 0 620,134 0 22,134 0 23,378 6,102 23,378 6,102 23,378 6,102 0 0 8 8 8 9 8 9 9 9	erest, and other d proceeds (ii) Personal (ii) Other (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomsimilar amounts) 4 Income from invest 5 Royalties 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from for for the local or other basis and sales expenses c Gain or (loss) d Net gain or (loss) a Gross income from for for the local or other basis and sales expenses c Gain or (loss) d Net gain or (loss) c Net gain or (loss) c Net income or (loss) c Net income or (loss) 	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 5) fundraising ed on line 1 3 enses . promotion f state of f f f f f f f f f f f f f f	g dividends, int tax-exempt bon (i) Real 620,134 620,134 0 620,134 0 620,134 0 22,134 0 23,378 6,102 0 0 23,378 6,102 0 0 0 8a 8b 0 0 0 0 0 0 0 0 0 0 0 0 0	erest, and other d proceeds (ii) Personal (ii) Other (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts) 4 Income from invest 5 Royalties 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Sross income from from see Part IV, line 18 b Less: direct expeic c Net income or (lo Gross income from See Part IV, line 11 b Less: direct expeic c Net income or (lo 10a Gross sales of inv 	e (includin stment of 1 stment of 1 6a 6b 6c 6c 7a 7b 7c 5) fundraising 1 3 stress . poss) from f oss) from g ventory, le	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134 0 620,134 29,480 23,378 6,102 events of 8a 8b undraising even ctivities. 9a 9b gaming activities	erest, and other d proceeds (ii) Personal (ii) Other (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts) 4 Income from investigation 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income from investigation 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Sross income from for form for the come or (loss) b Less: direct experiments in the inventor or the sales and sales expenses c Gain or (loss) d Net gain or (loss) d Sross income from form form form form form form form	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 7b 7c 5) fundraising steed on line 1 3 steed on line 1 5 steed on line 1 5	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134 0 620,134 29,480 23,378 6,102 events of 8a 8b undraising even 9a 9b gaming activities ss 10a	erest, and other d proceeds (ii) Personal (ii) Other (ii) Other	96,201			620,134
 9 Total. Add lines 3 Investment incomisimilar amounts) 4 Income from invest 5 Royalties 5 Royalties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental incom 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Sross income from from see Part IV, line 18 b Less: direct expeic c Net income or (lo Gross income from See Part IV, line 11 b Less: direct expeic c Net income or (lo 10a Gross sales of inv 	e (includin stment of f stment of f 6a 6b 6c 6c 7a 7b 7b 7c 7c 7b 7c 7b 7c 7c 5) 7c 7c 5) 7c 7c 7c 5) 7c 7c 7c 7c 7c 7c 7c 7c 7c 7c 7c 7c 7c	g dividends, int tax-exempt bon (i) Real 620,134 0 620,134 0 620,134 0 223,378 6,102 0 23,378 6,102 0 0 0 0 0 0 0 0 0 0 0 0 0	tts	96,201	25,609	3,587	620,134

b OTHER	900099	150,586	150,586		
c ATHLETIC FEES	900099	9,060	9,060		
d All other revenue					
e Total. Add lines 11a-11d	•	697,390			
12 Total revenue. See instructions		037/030			
	••••	17,829,303	9,447,352	3,587	722,437
					Form 990 (2020)

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P	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to ar	ny line in this Part IX			🗆
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				· · ·
2	 Grants and other assistance to domestic individuals. See Part IV, line 22 	98,582	98,582		
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	443,966		443,966	
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	7,253,785	5,761,202	1,223,606	268,97
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	160,091	121,751	33,495	4,84
9	Other employee benefits	1,390,572	1,096,397	250,547	43,628
10	Payroll taxes	656,699	499,426	137,399	19,874
11	. Fees for services (non-employees):				
ł	a Management				
1	b Legal				
	c Accounting				
	d Lobbying				
	e Professional fundraising services. See Part IV, line 17				
1	f Investment management fees	1,424		1,424	
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,348,562	903,242	323,011	122,309
12	Advertising and promotion	19,999	13,721	6,278	
13	Office expenses	166,124	123,338	25,666	17,120
14	Information technology	577,609	507,594	51,246	18,769
15	Royalties				
16	Occupancy	2,032,342	1,876,689	155,515	138
17	'Travel	11,201	10,478	323	400
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,017	155	485	37
20	Interest	32,917	8,456	24,461	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	186,301	67,847	118,454	
23	Insurance	222,936	183,107	39,226	603
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	a EMERGENCY FOOD PROGRAM	1,288,770	1,269,774		18,996
	b SUPPLIES	373,064	354,433	14,944	3,683
	c BAD DEBT	360,391	229,406	130,985	
	d SUBSCRIPTIONS AND DUES	231,280	86,633	43,013	101,634
	e All other expenses	437,953	260,552	167,005	10,396
25	Total functional expenses. Add lines 1 through 24e	17,295,585	13,472,783	3,191,049	631,753
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaian and fundraising solicitation.				

Check here 🕨 ڶ if following SOP 98-2 (ASC 958-72	Check here 🕨	∪ if	following	SOP	98-2	(ASC	958-	720
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Page **11**

Pa	irt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX	(A) Beginning of year		(B) End of year
Т	1	Cash-non-interest-bearing			1,452,670	1	665,27
	2	Savings and temporary cash investments		 	370,836	2	1,633,01
	3	Pledges and grants receivable, net			503,756	3	1,519,13
	4	Accounts receivable, net	• •	· –	3,719,915	4	5,741,54
	5	Loans and other receivables from any current o			0,710,010	-	0,741,04
		trustee, key employee, creator or founder, subs controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$, and persons described in section 4958(f)(1)),				6	
s	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
ds	9	Prepaid expenses and deferred charges		· · [62,354	9	29,52
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	5,790,112			
	b	Less: accumulated depreciation	10b	3,479,038	2,392,221	10c	2,311,074
	11	Investments—publicly traded securities .			2,481,487	11	1,671,440
	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		[566,740	15	540,43
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	11,549,979	16	14,111,43
	17	Accounts payable and accrued expenses	•		1,240,734	17	1,671,35
	18	Grants payable				18	
	19	Deferred revenue			245,463	19	1,365,64
	20	Tax-exempt bond liabilities		· · .		20	
s	21	Escrow or custodial account liability. Complete F	Part IV o	of Schedule D		21	
abilities	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, d	or 35% controlled entity		22	
	23	Secured mortgages and notes payable to unrela	tod thi	rd narties	750.050	22	750,05
	24	Unsecured notes and loans payable to unrelated		-	2,189,317	24	2,189,31
	25	Other liabilities (including federal income tax, pr and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	ayables		2,100,017	25	2,100,01
	26	Total liabilities. Add lines 17 through 25 .		-	4,425,564	26	5,976,36
Fund Balances		Organizations that follow FASB ASC 958, cl complete lines 27, 28, 32, and 33.	neck h	ere 🕨 🗹 and			
ala	27	Net assets without donor restrictions	•		3,542,528	27	3,954,50
B	28	Net assets with donor restrictions	• •	[3,581,887	28	4,180,56
		Organizations that do not follow FASB ASC complete lines 29 through 33.	958, c	heck here 🕨 🗌 and			
or	29	Capital stock or trust principal, or current funds	• •			29	
ssets	30	Paid-in or capital surplus, or land, building or ec	luipme	nt fund		30	
SS	31	Retained earnings, endowment, accumulated in	come, o	or other funds		31	
St A	32	Total net assets or fund balances	•	[7,124,415	32	8,135,06
Net	33	Total liabilities and net assets/fund balances .			11,549,979	33	14,111,43

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Part XI	Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		<u> 🗹</u>
1 Tot	tal revenue (must equal Part VIII, column (A), line 12)	1	17,829,303
2 Tot	tal expenses (must equal Part IX, column (A), line 25)	2	17,295,585
3 Re	venue less expenses. Subtract line 2 from line 1	3	533,718
4 Ne	et assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4	7,124,415
5 Ne	et unrealized gains (losses) on investments	5	351,435
6 Do	onated services and use of facilities	6	
7 Inv	vestment expenses	7	
8 Pri	ior period adjustments	8	
9 Ot	her changes in net assets or fund balances (explain in Schedule O)	9	125,498
			0.405.000

10	Net assets or rund	balances at end of	year.	Combine lines .	s through 9	(must	equal Part X	, line 32,	, column (I	3))	10	L
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10	Net assets or rund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))		8,	135,066
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🛛 Cash 🗹 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	□ Separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99) (2020)

Form 990 (2020) **Additional Data**

Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

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		ne organiza HOUSE INC	tion									Emplo	oyer identific	ation number
			few Duckline C									13-55		
	rt I organiz		for Public C a private found									see ins	tructions.	
1		A church, c	convention of c	hurch	nes, or a	ssociation	of churches	descr	ibed in sec t	ion 1	70(b)(1)	(A)(i).		
2		A school de	escribed in sec	tion	170(b)((1)(A)(ii). (Attach Sc	hedul	e E (Form 9	90 or	990-EZ).)			
3		A hospital of	or a cooperativ	e hos	pital ser	vice orga	nization desc	ribed	in section	170(b)(1)(A)(iii).		
4			research organ and state:	izatio	n operat	ed in con	junction with	i a ho	spital descri	bed ir	section :	170(b)	(1)(A)(iii). E	nter the hospital's
5 6		170(b)(1)	ation operated (A)(iv). (Com state, or local <u>c</u>	nplete	Part II.)	-				, -		tal unit descril	bed in section
7 8		section 17	ation that norn 70(b)(1)(A)(v ity trust descril	/i). ((Complete	e Part II.)				-	rnmental u	init or fr	om the genera	al public described in
9		An agricult	ural research o	organi	zation d	escribed i	n 170(b)(1)(A)(ix) operate	d in co	onjunction	with a l	and-grant coll	ege or university or a
10		An organiza from activit	ties related to i income and u	nally its ex nrelat	receives empt fui ted busir	: (1) more nctions—s ness taxal	e than 331/39 subject to cer ble income (I	∕o of it tain e	s support fr exceptions, a	om co and (2	ontribution 2) no more	s, mem than 33	bership fees, a B1/3% of its su	and gross receipts pport from gross organization after June
11			See section 50 ation organized	• •		•	,	or pub	lic safety. S	ee se	ction 509	(a)(4).		
12		An organiza more public	ation organized cly supported o	d and organ	operate izations	d exclusiv described	vely for the b in section !	enefit 509(a	of, to perfo a)(1) or see	rm th ction	e functions 509(a)(2	s of, or t). See s	to carry out the content of content of the content	e purposes of one or a)(3). Check the box
а		Type I. A so organizatio		aniza r to re	tion oper egularly	rated, sup appoint o	pervised, or o	ontro	lled by its s	uppor	ted organi:	zation(s), typically by	giving the supported nization. You must
b		Type II. A manageme	supporting or	ganiz orting	ation sup 1 organiz	pervised of ation vest								ving control or nization(s). You
с		Type III f	unctionally in	ntegr	ated. A	supportin							ionally integra	ited with, its
d		Type III n		lly in	tegrate	d. A supp	oorting organ	izatio	n operated	in con	nection wi	th its su		nization(s) that is not
		instructions	/ integrated. Tl s). You must (comp	lete Pa	rt IV, Se	ctions A and	d D, a	nd Part V.					
e			box if the orga or Type III no							RS tha	at it is a Ty	ре I, Ту	pe II, Type III	functionally
f			of supported	-									· · · · · <u> </u>	
g		de the follow lame of supp	ving informatio ported		out the si EIN		organization Type of) Is the orga	anizat	ion listed	(v)	Amount of	(vi) Amount of
	.,	organization				(descril 1- 10	anization bed on lines above (see ructions))		our govern			mone	tary support instructions)	other support (see instructions)
								`	/es	N	0			
Tota														
		work Reduc or 990-EZ.	tion Act Noti	ce, so	ee the I	nstructio			:. No. 11285	F	5	Schedu	le A (Form 9	90 or 990-EZ) 2020
							Pa	ige 2						
Scheo	dule A	(Form 990 c	or 990-EZ) 202	0										Page 2
	rt II	(Comple If the o	rganization fa	u ch	ecked t	he box o	on line 5, 7,	or 8	of Part I c	or if tl	he organi	zation	failed to qua	
	ection endar	A. Public	Support		() 20		(1) 2017		() 2010		(1) 2011		() 2020	
(or f	fiscal	year beginı	ning in) 🕨 butions, and		(a) 201	16	(b) 2017		(c) 2018		(d) 2019	9	(e) 2020	(f) Total
n	nembe	ership fees re	eceived. (Do no al grant.")	ot										
<u>2</u> T	ax rev	enues levied	for the	nid										
t	o or ex	kpended on i	fit and either p ts behalf											
f	urnishe	ed by a gove	es or facilities ernmental unit	to										
t	he org		thout charge					_		_				
5 T	he por		contributions I	by										
g	joverni	mental unit o		on										
li	ine 1 tl	hat exceeds	2% of the amo											
5 P	Public	on line 11, c support. Su	olumn (f) Jbtract line 5 fi	rom										
li	ine 4.												<u> </u>	

Section	в.	Total	Sup	pol

	lendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
(0)	• fiscal year beginning in) Amounts from line 4.		.,	. ,	. ,	.,	.,
-	Gross income from interest,						
8	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources.						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on.						
10							
	loss from the sale of capital assets						
	(Explain in Part VI.).			-			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc (see instructio	ns)			12	
	•						
13	First 5 years. If the Form 990 is for the	5			,	()())	ization, check
	this box and stop here					🕨 🗆	
S	ection C. Computation of Public	Support Perc	entage				
14	Public support percentage for 2020 (lin	e 6, column (f) di	ivided by line 11,	column (f))		14	
15	Public support percentage for 2019 Sch	nedule A, Part II, I	ine 14			15	
16a	33 1/3% support test-2020. If the o	organization did n	ot check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box
	and stop here. The organization qualif	fies as a publicly s	supported organiz	ation			►
h	33 1/3% support test-2019. If the	organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1/	3% or more, chec	k this
-	box and stop here. The organization	5					- 0
	10%-facts-and-circumstances test						🕨 🗆
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	organization			5		,	
	10%-facts-and-circumstances tes						🕨 🗆
b	15 is 10% or more, and if the organize						
	Explain in Part VI how the organization						
	supported organization						► 🗆
18	Private foundation. If the organization						· · · 🕨 🖯
18	5						
	instructions						📂 🗆
					Schedu	le A (Form 990 o	Dr 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

Part III

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

Se	ction A. Public Support					*	
	ndar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	fiscal year beginning in) 🕨	(4) 2010	(2) 2017	(0) 2010	(=) 2015	(0) 2020	(1) 10001
1	Gifts, grants, contributions, and	5,362,795	5,824,788	6 075 271	5,946,683	7,655,927	20 965 464
	membership fees received. (Do not include any "unusual grants.").	5,302,795	5,624,766	6,075,271	5,940,065	/,000,92/	30,865,464
2	Gross receipts from admissions.						
2	merchandise sold or services						
	performed, or facilities furnished in	7,534,529	6,988,585	7,847,933	7,563,279	8,724,353	38,658,679
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	12,897,324	12,813,373	13,923,204	13,509,962	16,380,280	69,524,143
7a	Amounts included on lines 1, 2, and	138,259	334,061	202,593	224,299	164,254	1,063,466
	3 received from disqualified persons	130,239	554,001	202,393	224,299	104,234	1,003,400
b	Amounts included on lines 2 and 3						
	received from other than						_
	disqualified persons that exceed the						0
	greater of \$5,000 or 1% of the						
~	amount on line 13 for the year. Add lines 7a and 7b.	138,259	334,061	202,593	224,299	164,254	1,063,466
8	Public support. (Subtract line 7c	130,239	554,001	202,333	224,233	104,234	1,003,400
0	from line 6.)						68,460,677
Se	ection B. Total Support						
	endar year						
	fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	12,897,324	12,813,373	13,923,204	13,509,962	16,380,280	69,524,143
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	854,830	993,792	1,127,159	1,051,416	716,335	4,743,532
	and income from similar sources						
ь	 Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
с	Add lines 10a and 10b.	854,830	993,792	1,127,159	1,051,416	716,335	4,743,532
11	Net income from unrelated		,				
	business activities not included in	34,766	31,530	19,293	15,276	3,587	104,452
	line 10b, whether or not the	54,700	51,550	19,293	13,270	3,387	104,452
	business is regularly carried on.						
12		767.400	COT 000	C17 010	E 4 5 7 9 9	607.000	2 212 721
	or loss from the sale of capital	767,182	685,602	617,819	545,728	697,390	3,313,721

	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.).	14,554,102	14,524,297	15,687,475	15,122,382	17,797,592	77,685,848
14	First 5 years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth f	tax year as a secti	ion 501(c)(3) orga	nization,
	check this box and stop here						

S	ection C. Computation of Public Support Percentage						
15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	88.130 %				
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	87.140 %				
S	Section D. Computation of Investment Income Percentage						
17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	6.110 %				
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	6.530 %				
	22. (20) support tests 2020. If the exception did not sheel, the hey on line 14 and line 15 is more than 22	+ (n 0/	and line 17 is not				

19a 331/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support tests-2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

Pai	rt IV	Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and E box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you 12d, of Part I, complete Sections A and D, and complete Part V.)			
Se	ection	A. All Supporting Organizations			
				Yes	No
1	If "No,	of the organization's supported organizations listed by name in the organization's governing documents? " describe in Part VI how the supported organizations are designated. If designated by class or purpose, be the designation. If historic and continuing relationship, explain.	1		
2	509(a)	e organization have any supported organization that does not have an IRS determination of status under section (1) or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was bed in section 509(a)(1) or (2).	2		
3a	Did the 3c belo	e organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and ow.			
b	Did the pu	e organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied blic support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the prination.	3a		
с	Did the	e organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? ;" explain in Part VI what controls the organization put in place to ensure such use.	3b 3c		
4a		ny supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you ed box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	organi	e organization have ultimate control and discretion in deciding whether to make grants to the foreign supported zation? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or rised by or in connection with its supported organizations.	4b		
с	501(c)	e organization support any foreign supported organization that does not have an IRS determination under sections $I(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	and 5c organi organi	e organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b : below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported zations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the zation's organizing document authorizing such action; and (iv) how the action was accomplished (such as by ment to the organizing document).	5a		
b	Type 1	I or Type II only. Was any added or substituted supported organization part of a class already designated in the zation's organizing document?	5b		
с	-	itutions only. Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	than (i suppor	e organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its rted organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing zation's supported organizations? If "Yes," provide detail in Part VI .	6		
7	sectior	e organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in 1 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial 1 utor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .	7		
8		e organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," ete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	defined	ne organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as d in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," e detail in Part VI .			
b	Did on	e octain in Part VI. e or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting zation had an interest? If "Yes," provide detail in Part VI.	9a 9b		
с		disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90 9c		
0a	certain	ne organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," r line 10b below.	105		
b		e organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether ganization had excess business holdings).	10a		

Supporting Organizations (continued) e organization accepted a gift or contribution from any of the following persons? on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization? ily member of a person described in 11a above? o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly ht or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's e organization operate for the benefit of any supported organization other than the supported organization(s) that ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	11a 11b 11c	Yes	No
A structure of a person described in 11a above? A controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly it or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's directors or discribed how the powers to appoint and/or e directors or trustees at all times during the tax year? If "No," to support or ganization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees are allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year.	11b 11c	Yes	
A structure of a person described in 11a above? A controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly it or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's directors or discribed how the powers to appoint and/or e directors or trustees at all times during the tax year? If "No," to support or ganization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees are allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year.	11b 11c	Yes	N
hing body of a supported organization? Ily member of a person described in 11a above? a controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly it or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or to e directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported organization(s) that ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	11b 11c	Yes	N
b controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly it or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or the directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported organization(s) that ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	11b 11c	Yes	N
b controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly it or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported organization(s) that ied, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit	11c	Yes	N
B. Type I Supporting Organizations e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly it or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's les. If the organization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year.	1	Yes	N
e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly to relect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year. e organization operate for the benefit of any supported organization other than the supported organization(s) that ied, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit		Yes	N
It or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year.		Yes	N
It or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or e directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, d to such powers during the tax year.			
ed, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
ed, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
zation.	2		
C. Type II Supporting Organizations			
		Yes	N
a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	-		
D. All Type III Supporting Organizations			
		Yes	N
e organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ar, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 90 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
nents in effect on the date of notification, to the extent not previously provided?	1		
any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			l
	2		
zation maintained a close and continuous working relationship with the supported organization(s).			
ization maintained a close and continuous working relationship with the supported organization(s).			
zation maintained a close and continuous working relationship with the supported organization(s). son of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times	3		1
ization maintained a close and continuous working relationship with the supported organization(s).	3		
ar 99 ne	i0 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ints in effect on the date of notification, to the extent not previously provided? y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the ation maintained a close and continuous working relationship with the supported organization(s). on of the relationship described in line 2 above, did the organization's supported organization supported organization supported organization supported organization (s).	iii) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 00 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ints in effect on the date of notification, to the extent not previously provided? 1 y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported stion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the ation maintained a close and continuous working relationship with the supported organization(s). 2 0 on of the relationship described in line 2 above, did the organization's supported organization's income or assets at all times	i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 00 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing nts in effect on the date of notification, to the extent not previously provided? 1 y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported stion(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the ation maintained a close and continuous working relationship with the supported organization(s). 2 on of the relationship described in line 2 above, did the organization's supported organization's income or assets at all times 2

- **b** \Box The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c 📋 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
- 2 Activities Test. Answer lines 2a and 2b below.

Schedule A (Form 990 or 990-EZ) 2020

	Z ACTIVITIES LEST, Answer lines za and zp below.			
-	Z Activities rest. Answer mies za and zb below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those organizations and explain how these activities directly furthered their exempt purposes, how the organizat responsive to those supported organizations, and how the organization determined that these activities const.	supported ion was		
	substantially all of its activities.	2a		
	b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the the organization's position that its supported organization(s) would have engaged in these activities but for the the organization's position that its supported organization(s) would have engaged in these activities but for the the organization's position that its supported organization(s) would have engaged in these activities but for the the organization's position that its supported organization(s) would have engaged in these activities but for the the organization (s) would have engaged in these activities but for the the organization (s) would have engaged in these activities but for the the organization (s) would have engaged in these activities but for the the organization (s) would have engaged in these activities but for the the organization (s) would have engaged in these activities but for the the organization (s) would have engaged in the second se	reasons for		
	organization's involvement.	2b		
3	3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or truste the supported organizations? If "Yes" or "No", provide details in Part VI.	ees of each of 3a		

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2020

3b

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
	Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	itegrate	// // 5	ganization (see

Schedule A (Form 990 or 990-EZ) 2020

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Part V Type III Non-Functionally Integrated	supporting		nunued)	
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
2 Amounts paid to perform activity that directly furthers e excess of income from activity	2			
3 Administrative expenses paid to accomplish exempt pur	poses of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval required	d - provide details in Part VI)		5	
6 Other distributions (<i>describe in Part VI</i>). See instruction	ns		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	ich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required <i>explain in Part VI</i>). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				
 Carryover from 2015 not applied (see instructions) 				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4 Distributions for 2020 from Section D, line 7:				
\$				
 Applied to underdistributions of prior years 				
 b Applied to 2020 distributions of prior years 				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.				

lines 3h and 4b from line 1. If the a than zero, <i>explain in Part VI</i> . See i	amount is greater			
7 Excess distributions carryover to 3j and 4c.	2021. Add lines			
8 Breakdown of line 7:				
a Excess from 2016.				
b Excess from 2017				
c Excess from 2018				
d Excess from 2019				
e Excess from 2020.				
Section A, lines 1, 2, 3b, 3 Part IV, Section D, lines 2 a	ion. Provide the explanations requ c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 3 and 3; Part IV, Section E, lines 1c, 3; and Part V, Section E, lines 2, 5	11b, and 11c; Part IV, Sec 2a, 2b, 3a and 3b; Part V	tion B, lines 1 and 2 , line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
	Facts And Circ	cumstances Test		
Return Reference		Explanation		

 Return Reference
 Explanation

 SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:
 OTHER REVENUE - 2016 AMOUNT: \$ 632,529. 2017 AMOUNT: \$ 666,797. 2018 AMOUNT: \$ 11,188. 2019 AMOUNT: \$ 2,140. 2020 AMOUNT: \$ 150,586. FUNDRAISING INCOME - 2016 AMOUNT: \$ 134,653. 2017 AMOUNT: \$ 38,805. 2018 AMOUNT: \$ 42,100. MANAGEMENT FEE - 2018 AMOUNT: \$ 504,990. 2019 AMOUNT: \$ 499,901. 2020 AMOUNT: \$ 537,744. INSURENCE REIMBURSEMENT - 2018 AMOUNT: \$ 24,572. 2019 AMOUNT: \$ 43,687. ATHLETIC FEES - 2018 AMOUNT: \$ 34,969. 2020 AMOUNT: \$ 9,060.

Schedule A (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

efile Public Visual Reno	der Objectld: 202201369349316835 - Submission: 2022-05-16		TIN: 13-5562204
Schedule B	Form 990, 990-EZ,		OMB No. 1545-0047
or 990-PF) Department of the Treasury Internal Revenue Service	 Attach to Form 990, 990-EZ, or 990-PF. Go to <u>www.irs.gov/Form990</u> for the latest information 	n.	2020
Name of the organization GREENWICH HOUSE INC		Employer id	entification number
		13-5562204	
Organization type (che	ck 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	e foundation	
	527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private for	undation	
	\Box 501(c)(3) taxable private foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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).

	Page 2		
0-EZ, or 990-PF) (2020)			Page 2
		Employer id 13-5562204	lentification number
tributors (see instructions). Use duplicate copie	s of Part I if additional space is need	ed.	
(b) Name, address, and ZIP + 4	t Total	(c) contributions	(d) Type of contribution
		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(b) Name, address, and ZIP + 4	4 Total	(c) contributions	contributions.) (d) Type of contribution
	(b) Name, address, and ZIP + 4	ntributors (see instructions). Use duplicate copies of Part I if additional space is need (b) Name, address, and ZIP + 4 Total (b) (b)	Employer id 13-5562204 htributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (C) Name, address, and ZIP + 4 Total contributions \$ RESTRICTED (b) (C)

-			Payroll
		\$_	□ Noncash
			0
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$\$	Noncash
			(Complete Part II for noncash contributions.)
		Schedule B (F	orm 990, 990-EZ, or 990-PF) (2020)

– Page 3 –

(Form 990, 990-EZ, or 990-PF) (2020)		Page 3
anization I HOUSE INC	Employer identification	number
Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed		
(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$_	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
	\$_	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Anization I HOUSE INC Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given (b) Description of noncash property given	anization HOUSE INC Employer identification 13-5562204 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (c) (b) Description of noncash property given (c) (b) (b) (c) (c) FMV (or estimate) (See instructions) (c) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) FMV (or estimate) (see instructions) (c) C) FMV (or estimate) (see instructions) (c) s (b) Description of noncash property given FMV (or estimate) (see instructions) (c) s (b) Description of noncash property given (c) (b) S (c) (b) S (c) (b) S (c) (b) S (c) (b) FM

			Schedule B (Form 990, 990-I	EZ, or 990-PF) (2020)			
		Page 4					
	B (Form 990, 990-EZ, or 990-PF) (2020) rganization		Employer identification	Page 4			
	CH HOUSE INC			number			
Part III	Exclusively religious, charitable, etc., contribution	s to organizations described	13-5562204 in section 501(c)(7), (8), or (10)	that total more			
	than \$1,000 for the year from any one contributor. organizations completing Part III, enter the total of						
	year. (Enter this information once. See instructions	s.) 🕨 💲 🔄 👘					
	Use duplicate copies of Part III if additional space is ne	eded.					
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
			_				
-		(e) Transfer of gift					
-	Transferee's name, address, and ZIP 4	Relat	ionship of transferor to transfere	e			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is held			
Turti							
	Transferee's name, address, and ZIP 4	(e) Transfer of gift Relat	ionship of transferor to transfere	e			
Ī	······································						
(a) Io. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(, 0		•			
			_				
-		(e) Transfer of gift	· · · · · · · · · ·				
-	Transferee's name, address, and ZIP 4	Relat	ionship of transferor to transfere	e			
(a)		(a) Line of sift	(d) Decorintion of h	eur aift is held			
lo. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of h	ow gift is neid			
	·						
-		(e) Transfer of gift					
	Transferee's name, address, and ZIP 4	Relat	ionship of transferor to transfere	e			
			hadula B (Eaver 000, 000 57				
		S	hedule B (Form 990, 990-EZ,	or 990-PF) (2020)			

efil	e Public Visua	al Render	ObjectId: 2022013	369349316835	Submission: 2022	-05-16	TIN: 13-5562204
	HEDULE D n 990)		Supplemer	ntal Financia	al Statements		OMB No. 1545-0047
	ment of the Treasury		Part IV, line 6, 7, 8, 9, 1				ZUZU Open to Public
	Revenue Service	▶ G	o to <u>www.irs.gov/Forn</u>			rmation.	Inspection
Na GRE	ne of the organ ENWICH HOUSE INC	ization				Employer ide	ntification number
	-					13-5562204	
Pa			ntaining Donor Advi Inization answered "Ye			or Accounts.	
	·				advised funds	(b) Funds	and other accounts
		-					
2 3	Aggregate value		ns to (during year)				
4		-					
5	Did the organiza	ation inform all	donors and donor adviso t to the organization's ex				he 🗌 Yes 🗌 No
6	charitable purpo	oses and not fo	grantees, donors, and do r the benefit of the donor	or donor advisor, o	r for any other purpose		
Pai		vation Ease					
1			inization answered "Ye sements held by the orga				
-			oublic use (e.g., recreation	-	 Preservation of ar 	n historically impo	rtant land area
		of natural hab		,	Preservation of a		
	Preservation	on of open spa	ce				
2	Complete lines 2	2a through 2d	if the organization held a	qualified conservati	on contribution in the fo	rm of a conservat	ion
_	easement on the	-	ie tax year. asements				t the End of the Year
a b			servation easements			2a 2b	
c	-	-	ents on a certified histori			2c	
d	Number of conse structure listed i		ents included in (c) acqu Register	ired after 7/25/06,	and not on a historic	2d	
3	Number of cons tax year ►	ervation easen	nents modified, transferre	ed, released, extingu	ished, or terminated by	the organization	during the
4	Number of state	es where prope	rty subject to conservation	on easement is locat	ed 🕨		
5	Does the organi and enforcemen	zation have a not of the conse	written policy regarding the vation easements it holds	he periodic monitori s?	ng, inspection, handling	of violations,	🗌 Yes 🗌 No
6	Staff and volunt	eer hours dev	oted to monitoring, inspec	cting, handling of vi	plations, and enforcing c	onservation easer	
7	Amount of expe	enses incurred	in monitoring, inspecting,	handling of violatio	ns, and enforcing conser	vation easements	during the year
8			nent reported on line 2(d)			.70(h)(4)(B)(i)	🗌 Yes 🗌 No
9	balance sheet, a	and include, if	organization reports cons applicable, the text of the for conservation easemen	footnote to the org			
Par			ntaining Collections inization answered "Ye			ner Similar As	sets.
1a	If the organizati historical treasu	ion elected, as ires, or other s	permitted under FASB AS imilar assets held for pub ote to its financial statem	SC 958, not to repor lic exhibition, educa	t in its revenue statement in its revenue statement in furth		
b	If the organizati	ion elected, as ires, or other s	permitted under FASB AS imilar assets held for pub	SC 958, to report in	its revenue statement a		
(0, Part VIII, line 1			▶\$	
			Part X				
2			held works of art, histori			ancial gain, provid	le the
а	-	-	be reported under FASB ,), Part VIII, line 1	-		► \$	
			Part X				
			tice, see the Instruction				dule D (Form 990) 2020
				Page 2 -			
Sche	dule D (Form 990) 2020					Page 2
		,	ntaining Collections	of Art, Historic	al Treasures, or Oth	ner Similar As	,
3		ization's acqui	sition, accession, and othe				
а	Public ext			d	Loan or exchange	programs	
b	Coholant	rocoarch		e	 Other		
с	Scholarly						
4		ion for future of		d ovalain herrither	further the erection	's avampt room -	o in
•	Part XIII.		ganization's collections ar		-		e III
5			ization solicit or receive d s rather than to be mainta				🗌 Yes 🗌 No

	dial Arrangements. anization answered "Yes	s" on Forn	n 990, Part IV, li	ne 9, or rep	ported an amo	unt on Forn	n 990,	Part X,
1a Is the organization an agent, t included on Form 990, Part X?						🗌 Yes		lo
b If "Yes," explain the arrangem	ent in Part XIII and comp	lete the foll	owing table:			Amount		_
c Beginning balance				10	c			_
${\boldsymbol{d}}$ Additions during the year								_
• Distributions during the year .								
f Ending balance								_
2a Did the organization include and .		,	•		•			lo
b If "Yes," explain the arrangem		re if the exp	planation has been	n provided in	Part XIII	. U		
Part V Endowment Funds Complete if the orga	s. anization answered "Yes	s" on Forn	n 990, Part IV, li	ne 10.				
	(a) Curre		(b) Prior year	(c) Two years			Four yea	
1a Beginning of year balance .	· · · ·	2,391,112	2,394,944	2,30	09,634	2,203,592	1	,801,345
b Contributionsc Net investment earnings, gains,	and lossos	280,735	-3,832	8	85,310	106,042		200,000
d Grants or scholarships	· · · · · · · · · · · · · · · · · · ·	,	-,					
e Other expenditures for facilities								
and programs								48,971
f Administrative expenses								
g End of year balance	L	2,671,847	2,391,112		94,944	2,309,634	2	,203,592
 Provide the estimated percent Board designated or quasi-end 		id balance (line 1g, column (a	a)) held as:				
	64.050 %							
c Term endowment > 35.95								
The percentages on lines 2a, 2		00%.						
3a Are there endowment funds no	ot in the possession of the	organizatio	on that are held ar	nd administer	red for the			— —
organization by: (i) Unrelated organizations .						. 3a(i)	Yes Yes	No
(ii) Related organizations						. 3a(ii)		No
b If "Yes" on 3a(ii), are the relat		required or	n Schedule R? .			. 3b	-	
4 Describe in Part XIII the inten	ded uses of the organization	on's endow	ment funds.					
Part VI Land, Buildings, an	nd Equipment. anization answered "Yes	c" on Forn	o 000 Port IV li	no 112 So	o Form 000 Pr	ort V line 1	0	
Description of property	(a) Cost or other basis (investment)		or other basis (other)		lated depreciation		Book valu	ie
1a Land								
b Buildings			3,729,022		2,819,259	-		909,763
c Leasehold improvements d Equipment			1,095,878		392,296			703,582
e Other			652,220		207,405			652,220
otal. Add lines 1a through 1e. (Col	lumn (d) must equal Form	990, Part)						2,311,074
					Sc	hedule D (F	orm 99	0) 202
		Pa	ige 3					
Schedule D (Form 990) 2020								Page 3
Part VII Investments - Oth	ner Securities.							
	anization answered "Yes	s" on Forn		ne 11b.See		rt X, line 12 of valuation:		
	n of security or category g name of security)		(b) Book		Cost or end-of-y			
			value					
 Financial derivatives Closely-held equity interests 			· ·					
(3)Other			<u> </u>					
В)								
(C)								
D)								
E)								
F)								
G)								
Н)								
I)								
otal. (Column (b) must equal Form 990,	Part X, col. (B) line 12.)		•					
Part VIII Investments - Pro			- 000 <u>Devi IV</u>		- Ferrer 0000 -	where the state	2	
	anization answered 'Ye a) Description of investme		1 990, Part IV, li		e Form 990, Pa •) Book value	(c) Method Cost or end-	d of valu -of-year	
						V	alue	
(2)								

(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b)) must equal Form 990, Part X, col.(B) line 13.)			
Part IX Ot	ther Assets.			
Co	omplete if the organization answered 'Yes' on Form 990, Part IV, line 11d. (a) Description	See Form 990, Part 3		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column	(b) must equal Form 990, Part X, col.(B) line 15.)		•	
	ther Liabilities.			(III)) E
1.	omplete if the organization answered 'Yes' on Form 990, Part IV, line 11e ((a) Description of liability	or 11f.See Form 99	90, Part X	(b) Book value
 Federal inco 				
(2)				_
(3)				
(4)				
(5)				
(6)				
(3)				
(8)				
(9)				
) must equal Form 990, Part X, col.(B) line 25.) ncertain tax positions. In Part XIII, provide the text of the footnote to the organizat	ion's financial statem	ents that	reports the
	ability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of			_

Schedule D (Form 990) 2020

	ruge +				
Sche	dule D (Form 990) 2020				Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			eturn	
1	Total revenue, gains, and other support per audited financial statements .	•	 	1	22,133,365
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	351,435		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	3,954,051		
е	Add lines 2a through 2d	• •	 	2e	4,305,486
3	Subtract line 2e from line 1			3	17,827,879
4	Amounts included on Form 990, Part VIII, line 12, but not on line ${f 1}$:				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	1,424		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	1,424
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		 	5	17,829,303
Pai	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part		xpenses per l	Retur	'n.
1	Total expenses and losses per audited financial statements $\ . \ . \ .$		 	1	20,858,625
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			

b	Prior year adjustments		2b			
с	Other losses		2c			
d	Other (Describe in Part XIII.)		2d	3,663,046		
е	Add lines 2a through 2d				2e	3,663,046
3	Subtract line 2e from line 1				3	17,195,579
4	Amounts included on Form 990, Part IX, line 25, bu	ut not on line 1:				
а	Investment expenses not included on Form 990, Pa	art VIII, line 7b 🔒 .	4a	1,424		
b	Other (Describe in Part XIII.)		4b	98,582		
с	Add lines 4a and 4b		•		4c	100,006
5	Total expenses. Add lines 3 and 4c. (This must equ	ual Form 990, Part I, line 18.).		5	17,295,585
Pai	t XIII Supplemental Information					
	vide the descriptions required for Part II, lines 3, 5, a s 2d and 4b; and Part XII, lines 2d and 4b. Also com				V, line	4; Part X, line 2; Part XI,
	Return Reference			Explanation		
PART	V, LINE 4:		GENER			NCOME IS USED TO SUPPORT (1) P AWARDS, (4) POTTERY AND (5)
PART	X, LINE 2:	THE AGENCY BELIEVES IT I ACCORDANCE WITH ACCOU TAXES," WHICH PROVIDES PROVISIONS FOR UNCERTA	JNTIN STANI	S STANDARDS CODIFICAT	ION ("	ASC") TOPIC 740, "INCOME
PART	XI, LINE 2D - OTHER ADJUSTMENTS:					TING ELIMINATIONS -1,042,300. REST IN REMAINDER TRUST
	XII, LINE 2D - OTHER ADJUSTMENTS:		ORGAN	IZATION 4,705,346. CON	SOLID	ATING ELIMINATIONS -1,042,300.
PART	XII, LINE 4B - OTHER ADJUSTMENTS:	FINANCIAL AID 98,582.				
				:	Sched	ule D (Form 990) 2020

Additional Data

Return to Form

					335 - Submission: 20				TIN: 13-5562204
lote: To capture t Schedule I	he full co	ontent of th			elect landscape mod			(OMB No. 1545-0047
Form 990)			Gov	vernments	Other Assistan and Individual	s in the Unite	d States		2020
Department of the Treasury Internal Revenue Service			Comple	te if the organization to the tensor to tensor tenso tensor tens tensor tens Tensor tensor tenso Tensor tensor tenso Tensor tensor tens	ation answered "Yes," Attach to Forn w.irs.gov/Form990 for	on Form 990, Part IV 1 990. • the latest informatio	, line 21 or 22. on.		Open to Public Inspection
lame of the organization GREENWICH HOUSE IN	iC							Employer identifie 13-5562204	cation number
				Assistance					
the selection crite 2 Describe in Part I Part II Grants an	eria used to IV the organ nd Other A	o award the g nization's pro ssistance to	rants or ass cedures for Domestic	monitoring the us Organizations a	se of grant funds in the U	nited States.	for the grants or assistance ganization answered "Yes"		Yes No
(a) Name and addr organization or governmen		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
8)									
(9)									
(10)									
11)									
(12)									
	per of other	organizations	listed in th	ne line 1 table .	s listed in the line 1 table				nedule I (Form 990) 2020
Schedule I (Form 990) Part III Grants an Part III Grants an	nd Other A	ssistance to	Domestic	Individuals. Cor	nplete if the organization	answered "Yes" on Forr	n 990, Part IV, line 22.		Page 2
(a) Type of gran			(b) N	Number of cipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (b FMV, appraisal, other)	ook, (f) Description	of noncash assistance
(1) SCHOLARSHIPS				376	-	98,582		TUITION ASSISTAN	CE
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
	lemental	1		le the information	on required in Part I, li	ne 2; Part III, colum	n (b); and any other ad	ditional information.	
Return Reference PART I, LINE 2:		WHO WILL	UTIVE DIRE	A SCHOLARSHIP A	AND FOR HOW MUCH. UPO	FORMATION OF THOSE ON APPROVAL, THE TUI NIZATION IN WHICH TH	APPLYING FOR SCHOLARSH TION PAYMENT FOR THE IN	IPS AND MAKES A DETER DIVIDUAL IS REDUCED B	RMINATION, BASED ON NEE Y THE SCHOLARSHIP AWAF

Additional Data

Return to Form

Schedule J Compensation Information	OMB No.	1 5 4 5	
Form 990)		1545-	0047
For certain Officers, Directors, Trustees, Key Employees, and Highest			
Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20)2(
Attach to Form 990.			
b Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.	Open	to Pu bectio	
Name of the organization Employer id	lentification n		
GREENWICH HOUSE INC 13-5562204			
Part I Questions Regarding Compensation			_
tart questions regularity compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any 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		1	
 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 			
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	· · 1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods			
used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Compensation committee			
Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee	~		
	e -		
During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organizat related organization:	ion or a		
a Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	. 4b		No
c Participate in, or receive payment from, an equity-based compensation arrangement?	. 4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		No
b Any related organization?	5a 5b		No
If "Yes," on line 5a or 5b, describe in Part III.	55		140
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		No
b Any related organization?	6b		No
If "Yes," on line 6a or 6b, describe in Part III.			
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			Ne
If "Vec" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations s	8		No

 9
 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?
 9

 For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 Cat. No. 50053T
 Schedule J (Form 990) 2020

Page 2

Schedule J (Form 990) 2020
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. Page 2

(A) Name and Title			own of W-2 and/or compensation		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
1 DARREN BLOCH EXEC. DIR./CEO	(i)	224,829	0	374	0	47,982	273,185	0
	(ii)	0						
2 SARA TAKI MEDICAL DIRECTOR	(i)	199,652	0	249	0	47,855	247,756	0
	(ii)	0			0	0	0	
3 JANET ROSS CFO	(i)	152,412	0	1,645	0	17,819	171,876	0
						0	0	
4 ANDREA NEWMAN ASSISTANT EXECUTIVE DIRECT	(i)	146,375	0	1,072	0	16,154	163,601	0
	(ii)					0	0	
5 GAIL REID DIR. OF BEHAVIORAL HEALTH	(i)	134,679	0	1,645	0	25,702	162,026	0
	(ii)					0	0	
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Additional Data

Return to Form

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SCHEDULE R (Form 990)	► Co	mplete if	the organi	zation ans	ations a wered "Yes" Attach to F orm990 for i	' on Form ! orm 990.	990, Pa	rt IV, lin	e 33, 3	4, 35b, 36,	or 37.		20	. 1545-0047)20 to Public
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Name of the organization GREENWICH HOUSE INC											mployer ic 3-5562204	dentification	n number	
Part I Identification	of Disregarded En	tities. Co	mplete if	the organi	zation answ	ered "Yes"	on For	m 990,	Part IV,					
Name, address, and f	(a) EIN (if applicable) of disreg	arded entity			(b) Primary ac	tivity	Legal do	(c) micile (sta gn country	te)	(d) Total income	End-of-	(e) year assets	Direct	(f) controlling ntity
Part II Identification o	f Related Tax-Exe	mpt Orga	nization	s. Comple	te if the orga	anization a	answere	ed "Yes"	on For	m 990, Pai	t IV, line :	34 because	it had one o	r more
	pt organizations dur (a) EIN of related organization		x year.	(Primar	b) y activity	(c) Legal domic or foreign o	ile (state	Exempt	(d) Code se	ction Publi (if se	(e) c charity stat ction 501(c)(tus Dir 3))	(f) rect controlling entity	(g) Section 512(b) (13) controlled entity?
(1)BARROW STREET NURSERY SCHO 122 WEST 27TH STREET NEW YORK, NY 10001	OOL AT GREENWICH HOUS	E		NURSERY SO	CHOOL	NY		501(C)(3)	LINE 2	!	GREENW	ICH HOUSE INC	Yes No Yes
38-3720019														
(Name, addre	f Related Organiza ed organizations tre a) ss, and EIN of ganization			a Partne			hant lated, ed, om tax tions	(f) Share of total income	(g) Share ol end-of- year assets	f Dispro	Form 990 h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	ne 34, becau (j) General or managing partner?	Page 2 ise it had
						512 51	.,			Yes	No		Yes No	
Part IV Identification o because it had or (a) Name, address, and EIN related organization	e or more related o		ns treated	i as a corp			g the ta) htrolling		ntity Sł	(f) hare of total income	(g) Share of en of-year	(h) htage See	(i) tion 512(b)(13) ntrolled entity?
reaced organization				(state	or foreign untry)	end	cy.	corp, or trus		income	assets	owner		es No
			- Page	3								Sch	edule R (For	n 990) 2020

Note. Complete line 1 if any entity is listed in Pa	rts II, III, or IV	of this sche	edule.										Yes	No
L During the tax year, did the orgranization engage in	any of the foll	owing trans	actions with on	ie or more	related or	ganizations	listed in P	arts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalti				• •			• •		• •			1a		No
b Gift, grant, or capital contribution to related organized organized and the second	. ,	• • •		• •		• • •	• •		• •			1b 1c		No No
 c Gift, grant, or capital contribution from related o d Loans or loan guarantees to or for related organ 			· · · · ·						• •		•	1d		No
 Loans of loan guarantees to of for related organization Loans or loan guarantees by related organization 												1e		No
f Dividends from related organization(s)									•			1f		No
g Sale of assets to related organization(s) .		· · ·	· · · ·	• •		· · ·	• •		·			1g		No
 h Purchase of assets from related organization(s) i Exchange of assets with related organization(s). 				• • •					• •	•		1h 1i		No No
j Lease of facilities, equipment, or other assets to									·. ·.	· 		1j	Yes	
k Lease of facilities, equipment, or other assets fro	om related orga	nization(s)										1k		No
Performance of services or membership or fundra					• •			· · ·			· ·	11		No
m Performance of services or membership or fundra					• •					•		1m 1n	Yes	No
 Sharing of facilities, equipment, mailing lists, or operating of paid employees with related organization 				· · ·			• •	• • •		· ·		10	Yes	
 Reimbursement paid to related organization(s) f 	or expenses .											1p		No
Reimbursement paid by related organization(s) f	or expenses .						• •		•••		•	1q	Yes	
 Other transfer of cash or property to related orga Other transfer of cash or property from related or 				• •		· · ·	• •		• •			1r 1s		No No
Other transfer of cash or property from related of If the answer to any of the above is "Yes," see the	ş ()						· · ·			tion throshold	•	13		NO
(a				st complet	e ans me	(b)	overed tel	(c)			(d)			
Name of related	d organization					Transact type (a-	ion s)	Amount involv	ed	Method of de	termining	amount ii	nvolved	
ARROW STREET NURSERY SCHOOL						3		73,158	FAI	R MARKET VALUE	E			
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										Sch	edule R	(Form 9	90) 2	2020
art VI Unrelated Organizations Taxable vide the following information for each entity taxed s not a related organization. See instructions regard (a)	e as a Partne as a partnershi ing exclusion fo (b)	p through w r certain inv	hich the organ vestment partn	ization cor erships.	nducted m	ore than five	e percent	of its activitie	s (measu	ired by total a	-			
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