		al Render	objectid: 2	02301359349320555 -			. 2023	-05-15		111	N: 13-556220
	n l	Re	turn of Or	ganization Exem	pt F	rom	Incoi	ne Tax	(0	MB No. 1545-004
orm 33U	,			4947(a)(1) of the Internal I	•					;)	2021
				cial security numbers on this				-			
epartment of the	Treasury	▶ G	io to <u>www.irs.g</u>	ov/Form990 for instructio	ons and	d the lat	test info	ormation.		C	Open to Public Inspection
ternal Revenue S											Inspection
For the 2	2021 ca			nning 07-01-2021 ,and e	ending	06-30-2	2022				
Check if appli		C Name of organiz GREENWICH HC						D Em	ployer id	entific	ation number
) Address cha) Name chang								13	-5562204	ŀ	
) Initial return	-	Doing business	as								
) Final return/ter Amended re		Novele en en el eter		and the same distance of the second state		(1)		E Tele	ephone nui	nber	
) Amended re) Application p			STREET 6TH FLOC	nail is not delivered to street addr)R	ess) Ro	oom/suite		(21	.2) 991-0	003	
	ŀ			untry, and ZIP or foreign postal co	de				,		
		NEW YORK, NY	10001					G Gro	oss receipt	s\$19,	713,717
		F Name and a DARREN BLOC	ddress of princip H	al officer:		1	H(a) Is	this a grou	ıp return	for	
		122 WEST 27T	H STREET 6TH F	LOOR				ibordinates e all subor			🗌 Yes 🗹 No
Tax-exempt	status:	NEW YORK, NY		0			ìin	cluded?		_	Yes No
			501(c) ()	(insert no.) 4947(a)(1) or	r U 5			"No," attao roup exemp			
Website:		W.GREENWICHH	HOUSE.ORG					oup exemp		ibei 🖡	-
Form of organ	nization	Corporation		ociation 🗌 Other 🕨		L	. Year of f	ormation: 19	02 M S	state of	f legal domicile: NY
			Ass								
Part I	Sumn			or most significant activities:							
	UGRAMS	, ALL AIMED AI	PROVIDING PER	SONAL GROWTH AND ENRIC	HMEN1.	•					
2 Ch	neck this	s box 🕨 🗌									
3 Nu	umber of	f voting membe	rs of the govern	ing body (Part VI, line 1a) .	• •		• •	•		3	1
				of the governing body (Part V	Number of independent voting members of the governing body (Part VI, line 1b)					4	1
5 Tot	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)										
										5	28
		ber of volunteer	rs (estimate if ne	cessary)				· · · ·		6	7
7a Tot	tal unre	ber of volunteer lated business r	rs (estimate if ne revenue from Pa	ccessary)	· ·	· · ·	· · · ·	· · · · ·		-	
7a Tot	tal unre	ber of volunteer lated business r	rs (estimate if ne revenue from Pa	cessary)	· ·	· · ·	· · · ·	Prior Yea	r	6 7a 7b	7 3,25
7a Tot b Ne	otal unre et unrela	ber of volunteer lated business r ated business ta	rs (estimate if ne revenue from Pa xable income fro	ccessary)	••• •••	· · ·	· · · ·	Prior Yea	r 555,927	6 7a 7b	7 3,25
7a Tot b Ne	otal unre et unrela ontributio	ber of volunteer lated business r ated business ta ons and grants	rs (estimate if ne revenue from Pa xable income fro (Part VIII, line 1h	ccessary)	· · ·	· · ·	· · · ·	Prior Yea		6 7a 7b	7 3,25 Current Year
7a Tot b Ne	otal unre et unrela ontributio ogram s	ber of volunteer lated business r ated business ta ons and grants ervice revenue	rs (estimate if ne revenue from Pa xable income fro (Part VIII, line 1h (Part VIII, line 20	ecessary)	· · ·	· · ·	· · · ·	Prior Yea 7, 8,	655,927	6 7a 7b	7 3,25 Current Year 8,046,17
7a Tot b Ne 8 Co 9 Pro 10 Inv 11 Ot	ontribution ontribution ogram s vestmer ther reve	ber of volunteer lated business rated business ta ons and grants vervice revenue at income (Part enue (Part VIII, o	rs (estimate if ne revenue from Pa xable income fro (Part VIII, line 1h (Part VIII, line 2 <u>c</u> VIII, column (A), column (A), lines	ecessary) . . tt VIII, column (C), line 12 . mr Form 990-T, Part I, line 11 i) . i) . i) . i) . ii) . iii) . iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	· · ·	 	· · · ·	Prior Yea 7, 8, 1,	555,927 724,353 102,303 346,720	6 7a 7b	7 3,25 Current Year 8,046,1 9,579,7(162,72 1,840,66
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For I	Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y	F	orm 99	0 (2021)
	Page 2			
	990 (2021)			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		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?	Y	'es 🔽	No
_	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	No.
	If "Yes," describe these changes on Schedule O.		105	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 8,525,080 including grants of \$) (Revenue \$	10,512,	523)	
	HEALTH SERVICES: CENTER FOR RESILIENCY AND WELLNESS PROVIDES INTERGENERATIONAL, TRAUMA-INFORMED MENTAL HEALTH AND OUR INTERDISCIPLINARY TEAM OF SOCIAL WORKERS, PSYCHIATRISTS, NURSE PRACTITIONERS LICENSED IN PSYCHIATRY, CASE MANAGE ATTENDANTS, AND INTERNS, PROVIDE CARE TO CLIENTS AGES 3 TO 100+. THE CENTER IS A REGISTERED OPIOID OVERDOSE PREVENTIC GREENWICH HOUSE'S METHADONE MAINTENANCE TREATMENT PROGRAM. FOR THE PAST FIVE DECADES, MMTP HAS HELPED THOUSANDS SUBSTANCE USE DISORDER REGAIN CONTROL OF THEIR LIVES AND MAKE MUCH BETTER CHOICES. WHETHER YOU OR YOUR LOVED ONES RECOVERY JOURNEY, THE GREENWICH HOUSE TEAM IS READY TO MEET YOU WHEREVER YOU ARE IN THE PROCESS.	R, HOM N PROC OF IND	E HEALTH GRAM UN IVIDUAL	H DER S WITH
4b	(Code:) (Expenses \$ 3,216,462 including grants of \$ 367,203) (Revenue \$)	
	ARTS AND EDUCATION SERVICES: IN FY2022 GREENVICH HOUSE MUSIC SCHOOL (GHMS) EXPANDED ITS PUBLIC SCHOOL OUTREACH PR MIDDLE AND HIGH SCHOOL STUDENTS IN ADDITION TO ELEMENTARY SCHOOL STUDENTS WITH ITS CHORAL AND SONGWRITING PROGRA INTRODUCED A THEATER PROGRAM FOR CHILDREN IN COLLABORATION WITH PARTNER ARS NOVA. THE MUSIC SCHOOL PRESENTED OVEL 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 OFFERED MORE THAN 100 CLASSES ANNUALLY. THE GREENWICH HOUSE AFTER-SCHOOL ARTS PROGRAM INTRODUCED FAMILY GAME ROOFTOP MOVIE NIGHTS ACCESSIBLE TO THE 200 STUDENTS AND THEIR FAMILLES IN THE PROGRAM. FY2021 SAW OVER 4,000 CLASS RI NEARLY \$100,000 DISTRIBUTED FOR ARTS SCHOLARSHIPS TO STUDENTS IN THE ARTS AFTER-SCHOOL AND SUMMER CAMP, MUSIC SCHO	AMMING 50 CO RATION EXHIBI OVER 4 S NIGH EGISTRA	6. GHMS MMUNITY S AND A TIONS 450 STUE TS TO AN ATIONS A	, CHORAL DENTS ID ND
4c	(Code:) (Expenses \$ 2,157,288 including grants of \$) (Revenue \$)	
	OLDER ADULT SERVICES: GREENWICH HOUSE'S OLDER ADULT CENTERS ARE A VITAL RESOURCE FOR MANY IN THE COMMUNITY. WE OFFE EDUCATIONAL, PHYSICAL, AND CULTURAL PROGRAMS TO ENGAGE MEMBERS AND PROMOTE HEALTHY AND ACTIVE LIFESTYLES. MOST IMP THE MEMBERS OF OUR OLDER ADULT COMMUNITY THROUGHOUT OUR MULTIPLE LOCATIONS IN MANHATTAN. THESE PROGRAMS ARE FREE ALL YOU NEED TO DO IS REGISTER ONLINE OR IN PERSON AT ONE OF OUR CENTERS. EACH CENTER OFFERS A FRESHLY PREPARED WEEK SCHEDULED PROGRAMMING, AND SPECIAL EVENTS. THANKS TO PARTNERSHIPS WITH CULTURAL INSTITUTIONS, LOCAL POLITICIANS, AN FOUNDATIONS, OUR ACTIVITIES INCLUDE ACCESS TO EXCITING ART PROGRAMMING AND OPPORTUNITIES. CASE MANAGEMENT SERVICE TO MEMBERS FOR HELP OBTAINING BENEFITS AND ENTITLEMENTS, AND OTHER SOCIAL WORK NEEDS. ALL LOCATIONS OFFER FREE WIFI ELECTRONIC DEVICES INCLUDING TABLETS.	ORTANT FOR AL DAY LUN D PRIVA 5 ARE A	LY, WE S L ADULT ICH, REG TE LSO AVA	S 60+, ULARLY ILABLE
4d	Other program services (Describe in Schedule O.)			
4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 13,898,830)		
10		F	orm 99	0 (2021)
	Dage 2			
	Page 3			
	990 (2021)			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	1	Yes	
2	Schedule A 😼	2	Yes	
3	Did the organization required to complete Schedule <i>D</i> , Schedule <i>D</i> compared activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule <i>C</i> , 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	-		No
7	Schedule D, Part I 🕲	6 7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 😒	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.			

а	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
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 📽	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		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
		F	orm 99	0 (2021)

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Form 990 (2021)

Checklist of Required Schedules (continued)			
		Yes	No
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	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 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
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 line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \therefore	29		No
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule 1, Parts I and III . 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule 1. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . 24a Did the organization numeration an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 24a Schedule L, Part I 25b 25b Did the organization neeported on any of the organization's prior Forms '900 or 909-E22 If "res," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22 for receivables from or payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization neeported an anal poyee thereof or a family member of any of these persons? If "Yes," compl	Ves Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Outmen (A), line 27 If "Yes," complete Schedule I, Parts I and III . 22 Yes Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensated employees? If "Yes," complete Schedule J 23 Yes Did the organization nawser "Yes" to Part VII, Section A, line 3, 4, or 5, about compensated employees? If "Yes," complete Schedule J 24 23 Yes Did the organization navser that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24b 24b Did the organization nave at ax-exempt bonds beyond a temporary period exception? 24c 24d 24d 24d 24c 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d 24d 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 tary amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (ncluding an employee thereol) or family member of any othese persons? If "Yes," complete Schedule L, Part II 25 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key empl

	Scneaule N, Marill	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections			Ne
34	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34		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		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			No
38	is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 🖏 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note.	37	X	110
De	All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		_	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 78			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Yes	
		F	orm 99	0 (2021)
	Page 5			
	raye 5			
Form	990 (2021)			Page 5
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		
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 0 \ldots	3b	Yes	
	 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: 			No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		NU
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
	not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		No
a	provided to the payor?	74		NO
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			

b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11	Section 501(c)(12) organizations. Enter:

а	Gross income from members or shareholders	•	•	•	•	•	•	•	•	•
b	Gross income from other sources. (Do not net	amo	ounts	due	e or	paid	l to	othe	r so	our
	against amounts due or received from them.)									

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

	11a			
rces •	11b			
Form 9	90 in l	eu of Form 1041?	12a	
year.	12b			

10b

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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	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 O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
		Fo	orm 990	(2021)

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Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 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			
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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?	7b		No
8	bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
	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 Revenue	- Code	•)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
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	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?			

Section C. Disclosure

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

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

NY

Own website Another's website Upon request Other (explain in Schedule O)
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

	NAIMA CHISOLM MANAGER 115 BROADWAY NEW YORK, NY 10006 (212) 991-0003					
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Form 9	990 (2021)	Page 7				
Part	VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empl and Independent Contractors	oyees,				
	Check if Schedule O contains a response or note to any line in this Part VII	🗆				
Sec	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					

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

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

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

Choke the name address and telephone number of the names who necessary the superintiation's books and

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations	
(1) CARMINE GIBALDI	0.50	x						0	0	0	
DIRECTOR	0.50										
(2) CATHY AQUILA VICE CHAIR	0.50	x		х				0	0	0	
(3) CHRISTINE GRYGIEL-WEST VICE CHAIR (OUTGOING)	0.50	х		x				0	0	0	
(4) CHRISTOPHER KIPLOK VICE CHAIR	0.50	х		x				0	0	0	
(5) CRAIG DELAURIER	0.50	x						0	0	0	
DIRECTOR	0.50	~						Ŭ			
(6) DANIEL SUSSMAN DIRECTOR	0.50	x						0	0	0	
(7) DARREN BLOCH EXEC. DIR./CEO	35.00	х		x				226,424	0	61,481	
(8) DIANE C KOEPPEL DIRECTOR	0.50	х						0	0	0	
(9) EDWARD AK ADLER DIRECTOR	0.50	x						0	0	0	
(10) GREGORY MAZLIN	0.50	x						0	0	0	
(11) HENRY PINNELL DIRECTOR	0.50	x						0	0	0	
(12) JAN-WILLEM VAN DEN DORPEL	0.50	x		x				0	0	0	
CHAIR	0.50										
(13) LAURA VALEROSO	0.50	x						0	0	0	
DIRECTOR	0.50										
(14) LISA URIBE DIRECTOR	0.50	х						0	0	0	
(15) MARK S RUDD DIRECTOR	0.50	x						0	0	0	
(16) MARY ANN EDDY	0.50	v							-		
DIRECTOR	0.50	х						0	0	0	

DIRECTOR	0.50	~			0	0		0
							Form 990 (2021	.)

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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		one b	ox, ι in of	t ch unle: ficei	s pers	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations	
(18) SAMIR H HUSSEIN	0.50								_	_	
TREASURER	0.50	x		х				0	0	0	
(19) TAMARA ALEXANDER LYNCH	0.50										
SECRETARY				х				0	0	C	
(20) WENDY GONZALEZ	0.50										
DIRECTOR		×						0	0	C	
(21) JANET ROSS	30.00										
				х				156,654	0	15,840	
CFO (OUTGOING) (22) ALEXIS B OFFEN	5.00						-				
. , ,						х		154,314	0	55,552	
CHILL OF ERATIONS & STRATEGT OFFICER											
(23) GAIL REID	35.00					х		116,454	0	18,664	
DIR. OF BEHAVIORAL HEALTH											
(24) HANI MEMBERS	35.00					х		115,088	0	4,284	
PHYSICIAN ASSISTANT						^		115,000	0	4,204	
(25) MARLENE A DUCKOFF	35.00										
PHYSICIAN ASSISTANT						х		108,036	0	14,527	
(26) SARA TAKI	35.00										
MEDICAL DIRECTOR						х		211,186	0	57,126	
MEDICAL DIRECTOR											
1b Sub-Total			-							1	
c Total from continuation sheets to Part				-	i		_				
d Total (add lines 1b and 1c)								1,088,156	0	227,47	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LITTLE GREEN GOURMETS LLC	FOODS SERVICES	982,497
1580 PARK AVE NEW YORK, NY 10029		
COORDINATED COMPLIANCE SOLUTIONS	AUDIT SERVICES	168,843
4741 OAKWOOD LANE NAZARETH, PA 18064		
JACKSON LEWIS LLP	LEGAL SERVICES	161,796
PO BOX 416019 BOSTON, MA 02241		
BDO USA LLP	CONSULTING	150,343
PO BOX 642743 PITTSBURGH, PA 15264		

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 ► 4

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Part VIII Statement of Revenue					
Check if Schedule O contains a resp	onse or note to any	(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Federated campaigns 1a			Terende		012 011
Contributions, Gifts, Grants, his duese					
and Membership dues 1b DtherAmt					
Similar Amotivegraising events 1c					
d Related organizations 1d					
e Government grants (contributions) 1e					
6,508,103					
f All other contributions, gifts, grants, and similar amounts not included 1f					
1,538,071 g Noncash contributions included in					
lines 1a - 1f:\$ 1g					
h Total. Add lines 1a-1f	• • 8,046,174				
2a SOCIAL SERVICES AND CLIENT FEES	Business Code	6,601,774	6,601,774		
	621400	2,977,988	2,977,988		
PROGRAM TUITION AND FEES	611600	2,377,300	2,377,300		
e :					
e					
10 J					
f All other program service revenue.					
g Total. Add lines 2a-2f	9,579,762				L
3 Investment income (including dividends, intrasimilar amounts)	erest, and other	187,788			187,788
4 Income from investment of tax-exempt bone	d proceeds				
5 Royalties	>				
(i) Real	(ii) Personal				
6a Gross rents 6a 904,647 b Less: rental					
expenses 6b 0					
c Rental income or (loss) 6c 904,647					
d Net rental income or (loss)	· · · •	904,647			904,647
(i) Securities 7a Gross amount	(ii) Other				
from sales of assets other than inventory					
b Less: cost or other basis and 7b 84,395					
c Gain or (loss) 7c -25,062					
d Net gain or (loss)	🕨	-25,062			-25,062
Gross income from fundraising events (not including \$ of					
contributions reported on line 1c).					
b Less: direct expenses 8b					
	ts 🕨				
c Net income or (loss) from fundraising even	-				
Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities	· · •				ļ

.0aGross sales of inventory, less returns and allowances	3,786				
b Less: cost of goods sold 10b	0				
c Net income or (loss) from sales of invento	ory 🕨	3,786	534	3,252	
Miscellaneous Revenue	Business Code				
11aMANAGEMENT FEES	561000	669,951	669,951		
b MISC INCOME	900099	235,771	235,771		
c ACTIVITY FEES	900099	26,505	26,505		
d All other revenue					
e Total. Add lines 11a-11d	· · ►	932,227			
12 Total revenue. See instructions	🕨	19,629,322	10,512,523	3,252	1,067,37

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Check if Schedule O contains a response or note to any line in this Part IX										
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			5							
2 Grants and other assistance to domestic individuals. See Part IV, line 22	367,203	367,203								
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	395,089		395,089							
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	7,896,561	6,431,683	1,339,222	125,65						
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	152,460	115,682	35,382	1,39						
9 Other employee benefits	1,537,108	1,209,093	313,426	14,5						
10 Payroll taxes	782,692	593,883	181,643	7,1						
11 Fees for services (non-employees):										
a Management										
b Legal	312,138		312,138							
c Accounting	224,472		224,472							
d Lobbying										
e Professional fundraising services. See Part IV, line 17										
f Investment management fees	11,478		11,478							
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,394,532	1,745,792	468,758	179,98						
12 Advertising and promotion	73,900	21,407	49,506	2,9						
13 Office expenses	167,240	106,878	53,919	6,44						
14 Information technology	500,950	355,051	120,102	25,79						
15 Royalties										
16 Occupancy	2,072,402	1,779,511	278,110	14,73						
17 Travel	18,743	16,171	2,572							
18 Payments of travel or entertainment expenses for any federal, state, or local public officials										
19 Conferences, conventions, and meetings										
20 Interest	49,435	15,421	33,924	9						
21 Payments to affiliates										
22 Depreciation, depletion, and amortization	167,012	32,668	134,344							
23 Insurance	172,952	99,995	71,508	1,44						
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 SUPPLIES	788,909	739,930	30,979	18,00						
b BAD DEBT	578,895		578,895							
c OTHER	223,102	69,596	153,102	40						

	d REPAIRS AND MAINTENANCE	168,210	109,752	58,416	42
	e All other expenses	137,457	89,114	43,941	4,402
2	Total functional expenses. Add lines 1 through 24e	19,192,940	13,898,830	4,890,926	403,184
1	 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► □ if following SOP 98-2 (ASC 958-720). 				

Page 11

Form 990 (2021)

Form 990 (2021) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Beginning of year End of year 665 275 704 808 1 1 Cash-non-interest-bearing 1.653.320 2 Savings and temporary cash investments . . 1 633 014 2 3 Pledges and grants receivable, net . . . 1.519.133 3 496,100 5.741.540 5.037.724 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . 6 7 Notes and loans receivable, net 7 Assets 8 Inventories for sale or use 8 99 047 9 Prepaid expenses and deferred charges . . 29 527 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 6.030.821 3,659,548 2,371,273 10b 2,311,074 10c b Less: accumulated depreciation 1,671,440 1,287,118 11 11 Investments-publicly traded securities . 12 12 Investments—other securities. See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11 . 14 Intangible assets 14 . 15 540.430 392.171 Other assets. See Part IV, line 11 15 12.041.561 16 Total assets. Add lines 1 through 15 (must equal line 33) 14.111.433 16 Accounts payable and accrued expenses 1,671,357 2,235,123 17 17 18 Grants payable . . . 18 Deferred revenue . . . 1,365,643 285,288 19 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties . . 750,050 23 752,645 2,189,317 24 Unsecured notes and loans payable to unrelated third parties . . 24 492,500 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). 662,399 25 25 Complete Part X of Schedule D 5,976,367 4,427,955 26 Total liabilities. Add lines 17 through 25 . 26 Balances Organizations that follow FASB ASC 958, check here 🕨 🗹 and complete lines 27, 28, 32, and 33. 27 3.954.506 27 3.379.377 Net assets without donor restrictions 28 Net assets with donor restrictions 4,180,560 28 4,234,229 Fund Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. o 29 Capital stock or trust principal, or current funds 29 Assets 30 30 Paid-in or capital surplus, or land, building or equipment fund . . .

Form 990 (2021)

7,613,606

12,041,561

Page 12

436.382

31

32

33

3

8.135.066

14.111.433

Form 990 (2021) **Reconcilliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) . 19,629,322 1 1 2 19,192,940 2 Total expenses (must equal Part IX, column (A), line 25)

– Page 12 –

. . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Revenue less expenses. Subtract line 2 from line 1

Total liabilities and net assets/fund balances

31

32

33

Net

3

4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	8,3		135,066	
5	Net unrealized gains (losses) on investments	5			-279,621
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			-626,048
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-52,173
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		7	,613,606
Pa	rt 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 on				
22	Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
20	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of		20		NO
	separate basis, consolidated basis, or both:	ла			
	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 consolidated basis, or both:	basis,			
	□ 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 Scher	dule O			
3-	As a would of a fordered support use the experimetion required to undergo an audit or sufficient sufficient in the O	ala			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	igle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	Зb		
			F	orm 99	0 (2021)

Form 990 (2021) Additional Data

Return to Form

Software ID: Software Version:

Form 990, Special Condition Description:

Special Condition Description

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9			,					,	with a land-grant col	lege or university or a
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Section B. Total Support		
Calendar year or fiscal year beginning in) 🕨	(a) 2017	(b) 2018
7 Amounts from line 4.		
8 Gross income from interest,		

	securities loans, rents, royalties and income from similar sources.							
9	Net income from unrelated business activities, whether or not the							
	business is regularly carried on.							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
11								
12	Gross receipts from related activities, e	etc. (see instructio	ns)			12		
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth ta	x year as a sectior	n 501(c)	(3) organ	ization, check
	this box and stop here	<u></u>				🕨		
S	ection C. Computation of Public	Support Perce	entage					
14		, , , , ,	, ,	())		14		
15	Public support percentage for 2020 Sch					15		
16a	33 1/3% support test—2021. If the o	-						
Ł	and stop here. The organization qualif 33 1/3% support test—2020. If the	ies as a publicly s organization did r	upported organiza not check a box or	tion 1 line 13 or 16a, a		 3% or mo	 ore, checl	🕨 🗌 k this
17a	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts	-2021. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line	e 14 is 10	% or more,
b	meets the "facts-and-circumstances" te 10%-facts-and-circumstances test more, and if the organization meets th	t—2020. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	r 17a, a	nd line 15	5 is 10% or
18	meets the "facts-and-circumstances" t Private foundation. If the organization	est. The organization did not check a	tion qualifies as a box on line 13, 16	publicly supported 5a, 16b, 17a, or 15	l organization 7b, check this box	 and see		► 🗆
	instructions							
						Sche	dule A (I	Form 990) 2021
			Page 3					
Sch	edule A (Form 990) 2021							Page 3

(c) 2019

(d) 2020

(e) 2021

(f) Total

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.) Part III

Se	ction A. Public Support					,	
	ndar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
(or 1	fiscal year beginning in) Gifts, grants, contributions, and	(-)	(-)	(-,	(-)	(-)	(-)
1	membership fees received. (Do not include any "unusual grants.") .	5,824,788	6,075,271	5,946,683	7,655,927	8,046,174	33,548,843
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,988,585	7,847,933	7,563,279	8,724,353	9,579,762	40,703,912
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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	12,813,373	13,923,204	13,509,962	16,380,280	17,625,936	74,252,755
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	334,061	202,593	224,299	164,254	118,470	1,043,677
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year.						
с	Add lines 7a and 7b.	334,061	202,593	224,299	164,254	118,470	1,043,677
8	Public support. (Subtract line 7c from line 6.)						73,209,078
Se	ection B. Total Support	L	L		L		
_	endar vear	() 2017	(1) 2010	() 2010	(1) 2020	() 2024	(0.7.)
	fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	12,813,373	13,923,204	13,509,962	16,380,280	17,625,936	74,252,755
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	993,792	1,127,159	1,051,416	716,335	1,092,435	4,981,137
b	 Inrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
с	Add lines 10a and 10b.	993,792	1,127,159	1,051,416	716,335	1,092,435	4,981,137
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.	31,530	19,293	15,276	3,587	3,252	72,938
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	685,602	617,819	545,728	697,390	908,227	3,454,766
13	Total support. (Add lines 9. 10c.	14 534 307	15 007 475	15 100 000	17 707 500	10 (20 050	00 764 506

	11, and 12.). 14,524,297 15,687,475 15,122,382 17,797,592 19,629,8	50		101,230
14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) of this box and stop here .	-		heck
Se	ction C. Computation of Public Support Percentage			
15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))		88	.460 %
16	Public support percentage from 2020 Schedule A, Part III, line 15		88	.130 %
Se	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))		6	.020 %
18	Investment income percentage from 2020 Schedule A, Part III, line 17			.110 %
19a	33 1/3% support tests-2021. If the organization did not check the box on line 14, and line 15 is more than $33 \frac{1}{3}$, and	ine 17	is not	
b	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	1/3 % ar	nd line	18 is
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . Schedule A			2021
		•		
	Page 4			
Schor	dule A (Form 990) 2021		-	
			F	Page 4
PdI	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 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	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
	describe the designation. If instone and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
		2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.			
	sc below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.			
		3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			
	If res, explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
•	501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b			
	and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	-		
	amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
	organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing			
	organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial			
	contributor? If "Yes," complete Part I of Schedule L (Form 990) .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .			
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9b		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	9c		
		10a		
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	1		
b	the organization had excess business holdings).			

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Schedule A (Form 990) 2021

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.			
s	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant			
	voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		·	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	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 be

7

8

Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Part IV Supporting Organizations (continueu)

	Activities Test. Answer lines 2a and 2b below.			
	Activities lest. Answer lines za allu zb below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted</i>			
	substantially all of its activities.	2a		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	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.	3b		
	Schedule A	(Forn	1 990)	2021

7

8

(A) Prior Year

Sche	Schedule A (Form 990) 2021								
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
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							

Section B - Minimum Asset Amount

(B) Current Year (optional)

Page **6**

- b Did the organization exercise a substan supported organizations? If "Yes," desc

Page 6

- a Did the organization have the power to the supported organizations?If "Yes" or

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)	ntegrat	ed Type III supporting orga	nization (see

Page 7

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in 2 excess of income from activity 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 **6** Other distributions (*describe in Part VI*). See instructions 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions 8 8 Distributable amount for 2021 from Section C, line 6 9 9 10 Line 8 amount divided by Line 9 amount 10 (ii) (iii) Section E - Distribution Allocations (i) Excess Distributions Underdistributions Distributable (see instructions) Pre-2021 Amount for 2021 1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in Part VI*). See instructions. 3 Excess distributions carryover, if any, to 2021: a From 2016. **b** From 2017. . c From 2018. **d** From 2019. . . . From 2020. е f Total of lines 3a through e **g** Applied to underdistributions of prior years Applied to 2021 distributable amount h i. Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$ **a** Applied to underdistributions of prior years **b** Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in Part VI*. See instructions. 6 Remaining underdistributions for 2021. Subtract

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, evaluate in **Dent VI**. See instruction

unan zero, explain in Fait VI . See instructions.		
7 Excess distributions carryover to 2022. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2017		
b Excess from 2018		
c Excess from 2019		
d Excess from 2020		
e Excess from 2021		

Schedule A (Form 990) (2021)

– Page 8 –

Schedule A (Form 990) 2021

Page 8

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

Facts And Circumstances Test						
Return Reference SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	Explanation OTHER REVENUE - 2017 AMOUNT: \$ 646,797. 2018 AMOUNT: \$ 11,188. 2019 AMOUNT: \$ 2,140. 2020 AMOUNT: \$ 150,586. 2021 AMOUNT: \$ 235,771. FUNDRAISING INCOME - 2017 AMOUNT: \$ 38,805. 2018 AMOUNT: \$ 42,100. MANAGEMENT FEE - 2018 AMOUNT: \$ 504,990. 2019 AMOUNT: \$ 499,901. 2020 AMOUNT: \$ 537,744. 2021 AMOUNT: \$ 669,951. INSURENCE REIMBURSEMENT - 2018 AMOUNT: \$ 24,572. 2019 AMOUNT: \$ 43,687. ATHLETIC FEES - 2018 AMOUNT: \$ 34,969. 2020 AMOUNT: \$ 9,060. ACTIVITY FEES - 2021 AMOUNT: \$ 2,505.					

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Render	Objectld: 202301359349320555 - Submission: 2023-05-15		TIN: 13-5562204
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990) 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. 		2021
Name of the organization GREENWICH HOUSE INC		Employer id	entification number
GREENWICH HOUSE INC		13-5562204	
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private found	ation	
	527 political organization		
Form 990-PF	\Box 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ı	
	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).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.		Cat. No. 30613X	Schedule B (Form 990) (2021)
	Page	2	
Schedule B (Form			Page 2
Name of organizatio			bloyer identification number 562204
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part	l if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) tions Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ REST	RICTED Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) Itions 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.)
(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 (Form 990) (2021)

Page 3 —

lame of organizat	n 990) (2021) ion	Employer identification r	Pag
REENWICH HOUS			
Part II None		13-5562204	
	cash Property (see instructions). Use duplicate copies of Part II if additional space is need		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
. =		\$	
(a) lo. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
. =		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
. =		\$	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (See instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

		Page 4	Schedule B (Form 990) (202
		r age 4	
	B (Form 990) (2021)		Page
	rganization CH HOUSE INC		Employer identification number
Part III	than \$1,000 for the year from any one contril	outor. Complete columns (a) the otal of <i>exclusively</i> religious, ch uctions.)▶ \$	13-5562204 bed in section 501(c)(7), (8), or (10) that total more rough (e) and the following line entry. For aritable, etc., contributions of \$1,000 or less for the
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIF	(e) Transfer of gift P 4 R	elationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI	(e) Transfer of gift	elationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIF	(e) Transfer of gift	elationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIF	(e) Transfer of gift	elationship of transferor to transferee
			Schedule B (Form 990) (202
	ional Data		Return to Form

efil	e Public Visua	al Render	ObjectId: 2023013	359349320555 ·	Submission: 2023	-05-15	TIN: 13-5562204
	HEDULE D n 990)		••		al Statements red "Yes," on Form 99	00,	OMB No. 1545-0047
	ment of the Treasury I Revenue Service		Part IV, line 6, 7, 8, 9, 1	10, 11a, 11b, 11c, Attach to Form 9	11d, 11e, 11f, 12a, oı 990.	r 12b.	Open to Public Inspection
Na GRE	me of the organ ENWICH HOUSE INC	ization				Employer id	lentification number
Pa			ntaining Donor Advi inization answered "Ye	s" on Form 990, I	Part IV, line 6.	or Accounts.	
1 2		-	s to (during year)	(a) Donor	advised funds	(B) Fun	ds and other accounts
3	Aggregate value		(5, ,				
ŀ	Aggregate value	at end of year					
5	organization's p	roperty, subjec	donors and donor adviso t to the organization's ex grantees, donors, and do	clusive legal control	?	• •	🗆 Yes 🗌 No
6	charitable purpo	oses and not fo	r the benefit of the donor	or donor advisor, o	r for any other purpose		
	Comple		inization answered "Ye				
L			sements held by the organ				and and an a
		on of land for p of natural hab	oublic use (e.g., recreation	r or education)	 Preservation of ar Preservation of a 		
	0	on of open spa					, structure
2	Complete lines 2	2a through 2d	if the organization held a	qualified conservati	on contribution in the fo	rm of a conserv	ation
а	easement on the		ie tax year. asements			Held 2a	at the End of the Year
a b			servation easements			2a 2b	
с	Number of conse	ervation easem	ents on a certified histori	c structure included	in (a)	2c	
d	structure listed i	n the National	-			2d	
3	Number of cons	ervation easen	nents modified, transferre	d, released, extingu	lished, or terminated by	the organizatio	n during the
L	Number of state	es where prope	rty subject to conservation	on easement is locat	ed 🕨		
5	Does the organi and enforcemen	zation have a structure to the second s	written policy regarding the rvation easements it holds	ne periodic monitori s?	ng, inspection, handling	of violations,	🗌 Yes 🗌 No
6	Staff and volunt	eer hours devo	oted to monitoring, inspec	cting, handling of vio	plations, and enforcing c	onservation eas	ements during the year
7	Amount of expe	nses incurred	in monitoring, inspecting,	handling of violatio	ns, and enforcing conser	rvation easemei	nts during the year
8	and section 170	(h)(4)(B)(ii)?	nent reported on line 2(d)	· · · · · · · · · · ·			🗌 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	Comple	te if the orga	ntaining Collections inization answered "Ye	s" on Form 990, I	Part IV, line 8.		
1a	historical treasu	res, or other s	permitted under FASB AS imilar assets held for pub ote to its financial statem	lic exhibition, educa	tion, or research in furth		
b		res, or other s	permitted under FASB AS imilar assets held for pub these items:				
(i) Revenue includ	led on Form 99	0, Part VIII, line 1			> \$	
-	-		Part X				
2			held works of art, histori be reported under FASB			ancial gain, prov	ide the
а	Revenue include	ed on Form 990), Part VIII, line 1			▶\$	
			Part X				
or F	aperwork Redu	iction Act No	tice, see the Instruction	ns for Form 990.	Cat. No.	. 52283D Sci	nedule D (Form 990) 2021
che	dule D (Form 990) 2021		ruge z			
		,	ntaining Collections	of Art, Historic	al Treasures, or Oth	ner Similar A	Page 2 ssets (continued)
3		ization's acqui	sition, accession, and othe	er records, check ar			
а	Public exh	hibition		d	Loan or exchange	programs	
b	Scholarly	research		е	Other		
с	Preservat	ion for future g	generations				
4	Part XIII.		ganization's collections ar		-		ose in
5			ization solicit or receive d s rather than to be mainta				🗌 Yes 🗌 No

	Complete if the orga line 21.	anization answ	vered "Yes" on Fo	rm 990, P	art IV,	line 9, or rep	orted an amo	unt on For	m 990, Part X,
1a	Is the organization an agent, included on Form 990, Part X						sets not	🗌 Yes	🗆 No
ь	If "Yes," explain the arrangen	nent in Part XIII	and complete the f	ollowing tab	le:			Amount	
с	Beginning balance		-	-		. 1c			
d	Additions during the year					1 d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include a	in amount on Foi	rm 990, Part X, line	e 21, for esc	row or o	custodial accou	nt liability?	. 🗌 Yes	🗆 No
b	If "Yes," explain the arrangem		Check here if the e	explanation	has bee	en provided in F	Part XIII	. 🗆	
Pa	Complete if the organization		vered "Yes" on Fo	rm 990. P	art IV.	line 10.			
			(a) Current year	(b) Prior		(c) Two years	oack (d) Three y	ears back (e	e) Four years back
	Beginning of year balance .	· · ·	2,382,627	2	,148,390	2,39	4,944	2,309,634	2,203,592
	Contributions		-75,792		234,237	-25	5,445	85,310	106,042
	Net investment earnings, gains Grants or scholarships		, 3, 752		234,237	25	5,445	05,510	100,042
	Other expenditures for facilities								
	and programs		239,578						
f	Administrative expenses	· · ·							
-	End of year balance		2,067,257		,382,627		3,499	2,394,944	2,309,634
2 a	Provide the estimated percent Board designated or quasi-en	dowment 🕨	nt year end balance	e (line 1g, c	olumn ((a)) held as:			
ь	Permanent endowment	82.780 %							
с	Term endowment ► 17.22 The percentages on lines 2a,		d equal 100%						
3a	Are there endowment funds n			ation that ar	e held a	and administer	ed for the		
	organization by:							<u> </u>	Yes No
	(i) Unrelated organizations(ii) Related organizations				• •			3a(3a(i	-
ь	If "Yes" on 3a(ii), are the rela			on Schedul	e R? .			. 3b	-
4	Describe in Part XIII the inter	nded uses of the	organization's endo	owment fun	ds.			<u> </u>	-t -t -
Pa	rt VI Land, Buildings, a					line 11n Coo		why line	10
	Complete if the orga Description of property	(a) Cost or oth		t or other bas			ted depreciation		IU. Book value
		(investme	nt)						
1a	Land								
ь	Buildings				3,729,02	22	3,233,575		495,447
с	Leasehold improvements				1,095,87	77	425,973		669,904
	Equipment				332,27				332,277
	Other	lump (d) must a	gual Form 000 Par	t V column	873,64				873,645
100	al. Add intes 10 through 16. (Co	ianni (u) musi e	quai i onni 550, i ai	<i>t X,</i> column	(0), 111	. 10(0).)	. F	hedule D (2,371,273 Form 990) 2021
								•••••	, -
				Page 3 🗕					
Sche	edule D (Form 990) 2021								Page 3
	rt VII Investments - Oti	her Securities	5.						Fage J
	Complete if the orga	anization answ	vered "Yes" on Fo	rm 990, P		line 11b.See			
		n of security or o g name of securi			(b) Book		(c) Method Cost or end-of-y		
					value		,		
(2)	Financial derivatives Closely-held equity interests	• •	· · · · · ·	· · · ·					
(A)	Other								
(B)									
(C)									
(D)									
(E) (F)									
(F) (G)									
(G) (H)									
	I. (Column (b) must equal Form 990,	Part X col (B) lin	e 12.)						
	t VIII Investments - Pr	ogram Relate	ed.	-		line dd - C	F		12
	Complete if the org	anization answ escription of inve		rm 990, P	art IV,	line 11c. See (b) Book valu	ie (c)	Method of v	valuation:
(1)							Cost or	ena-of-year	market value
(2)									

Part IV Escrow and Custodial Arrangements.

(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colui	nn (b) must equal Form 990, Part X, col.(B) line 13.)				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	1	Soo Form 000	Dart V	line 1E
	(a) Description	it iv, line iiu.	See Form 990,	Part A	(b) Book value
(1)	(4) 500019401				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col	umn (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X	Other Liabilities.				
	Complete if the organization answered 'Yes' on Form 990, Pa	rt IV, line 11e	or 11f.See Form	<u>1 990, F</u>	
1.	(a) Description of liability				(b) Book value
	l income taxes LATED PARTY				662,399
	nn (b) must equal Form 990, Part X, col.(B) line 25.)			•	662,399
2. Liability	for uncertain tax positions. In Part XIII, provide the text of the footnote	to the organizat	ion's financial stat	tements	that reports the

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

Da	dule D (Form 990) 2021 rt XI Reconciliation of Revenue per Audited Financial Stateme	ante	With Re	venue ner R	oturn	Page 4
T G	Complete if the organization answered 'Yes' on Form 990, Part			venue per R	cturn	
1	Total revenue, gains, and other support per audited financial statements	•			1	23,636,582
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a		-279,621		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d		4,665,562		
е	Add lines 2a through 2d	•			2e	4,385,941
3	Subtract line 2e from line 1				3	19,250,641
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		11,478		
b	Other (Describe in Part XIII.)	4b		367,203		
с	Add lines 4a and 4b	• •			4c	378,681
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	19,629,322
Par	XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			kpenses per	Retu	rn.
1	Total expenses and losses per audited financial statements				1	23,272,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					., _/
	Donated services and use of facilities	2a				

Schedule D (Form 990) 2021

D	Prior year adjustments		20				
с	Other losses		2c				
d	Other (Describe in Part XIII.)		2d		4,091,301		
е	Add lines 2a through 2d		•			2e	4,091,301
3	Subtract line 2e from line 1					3	19,181,462
4	Amounts included on Form 990, Part IX, line 25, bu	t not on line 1:					
а	Investment expenses not included on Form 990, Pa	rt VIII, line 7b 🔒 .	4a		11,478		
ь	Other (Describe in Part XIII.)		4b				
с	Add lines 4a and 4b					4c	11,478
5	Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18	.).			5	19,192,940
Par	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			Exp	lanation		
PART	,		GENE				INCOME IS USED TO SUPPORT (1) IP AWARDS, (4) POTTERY AND (5)
PART	X, LINE 2:	THE AGENCY BELIEVES IT ACCORDANCE WITH ACCO TAXES," WHICH PROVIDES PROVISIONS FOR UNCERT	UNTI STAP	NG STANDARDS	CODIFICAT	TION (ASC") TOPIC 740, "INCOME
PART	XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE FOR AFFILIATE C CHANGE IN VALUE OF BEN					ATING ELIMINATIONS -1,181,140. JST -52,173.
PART	XI, LINE 4B - OTHER ADJUSTMENTS:	FINANCIAL AID 367,203.					
PART	XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES FOR AFFILIATE FINANCIAL AID -367,203.	ORGA	NIZATION 5,63	9,644. CON	ISOLID	ATING ELIMINATIONS -1,181,140.

Schedule D (Form 990) 2021

Additional Data

Return to Form

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Grants and Other Assistance to Organizations, Covernments and Individuals in the United States Data Public States Department of the granization newwords "Ves", or the M990, Part IV, line 21 or 22.	
Operation Name of the organization Image client Image client Name of the organization maintain records to substantiate the amount of the grants or assistance, the grantes eligibility for the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance or grant zation maintain records to substantiate the amount of the grants or assistance; the grantes eligibility for the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants or assistance; and the selection current ward the grants and the selections. and Demensions. Complete the organization answered "Yes" on Form 990, Part IV, Inex 21, for any reduction of grant that the crecient and deters of organization and part of the grant cash is grant and the selection. (a) Amount of cash (a) Amount of cash (b) Amount of cash (b) Purpose, organization or grant ward the grants or assistance; and the selection current ward bese different selection current ward bese different selection and bese different selection. (b) Purpose, organization organization is assistance; and the selection current selectin current selection current selection current selection c	
Name dre organization GREENWICH 1000SE INC Employer indiffication number 13-5562204 Part 1 General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantes' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance of grant funds in the United States. Image: Colspan="2">Colspan="2" <colspan="2">Colspan="2"<colspan="2">Colspan="2"<colspan="2"<colspan="2"<colspan="2"<colspan="2"<colspan="2"<colspan="2"<co< td=""><td>ic.</td></colspan="2"<colspan="2"<colspan="2"<colspan="2"<colspan="2"<colspan="2"<co<></colspan="2"></colspan="2">	ic.
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantes or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Content of C	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Complete in the organization and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any redited for address of grant and Other Assistance to Domestic Organization as needed. (a) Name and address of grant and Other Assistance to Domestic Organization and address of organization and address of grant and address of grant and address of grant and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any redited for address of grant and State (the organization answered "Yes" on Form 990, Part IV, line 21, for any redited for address of grant and States of grant and Other Assistance in educid. (a) Name and address of grant and State (the organization and Address of grant and Other Assistance) (b) EIN (c) IR. Section (if applicable) (d) Annount of cash grant assistance (f) Method of valuation (book, FMU, appraisal, other) (g) Description of noncash assistance (h) Purpose, other assistance (1) Image: Complete in the organization and Domestic Governments. Image: Complete in the organization and Domestic Governments. (f) Method of valuation (
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Grant funds in the United States. (a) Name and address of or government. (b) EIN (c) IRC section (f applicable) (d) Amount of cash grant funds in the United States. (g) Method of valuation (g) Description of or assistance or government. (g) Method of valuation (g) Description of or assistance or government. (g) Description of or assistance or assistance or government. (g) Description of or assistance or assistance or grant funds in the United State. (g) Description of or form State	No
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organization or government Image: section Solution (if applicable) grant cash assistance (book, FMV, apprisial, other) noncash assistance or assistance (1) Image: section Solution (if applicable) Image: section (i	pient
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(9) Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)(3) and government organizations listed in the line 1 table. Image: Constraint of the section sole (c)	
(10) Image: Constraint of the section of the section sole of	
(11) Image: Constraint of the section for the sectin for the section for the section for the sec	
(12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	
3 Enter total number of other organizations listed in the line 1 table	
	∂0) 2021
Page 2	
Schedule I (Form 990) 2021	Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	
(a) Type of grant or assistance (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of noncash assi	stance
(1) SCHOLARSHIPS 201 367,203 FMV TUITION ASSISTANCE	
(3)	
(7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	
Return Reference Explanation	
PART I, LINE 2: THE EXECUTIVE DIRECTOR REVIEWS ALL OF THE FINANCIAL INFORMATION OF THOSE APPLYING FOR SCHOLARSHIPS AND MAKES A DETERMINATION, BAS WHO WILL RECEIVE A SCHOLARSHIP AND FOR HOW MUCH. UPON APPROVAL, THE TUITION PAYMENT FOR THE INDIVIDUAL IS REDUCED BY THE SCHOLAR	ED ON NEE
WHO WILL RECEIVE A SCHOLARSHIP AND FOR HOW MUCH. UPON APPROVAL, THE TUTTION PAYMENT FOR THE INDIVIDUAL IS REDUCED BY THE SCHOLAR AMOUNT. THE FINANCIAL AID IS FOR PROGRAMS AT THE ORGANIZATION IN WHICH THE STUDENT IS ENROLLED. Schedule I (Form 99)	

Additional Data

Return to Form

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	edule J		Comp	ensat	ion Information		OMB No	. 1545-	0047
(Forn	1 990)	F			rustees, Key Employees, and Higl	hest			
		► Co			ated Employees vered "Yes" on Form 990, Part IV,	line 23.	2)21	
				Attach	to Form 990.			to Pu	
	nent of the Treasury Revenue Service	P G	io to <u>www.irs.gov/For</u>	<u>1990</u> for	instructions and the latest inform	hation.		pectio	
	ne of the organiza ENWICH HOUSE INC					Employer ide	ntification r	umber	
GREI	ENWICH HOUSE INC	-				13-5562204			
Pa	rt I Questi	ons Regard	ing Compensation						
								Yes	No
1a					the following to or for a person listed y relevant information regarding thes				
	First-class	s or charter tra	avel		Housing allowance or residence for p	personal use			
		companions			Payments for business use of person	nal residence			
		nification and g	gross-up payments		Health or social club dues or initiation	on fees			
	Discretion	ary spending	account	\Box	Personal services (e.g., maid, chauff	feur, chef)			
b	If any of the box	xes on Line 1a	are checked, did the org	anization	follow a written policy regarding payr ve? If "No," complete Part III to expla	nent or	16		
2	Did the organiza	ation require s	ubstantiation prior to reir	nbursing (or allowing expenses incurred by all				
	directors, truste	es, officers, ir	cluding the CEO/Executiv	e Directo	r, regarding the items checked on Line	e 1a?	. 2		
3	Indicate which	if any of the f	following the filing organi:	zation use	d to establish the compensation of th	e			
	organization's C	EO/Executive	Director. Check all that a	pply. Do n	ot check any boxes for methods CEO/Executive Director, but explain ir				
		ation committe			Written employment contract				
			tion consultant		Compensation survey or study				
	Form 990	of other orga	nizations		Approval by the board or compensat	tion committee			
4	During the year, related organiza		on listed on Form 990, Pa	rt VII, See	ction A, line 1a, with respect to the fil	ing organizatior	n or a		
а	Receive a sever	ance payment	or change-of-control pay	ment? .			4a		No
b	Participate in, o	r receive payn	nent from, a supplementa	al nonqual	ified retirement plan?		. 4b		No
с					nsation arrangement?		. 4c		No
	If "Yes" to any o	of lines 4a-c, li	ist the persons and provid	le the app	licable amounts for each item in Part	III.			
	Only E01(c)(2) E01(c)(4)	and E01(c)(20) organ	izations	must complete lines 5-9.				
5	For persons liste	ed on Form 99			the organization pay or accrue any				
а	The organization	n?					5a		No
b	Any related orga	anization? .					5b		No
6	If "Yes," on line For persons liste	ed on Form 99	0, Part VII, Section A, lin	e 1a, did i	the organization pay or accrue any				
			he net earnings of:						
a	The organization			• •			6a	-	No
b	Any related orga			• •			6b	-	No
	If "Yes," on line								
7	For persons liste payments not de	ed on Form 99 escribed in lin	0, Part VII, Section A, lin es 5 and 6? If "Yes," desc	e 1a, did i ribe in Pa	the organization provide any nonfixed		7		No
8					ed pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de	scribe	8		No
~		0 did the ever	nization also follow the r	ohuttahla	procumption procedure described in I	Degulations cos		+	110

 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) 2021

Page 2

Schedule J (Form 990) 2021
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the
instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.
Note. The sum of columns (B(I))-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Page 2

(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS	C compensation,	(C) Retirement		(E) Total of	(F)
		(i) Base compensation	and/or 1099-NEC (ii) Bonus & incentive compensation	(iii) Other reportable compensation	and other deferred compensation	benefits	columns (B)(i)-(D)	Compensation in column (B) reported as deferred on prior Form 990
1 DARREN BLOCH EXEC. DIR./CEO	(i)	226,064	0	360	0	61,481	287,905	0
	(ii)	0	0	0	0	0	0	0
2 SARA TAKI MEDICAL DIRECTOR	(i)	210,918	0	268	0	57,126	268,312	0
	(ii)	0					0	
3 ALEXIS B OFFEN CHIEF OPERATIONS & STRATEGY OFFICER	(i)	154,065	0	249	0	55,552	209,866	0
	(ii)	0				0	0	
4 JANET ROSS CFO (OUTGOING)	(i)	153,723	0	2,931	0	15,840	172,494	0
	(ii)	0	0	0			0	
	+					1		

											Schedule J (Form 990) 2021
							Page 3 —				
	emental Info										Page 3
ovide the information Return Re		or descript	ions required f	for Part I, line	s 1a, 1b, 3	3, 4a, 4b, 4c	, 5a, 5b, 6a,	, 6b, 7, and 8, ar Explanati		o complete this part f	for any additional information.
		•									Schedule J (Form 990) 2021
Additional D	ata										Return to Form
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efile Public	Visual Re	ender	Objec	tId: 202	230135	593493	20555	- Submis	sion: 2023	-05-15	TIN: 13-5562204
SCHEDUL Form 990) Pepartment of the Tre Internal Revenue Serv	asury	S	Complete Forn	e to provi n 990 or	de info 990-EZ ► Atta	rmation or to pr ach to Fe	for resp rovide a orm 990	oonses to s ny addition) or 990-EZ	pecific ques al informat	ion.	OMB No. 1545-0047
ame of the org										Employer i	dentification number
	52 110									13-5562204	ł
Return Reference							Exp	lanation			
FORM 990, PART VI, SECTION B, LINE 11B								ND THE CFO SSION TO T		THE RETURN	AND A COPY OF THE
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTO	RS AND	OTHE EXE	CUTIVE	DIRECT EREST	OR REV	IEW THE	E ANSWER	S TO DETER	MINE IF A COM	HAIR OF THE BOARD OF NFLICT EXISTS. ANY NANY MATTER
FORM 990, PART VI, SECTION B, LINE 15A	DIRECTO CONDUC DATA. TH RECORD GREENW \$85,000 C ORGANIZ EXECUT	PERTAINING TO THE MEMBER'S CONFLICT OF INTEREST. THE GREENWICH HOUSE, INC. BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR AT ITS ANNUAL MEETING IN OCTOBER. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY SURVEYS CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITHOUT THE EXECUTIVE DIRECTOR PRESENT AND RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE GREENWICH HOUSE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY SURVEYS ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITH THE EXECUTIVE DIRECTOR PRESENT, AND RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF THE HUMAN									
FORM 990, PART VI, SECTION C, LINE 19	DOCUME	NTS AR	e availai	BLE UPOI	N REQU	JEST.					
FORM 990, PART IX, LINE 11G	0		0.0.0.2.1			02.00		NSES 1,745 SES 2,394,5	,	GEMENT AND	GENERAL EXPENSES
FORM 990, PART XI, LINE 9:	CHANGE	IN VALU	JE OF BEI	NEFICIAL	INTERI	EST IN R	REMAIND	ER TRUST	-52,173.		
FORM 990, PART XII, LINE 2C:	THE PRC	CESS F	IAS NOT (CHANGE) FROM	I THE PR	RIOR YEA	AR.			
or Paperwork Redu	ction Act Notic	e, see the	nstructions for	or Form 990	or 990-EZ.		(Cat. No. 510	56K		Schedule O (Form 990) 202
Additiona	al 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, 3	6, or 37.			No. 1545-0 2021	
Department of the Treasury Internal Revenue Service		ÞG	10 10 <u>www</u>	. <u>Irs.gov/r</u>	<u>orm990</u> för i	nstruction	s and u	ne latest	morn				Ĩ	spection	
Name of the organization GREENWICH HOUSE INC											Employe 13-55622	r identificatio	on number		
Part I Identification	of Disregarded En	tities. Co	mplete if	the organi	zation answ	ered "Yes"	on For	rm 990,	Part IV						
Name, address, and f	(a) EIN (if applicable) of disreg	arded entity			(b) Primary ac	tivity	Legal do	(c) omicile (sta ign country	te ')	(d) Total incom	e End-	(e) -of-year assets	Dire	(f) ect controlling entity	1
Deut II. Ideutification .	f Deleted Tev Eve			- Comula	to if the one	nination		ad "Vee"	an [ar		last TV lin	a 24 haanua	a it had an		
related tax-exem	f Related Tax-Exe pt organizations dur (a) EIN of related organization	ing the ta			b) y activity	(c) Legal domic or foreign o	ile (state		(d) t Code se	ection Pu	(e) blic charity section 501	status D	(f) irect controllin entity	g Section (13)	(g) on 512(b) controlled
(1)BARROW STREET NURSERY SCHO 122 WEST 27TH STREET	OOL AT GREENWICH HOUS	E		NURSERY S	CHOOL	NY	,	501(C)(3)	LINE	E 2	GREEN	WICH HOUSE 1	Yes	
NEW YORK, NY 10001 38-3720019															
For Paperwork Reduction Act							No. 50	1051					nedule R (F		
(Name, addre	f Related Organiza ed organizations tre a) ss, and EIN of ganization						nant lated, ed, om tax tions	(f) Share of total income	(g) Share c end-of- year assets	f Disp all	on Form 9 (h) roprtionate ocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner I	or Per	age 2 ad (k) centage nership
										Yes	No		Yes	No	
											_				
Part IV Identification o because it had or	f Related Organization or more related o								nizatio	n answer	ed "Yes" (on Form 990	, Part IV, li	ne 34	
(a) Name, address, and EIN related organization	of	(b) Primary a) activity	L do (state	(c) egal micile or foreign untry)	(d Direct cor ent	ntrolling	(e) Type of e (C corp corp, or trus	, S	(f) hare of total income	(g) Share of of-ye assel	end- Perce ar owne	h) entage ership	(i) Section 512(controlled e Yes	b)(13) ntity? No
			- Page	3 —							_	Sch	nedule R (F	orm 990) :	2021

Part V Transactions With Related Organiz	ations. Con	nnlete if th	e organizatio	on answe	red "Yes"	on Form 9	90 Part	IV line 34	35h or	36			
Note. Complete line 1 if any entity is listed in Part									,				Yes No
During the tax year, did the orgranization engage in a	any of the follo	owing transa	actions with on	e or more	related or	ganizations	listed in Pa	rts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties			trolled entity .	• •					· ·			1a	No
b Gift, grant, or capital contribution to related organ				• •		· · ·			• •			1b 1c	No
 c Gift, grant, or capital contribution from related org d Loans or loan guarantees to or for related organized 			· · · · ·	• • •	• •	•••	•••	•••	• •		•	10 1d	No
 Loans of loan guarantees to of for related organization(s Loans or loan guarantees by related organization(s) 	.,											1e	No
									•			1f	No
g Sale of assets to related organization(s)		· · ·		•••		• • •	• • •	• • •	·			1g 1h	No
 h Purchase of assets from related organization(s) . i Exchange of assets with related organization(s) . 		· · ·			• •	•••			• •	•		11	No
j Lease of facilities, equipment, or other assets to re													Yes
${\bf k}$ $\;$ Lease of facilities, equipment, or other assets from												1k	No
Performance of services or membership or fundrais					• • •	• • •			• • •	· · ·	• •	1 1m	No
 m Performance of services or membership or fundrais n Sharing of facilities, equipment, mailing lists, or other 					· · ·		· · ·	· · ·	· · ·	•			Yes
• Sharing of paid employees with related organization												10	Yes
P Reimbursement paid to related organization(s) for				• •		• • •			• •	• • • •		1p	No
q Reimbursement paid by related organization(s) for	r expenses .	• • •		• • •	• • •	· · ·	• •	•••		· · ·	•	1q	Yes
r Other transfer of cash or property to related organ	nization(s) .											1r	No
s Other transfer of cash or property from related organis												1s	No
2 If the answer to any of the above is "Yes," see the	instructions f	or informati	on on who mu	st complet	e this line,	including co	overed rela	tionships ar	d transac	tion threshold	s.		
(a) Name of related o	organization					(b) (c)			ed	(d) Method of determining amount involved			
Name of related o						Transacti type (a-	s)					amount In	
										Sch	edule R	(Form 9	90) 2021
		Page 4 -											
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