TIN: 13-5562204

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Department of the Treasury

Form **990**

€

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990.

2016 **Open to Public**

		nue Service						Inspection
A F	or th	ne 2016 d	calendar year, or tax year begin	ning 07-01-2016 , and ending 06-3	30-2017			
		applicable:	C Name of organization	, , , , , , , , , , , , , , , , , , , ,		D Employer	identific	ation number
_		change	GREENWICH HOUSE INC			13-55622	04	
		hange	Doing business as			10 00022		
○ Ini		eturn ırn/terminateo						
_		ed return	number					
О Ар	olicat	tion pending	122 WEST 27TH STREET 6TH FLOOP	8		(212) 991	L-0003	
			City or town, state or province, cour NEW YORK, NY 10001	ntry, and ZIP or foreign postal code				
						G Gross rece	ipts \$ 14,	554,102
			F Name and address of principal ROY LEAVITT	ll officer:		a group retu	rn for	
			122 WEST 27TH STREET 6TH FL	OOR		dinates? I subordinate:		☐Yes ☑No
T Tax	-exe	mpt status:	NEW YORK, NY 10001		includ	ed?		☐ Yes ☐No
			501(c)(3) U 501(c)() • (insert no.) 4947(a)(1) or 527		," attach a lis exemption n		
JW	ebsi	ite:▶ W\	WW.GREENWICHHOUSE.ORG		··(•) Group	exemption ii	ullibei 🕨	
K Forr	of o	arganization	n: Corporation Trust Asso	ciption Other	L Year of forma	ition: 1902	1 State of	f legal domicile: NY
K FOII	1 01 0	organizacioi	i: Corporation C Trust C Asso	Clation Content				
Pa	rt I	Sum	nmary					
			escribe the organization's mission o	r most significant activities: ND FAMILIES LEAD MORE FULFILLING L	IVEC BY OFFED	ING SOCIAL /	VND HEV	ITH SEDVICES
				AND OPPORTUNITIES FOR CIVIC INVOL				
e		BACKGRO	DUNDS.EACH YEAR GREENWHICH I	HOUSE PROVIDES NEARLY 12,000 NEW				
2		PROGRAM	MS, ALL AIMED AT PROVIDING PER	SONAL GROWTH AND ENRICHMENT.				
Ë								
Š.								
Ğ	2	Check th	nis box 🕨 🗆					
SS.	3	Number	of voting members of the governir	ig body (Part VI, line 1a)			3	16
Œ.	4		·	the governing body (Part VI, line 1b)		•	4	15
Activities & Governance			5	237				
ď			•	6	168			
				VIII, column (C), line 12		•	7a	34,766
_	b	Net unre	elated business taxable income from	•	7b	17,665		
	_			,	Pri	or Year	_	Current Year
9			itions and grants (Part VIII, line 1h		Pri	5,500,92	.9	5,362,795
venue	9	Program	service revenue (Part VIII, line 2g)	Pri	5,500,92 6,471,82	9	5,362,795 7,534,529
Revenue	9 10	Program Investm	service revenue (Part VIII, line 2g ent income (Part VIII, column (A),)	Pri	5,500,92 6,471,82 61,14	9 4 8	5,362,795 7,534,529 127,281
Revenue	9 10 11	Program Investm Other re	service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines)	Pri	5,500,92 6,471,82 61,14 1,442,28	9 4 8	5,362,795 7,534,529 127,281 1,394,844
Revenue	9 10 11 12	Program Investm Other re Total rev	service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines enue—add lines 8 through 11 (mu)	Pri	5,500,92 6,471,82 61,14 1,442,28 13,476,18	9 4 8 11 22	5,362,795 7,534,529 127,281 1,394,844 14,419,449
Revenue	9 10 11 12	Program Investm Other re Total rev Grants a	service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, o)	Pri	5,500,92 6,471,82 61,14 1,442,28	9 4 8 1 1 2 4	5,362,795 7,534,529 127,281 1,394,844 14,419,449
	9 10 11 12 13 14	Program Investm Other re Total rev Grants a Benefits	service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, paid to or for members (Part IX, c)	Pri	5,500,92 6,471,82 61,14 1,442,28 13,476,18 112,18	9 4 8 11 12 2 14 0 0	5,362,795 7,534,529 127,281 1,394,844 14,419,449 102,829 0
	9 10 11 12 13 14 15	Program Investm Other re Total rev Grants a Benefits Salaries	service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, paid to or for members (Part IX, c , other compensation, employee be)	Pri	5,500,92 6,471,82 61,14 1,442,28 13,476,18	9 44 88 11 122 144 10 133 133 133 133 133 133 133 133 133	5,362,795 7,534,529 127,281 1,394,844 14,419,449 102,829 0 8,367,105
euses	9 10 11 12 13 14 15	Program Investm Other re Total rev Grants a Benefits Salaries, Professi	ent income (Part VIII, line 2gent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, copaid to or for members (Part IX, columnal fundraising fees (Part IX)))	Pri	5,500,92 6,471,82 61,14 1,442,28 13,476,18 112,18	9 4 8 11 122 144 0 0	5,362,795 7,534,529 127,281 1,394,844 14,419,449 102,829 0
	9 10 11 12 13 14 15 16a b	Program Investm Other re Total rev Grants a Benefits Salaries, Professi	service revenue (Part VIII, line 2g ent income (Part VIII, column (A), evenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, paid to or for members (Part IX, c , other compensation, employee be)	Pri	5,500,92 6,471,82 61,14 1,442,28 13,476,18 112,18 7,981,09	9 4 8 8 11 122 144 00 133 00	5,362,795 7,534,529 127,281 1,394,844 14,419,449 102,829 0 8,367,105 0
euses	9 10 11 12 13 14 15 16a b	Program Investm Other re Total rev Grants a Benefits Salaries, Professi Total fund Other ex	ent income (Part VIII, line 2gent income (Part VIII, column (A), invenue (Part VIII, column (A), lines venue—add lines 8 through 11 (mu and similar amounts paid (Part IX, copid to or for members (Part IX, copid to or for members).)	Pri	5,500,92 6,471,82 61,14 1,442,28 13,476,18 112,18	9 4 8 8 11 22 44 00 33 00 22	5,362,795 7,534,529 127,281 1,394,844 14,419,449 102,829 0 8,367,105
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	ne IRS discuss this return with the preparer shown above? (see instructions)	Fo	orm 99	(2016)
	Page 2			
	990 (2016) III Statement of Program Service Accomplishments			Page 2
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			
	NWICH HOUSE HELPS INDIVIDUALS AND FAMILIES LEAD MORE FULFILLING LIVES BY OFFERING SOCIAL AND HEALTH S EDUCATION PROGRAMS, AND OPPORTUNITIES FOR CIVIC INVOLVEMENT TO NEW YORKERS OF ALL AGES AND BACKGRO			TURAL
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.			
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 \$ 6,772,298 including grants of \$) (Revenue \$	5,091,	136)	
	BEHAVIORAL HEALTH PROGRAMS: IN FY17 GREENWICH HOUSE STAFF (INCLUDING ADMINISTRATIVE, BEHAVIORAL HEALTH AND MENTAL I WERE TRAINED IN AND BEGAN IMPLEMENTING TRAUMA-INFORMED CARE (TIC). THE TRAINING IS IN COLLABORATION WITH THE MCSILVE POVERTY POLICY AND RESEARCH AT NEW YORK UNIVERSITY SILVER SCHOOL OF SOCIAL WORK. TRAUMA INFORMED CARE INVOLVES THE ADJUSTMENT OF EVERY ASPECT OF OPERATIONS AND SERVICE DELIVERY WITHIN THE PROGRAM AND THE ORGANIZATION. THE OUTCOM IMPROVING STAFF SKILLS AND SERVING CLIENTS MORE HOLISTICALLY. IN RECOGNIZING THAT OVER 70% OF THE CLIENT POPULATION OF HOUSE'S TREATMENT PROGRAMS FOR SUBSTANCE USE DISORDERS HAVE EXPERIENCED TRAUMA, GREENWICH HOUSE BEGAN PROVIDING MENTAL HEALTH TREATMENT TO ADDRESS CLIENTS' UNTREATED TRAUMA. WHEN APPROPRIATE, ADULTS ARE REFERRED TO ITS CHILDREN (CSP), WHICH SERVES CHILDREN AND ADULTS. CSP ALSO RUNS AN ART THERAPY GROUP FOR ADULT CLIENTS AT MMTP.	ER INST: ASSESS ES ACHI OF BOTH G TRAUN	ITUTE FO SMENT A EVED IN OF GRE 1A-INFOI	OR AND ICLUDE ENWICH RMED
4b	(Code:) (Expenses \$ 1,599,556 including grants of \$) (Revenue \$	61,	977)	
	SENIOR SERVICES: IN FY17, GREENWICH HOUSE SERVED OVER 81,000 HOT LUNCHES TO SENIORS, AS WELL AS OFFERING CLASSES, AC TRIPS. THE GREENWICH HOUSE SOCIAL WORK STAFF ARE ON SITE TO PROVIDE CASE MANAGEMENT SERVICES, CASE ASSISTANCE, DAIL'			
	AND REFERRALS FOR OTHER SOCIAL SERVICES.	I HONE	PIANAC	JENEWI
4c	(Code:) (Expenses \$ 2,522,163 including grants of \$ 102,829) (Revenue \$	2,381,	416 \	
	ARTS AND ARTS EDUCATION SERVICES: GREENWICH HOUSE ARTS PROGRAMMING INCLUDES THE GREENWICH HOUSE MUSIC SCHOOL, GPOTTERY AND THE GREENWICH HOUSE AFTER-SCHOOL AND SUMMER ARTS CAMP. THESE PROGRAMS PROVIDE GROUP AND INDIVIDUAL LE PROGRAMNING INCLUDING EXHIBITIONS, CONCERTS AND RECITALS. ADDITIONALLY, RESIDENCIES, FELLOWSHIPS, WORKSHOPS, AND M THE RICH CULTURAL FABRIC OF THE PROGRAMS. IN FY17 THERE WERE MORE THAN 50 PUBLIC CONCERT PERFORMANCES AND TEN PUBLIC WELCOMING THOUSANDS OF ART LOVERS TO GREENWICH HOUSE. IN FY17 OVER 4,000 STUDENTS ENROLLED IN ARTS EDUCATION AT GRAPPOXIMATELY 5% RECEIVING SCHOLARSHIP SUPPORT.	ESSONS ASTER (C ART E	S AND PU CLASSES XHIBITIO	JBLIC ADD TO ONS,
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ▶ 10,894,017	_	orm 00	90 (2016)
		-	JIIII 95	(2010)
	Page 3			
orm	990 (2016)			Page 3
Par	Checklist of Required Schedules			
	T. II	1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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.			
		_		

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? If "Yes," complete Schedule D, Part VIII	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 3	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	
2a	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	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
4a	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? If "Yes," complete Schedule F, Parts I and IV	14b		No
5	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
6	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
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
9	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

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Par	t IV Checklist of Required Schedules (continued)			•
	·		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization cell exchange dictors of or transfer more than 25% of its net access?	31		

ي د	Did the organization self, exchange, dispose of, or dansier more than 25% or its net assets:			
	If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		No
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		
	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
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Form	990 (2016)			Dogo E
Par				Page 5
ral	Check if Schedule O contains a response or note to any line in this Part V	_		
		•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 68			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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?	2b	Yes	
	Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
		4a		No
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		-		NI-
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
		5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were	64		
,	not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a	Yes	
а	provided to the payor?	, d	163	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	-		NI-
	Form 8282?	7c		No
a	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_		
_		7e		No
	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		
9a	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		
10	Section 501(c)(7) organizations. Enter:	,,,		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
u	- (-)(-), in the original lates of datasets and original lates and original lates and original lates.	a		

b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	l	İ	i i
12	Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
	additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		INO
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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	" respo	nse to i	ines
	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 16			
	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 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3	. 33	No
4	of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
_		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6		No
.	members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a 7b		No No
D	persons other than the governing body?	76		NO
8	$\label{lem:decomposition} Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: \\$			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	<u> </u>
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	e Code		
10-	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	10b		
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			

compensated employees; and former such persons.

State the name, address, and telephone number of the person who possesses the organization's books and records:

In address, and telephone number of the person who possesses the organization's books and records:

In address, and telephone number of the person who possesses the organization's books and records:

In address, and telephone number of the person who possesses the organization's books and records:

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orm 990 (2	2016)	Pa	ige 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest

 \square 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	Position that pers	n (do an on on is	(C) not e bot both	t che		ore er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
(1) ROY L LEAVITT EXEC. DIR./CEO	30.00 5.00	х		х				207,462	0	22,625
(2) SAMIR H HUSSEIN CHAIR	0.50	х		х				0	0	0
(3) ELISSA KRAMER VICE CHAIR	0.50 0.50	х		х				0	0	0
(4) GEORGE A DAVIDSON VICE CHAIR	0.50	х		Х				0	0	0
(5) MYRNA CHAO TREASURER	0.50	х		х				0	0	0
(6) JAN-WILLEM VAN DEN DORPEL SECRETARY	0.50	х		х				0	0	0
(7) ALISON BERKE DIRECTOR	0.50	х						0	0	0
(8) CRAIG DELAURIER DIRECTOR	0.50	Х						0	0	0
(9) MARY ANN EDDY DIRECTOR	0.50	Х						0	0	0
(10) CHRISTINE GRYGIEL-WEST DIRECTOR	0.50	Х						0	0	0
(11) CHRISTOPHER KIPLOK DIRECTOR	0.50	Х						0	0	0
(12) DIANE C KOEPPEL DIRECTOR	0.50	х						0	0	0
(13) EDWARD AK ADLER DIRECTOR	0.50	х						0	0	0
(14) JOAN RAPPOPORT ROSENFELD DIRECTOR	0.50	х						0	0	0
(15) MEGAN THOMAS DIRECTOR	0.50	Х						0	0	0

(16) LAURA VALEROSO								0	0		0
DIRECTOR	0.5	_									
(17) ROSS JANET	30.0			x				137,725	0		11,805
CFO	5.0	0						,			
										Form 99 0) (2016)
			Pad	ae 8							
				,							
Form 990 (2016) Part VII Section A. Officers, Directors	. Trustees. K	ev Fm	nlov	ees	ar	nd Hid	ahe	st Compensated	Fmnlovees (con	tinued)	Page 8
1 411 711			p.c,		,		,				
(A) Name and Title	(B) Average	Positio	on (d	(C) o no		eck m	ore	(D) Reportable	(E) Reportable	(F)	
	hours per week (list	than c				ss per		compensation from the	compensation from related	amount o	
	any hours for related		direc					organization (W-	organizations	from	the
	organizations	or o	'n	Officer	Key	eng Hig	For	2/1099-MISC)	(W- 2/1099- MISC)	organizat relat	:ed
	below dotted line)	ing of	stitut	6	Key employee	nest	Former			organiza	ations
		of a	iona		plo)	8 O					
		Individual trustae or director	Institutional Trustee		99	Highest compensat employee					
		6	stee			nsat					
						bei					
(18) NEWMAN ANDREA S	35.00					х		134,188	0		11,219
DIRECTOR OF DEVELOPMENT, P (19) REID GAIL								,			
	35.00					х		133,026	0		31,060
DIRECTOR OF BEHAVIORAL HEA											
				1							
1b Sub-Total					-	-	•				
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	-		٠	•		<u>-</u>		612,401	0		76,709
2 Total number of individuals (including but				• ahov		-	ceiv				70,703
of reportable compensation from the orga		uiose iis	steu	abov	C) V	WIIO TE	CEIV	ed more than \$100	,000		
										Yes	No
3 Did the organization list any former office					oye	e, or h	nighe	est compensated er	nployee on		
line 1a? If "Yes," complete Schedule J for			-	-	•	•	•		з		No
For any individual listed on line 1a, is the organization and related organizations gr									he		
individual									4	Yes	
5 Did any person listed on line 1a receive o									dual for		
services rendered to the organization?If	Yes," complete	Schedu	ile J	for s	uch	perso	n .		5		No
Section B. Independent Contractors Complete this table for your five highest of		danand	ont a		n oto		+ ==	solved mane than t	100 000 of compor	antion	
Complete this table for your five highest from the organization. Report compensat										isation	
Name and b	(A) ousiness address							Descrip	(B) tion of services	(C) Compen	
LENZ'S								CATERING			281,500
514 EAST 20TH STREET NEW YORK, NY 10009											
PROFESSIONAL COMPUTER ASSOCIATES								IT/COMPUTER	SERVICES		189,046
3944 ROUTE 9G											
RED HOOK, NY 12571 ABACUS STAFFING								TEMP STAFFIN	G		118,636
14 PENN PLAZA 14TH FLOOR								3			22,000
NEW YORK, NY 10122											
2 Total number of independent contractors (in compensation from the organization ▶ 3	ncluding but not	limited	to t	hose	list	ed abo	ove)	who received more	than \$100,000 of		
compensation from the organization = 3										Form 99 0) (2016)

Page 9	-

	00 (2016)									Page 9
art \	/III Statement of Rev Check if Schedule O of		recnon	co or note to an	, line in thi	c Dart VIII				
	check ii Schedule O'C	ontains a	ТСЭРОП	se of flote to ally	(A) Total rev)	(B Relate exen funct rever	ed or npt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
. 0	1a Federated campaigns .		1a							312 31 .
mounts	b Membership dues	Ī	1b							
Amounts	c Fundraising events .		1c	233,524						
ar A	d Related organizations		1d							
Similar	e Government grants (contrib	Ļ	1e	4,131,170						
ier Si	All other contributions, gifts, and similar amounts not included above		1f	998,101						
and Other Similar A	9 Noncash contributions ir in lines 1a-1f:\$h Total.Add lines 1a-1f .		80,52							
	II Totali ila ili il			Busines	<u>-</u> _	62,795				
an le	2a SOCIAL SERVICES AND CLIEN	NT FEES		Basinesi	621400	4,82	29,699	4,829,	699	
Reve	b PROGRAM TUITION AND FEES				611600		04,830	2,704,		
Program Service Revenue	c									
Serv	d		_							
am	e —		_							
rogr	f All other program service			7,	534,529					•
Q.	g Total.Add lines 2a-2f .							ı		
	3 Investment income (includ similar amounts)			terest, and other I	•	127,281				127,281
	4 Income from investment o	f tax-exer	npt bon	d proceeds	•					
	5 Royalties				•					
	6a Gross rents	(i) Real		(ii) Personal						
	h Local rental ave	72	7,549							
	b Less: rental expenses		U							
	c Rental income or (loss)	72	7,549							
	d Net rental income or (los	ss)		•		727,549				727,549
		i) Securiti	es	(ii) Other						
	7a Gross amount from sales of assets other than inventory									
	b Less: cost or other basis and sales expenses									
	C Gain or (loss) d Net gain or (loss)									
	8a Gross income from fundra		_	•	+					
ne	(not including \$ contributions reported on	233,524 0	f							
Revenue	See Part IV, line 18 .		а	134,653	3					
Re	b Less: direct expenses .		b	134,653	3					
Other	c Net income or (loss) from 9a Gross income from gamin		_	nts >		0				
ō	See Part IV, line 19									
	bi and di		a							
	b Less: direct expensesc Net income or (loss) from		b activitie	S						
1	LOaGross sales of inventory,	less		s .						
	returns and allowances									
	b Less: cost of goods sold		a b							
	c Net income or (loss) from		<u> </u>	ry >						
	Miscellaneous Reve			Business Code						
	11a _{MANA} GEMENT FEES			56100	00	443,801				443,801
	b OTHER INCOME			90009	99	188,728				188,728

C PC	TTERY FABRICATIONS	911/10	34,/00		34,/00	
d All	other revenue					
е то	tal. Add lines 11a-11d	 +				
		 _	667,295			
12 To	tal revenue. See Instructions	 				
		 •	14,419,449	7,534,529	34,766	1,487,359
		•	•	•		Form 990 (2016)

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Form 990 (2016)				Page :	10
Part IX Statement of Functional Expenses					

Check if Schedule O contains a response or note to any	line in this Part IX	·		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		ехрепзез	general expenses	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	102,829	102,829		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	230,087		230,087	
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	6,326,567	5,427,054	616,621	282,892
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,719	12,953	1,343	423
9 Other employee benefits	1,324,489	1,185,488	100,259	38,742
10 Payroll taxes	471,243	414,703	42,987	13,553
11 Fees for services (non-employees):	,	,	,	· · ·
a Management				
b Legal				
- -				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	847,774	539,818	304,356	3,600
12 Advertising and promotion	18,043	17,546		497
13 Office expenses	915,085	871,910	33,724	9,451
14 Information technology	355,095	290,526	45,902	18,667
15 Royalties				
16 Occupancy	1,591,368	1,454,463	119,272	17,633
17 Travel	66,489	66,195	294	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	254,645	80,785	173,433	427
23 Insurance	179,607	145,671	31,490	2,446
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 O.)				,
a UBIT	889		889	
b BAD DEBT	196,070	115,738	80,332	
c OTHER	139,143	0	131,135	8,008
d REPAIRS AND MAINTENANCE	132,312	109,721	22,487	104
e All other expenses	93,623	58,617	32,355	2,651
25 Total functional expenses. Add lines 1 through 24e	13,260,077	10,894,017	1,966,966	399,094
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).				

Form 990 (2016) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part IX			\square
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1	
	2	Savings and temporary cash investments .	[824,861	2	1,905,329
	3	Pledges and grants receivable, net		18,994	3	104,316
	4	Accounts receivable, net	[927,981	4	1,064,504
	5	Loans and other receivables from current and fr trustees, key employees, and highest compensa II of Schedule L	ated employees. Complete Part		5	
s	6	Loans and other receivables from other disquali section $4958(f)(1))$, persons described in sectic contributing employers and sponsoring organiza voluntary employees' beneficiary organizations II of Schedule L	n 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete Part		6	
ssets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
4	9	Prepaid expenses and deferred charges		194,865	9	199,080
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,142,758			
	b	Less: accumulated depreciation	10b 4,725,172	2,537,105	10c	2,417,586
	11	Investments—publicly traded securities .		2,129,828	11	2,495,958
	12	Investments—other securities. See Part IV, line	11		12	
	13	Investments—program-related. See Part IV, line	211		13	
	14	Intangible assets	[14	
	15	Other assets. See Part IV, line 11	[400,359	15	373,085
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	7,033,993	16	8,559,858
	17	Accounts payable and accrued expenses		927,816	17	1,009,658
	18	Grants payable			18	
	19	Deferred revenue		222,323	19	247,421
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ap		persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ited third parties	450,050	23	450,050
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, p and other liabilities not included on lines 17-24)			25	
	26	Total liabilities.Add lines 17 through 25		1,600,189	26	1,707,129
Si		Organizations that follow SFAS 117 (ASC 9				
100		complete lines 27 through 29, and lines 33		0.505.040		4.040.040
=	27	Unrestricted net assets	<u> </u>	3,505,648	27	4,348,948
	28	Temporarily restricted net assets		416,895	28	792,520
=	29	Permanently restricted net assets		1,511,261	29	1,711,261
æ		Organizations that do not follow SFAS 117				
Net Assets or	30	check here ▶ □ and complete lines 30 th Capital stock or trust principal, or current funds	rougn 34.		30	
ets	31	Paid-in or capital surplus, or land, building or ed	<u> </u>		31	
ISS	32	Retained earnings, endowment, accumulated in	<u> </u>		32	
it h	33	Total net assets or fund balances		5,433,804	33	6,852,729
Š	34	Total liabilities and net assets/fund balances		7,033,993	34	8,559,858
		assets, rand salarices		.,,		Form 990 (2016)

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Form	990 (2016)		Page 12
Par	t XI Reconcilliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,419,449
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,260,077
3	Revenue less expenses. Subtract line 2 from line 1	3	1,159,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,433,804
5	Net unrealized gains (losses) on investments	5	239,133
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
^	Other changes in not accept ou find helances (symlain in Cabadyle O)	_	20.420

9	Other changes in her assers or runo parances (explain in schedule O)			20,420
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10		6,	.852,729
Par	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			✓
		1	Yes	No
1	Accounting method used to prepare the Form 990: Gash Account Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Both consolidated and separate basis			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99	0 (2016)
	990 (2016)			
Ad	ditional Data	Retur	n to Fo	rm
	Software ID:			
	Software Version:			
orn	n 990, Special Condition Description:			
	Special Condition Description			

Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount TIN: 13-5562204

2016

OMB No. 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at Inspection www.irs.gov/form990 Name of the organization **Employer identification number** GREENWICH HOUSE INC Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than $33_{1/3}$ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than $33_{1/3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 12 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of (iv) Is the organization listed (vi) Amount of other support (see (v) Amount of organization in your governing document? organization nonetary support (described on lines (see instructions) instructions) 1- 10 above (see instructions)) Yes No Total For Paperwork Reduction Act Notice, see the Instructions for Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2016 Form 990 or 990-EZ. Page 2 Schedule A (Form 990 or 990-EZ) 2016 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix) (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar vear (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge..

	hown on line 11, column (f) Public support. Subtract line 5 from						
li	ine 4.						
	ection B. Total Support	1	T	T		1	T
(or	fiscal year beginning in) 🕨	(a)2012	(b) 2013	(c)2014	(d)2015	(e) 2016	(f)Total
	Amounts from line 4 Gross income from interest, dividends, payments received on						
9	securities loans, rents, royalties and income from similar sources Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
L 1	Total support. Add lines 7 through 10						
_	Gross receipts from related activities, e	•	*			12	
	First five years. If the Form 990 is fo	-			•	. , . , -	
	check this box and stop here ection C. Computation of Public					. ⊳ ∪	
	Public support percentage for 2016 (lin			column (f))		14	
	Public support percentage for 2015 Sch					15	
	33 1/3% support test—2016. If the	-					_
	and stop here. The organization qualition 33 1/3% support test—2015. If the						
_	box and stop here. The organization						□
i	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization meets	n meets the "facts	-and-circumstanc	es" test, check this	s box and stop he	re. Explain	
(organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organiz Explain in Part VI how the organizatio	ation meets the "f	facts-and-circums	tances" test, check	this box and sto	p here.	
	supported organization						▶ □
-	Private foundation. If the organization instructions						▶□
					Schedul	e A (Form 990 o	r 990-EZ) 2016
			Page 3				
School	dula A (Form 000 or 000 E7) 2016		Page 3				
	dule A (Form 990 or 990-EZ) 2016	or Organizatio			(a)(2)		Page 3
	dule A (Form 990 or 990-EZ) 2016 art III Support Schedule fo (Complete only if you		ns Described i	n Section 509(d to qualify und	
P	Support Schedule for (Complete only if you the organization fails	checked the bo	ns Described i x on line 10 of l	n Section 509(Part I or if the o	ganization faile	' '	
Se	Support Schedule for (Complete only if you the organization fails of the cities A. Public Support sendar year	checked the bo to qualify under	ns Described i x on line 10 of I the tests listed	n Section 509(Part I or if the or below, please c	ganization faile omplete Part II.) ,	er Part II. If
Se Cale	Support Schedule for (Complete only if you the organization fails ection A. Public Support	checked the bo	ns Described i x on line 10 of f the tests listed (b) 2013	n Section 509(Part I or if the or below, please c	ganization faile omplete Part II.	' '	er Part II. If
Se Cale	Support Schedule for (Complete only if you the organization fails to cition A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	checked the bo to qualify under	ns Described i x on line 10 of f the tests listed (b) 2013	n Section 509(Part I or if the or below, please complete (c) 2014	ganization faile omplete Part II.	(e) 2016	er Part II. If
Se Cale (or	Support Schedule for (Complete only if you the organization fails to the organization of the org	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Se Cale (or t	Support Schedule for (Complete only if you the organization fails in t	checked the bo to qualify under	ns Described i x on line 10 of f the tests listed (b) 2013	n Section 509(Part I or if the or below, please complete (c) 2014	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016	er Part II. If
Se Cale	Support Schedule for (Complete only if you the organization fails th	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Se Cale (or 1 1	Support Schedule for (Complete only if you the organization fails to the organization's tax-exempt purpose of organization's tax-exempt purpose organization	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
See Cale (or 1	Support Schedule for (Complete only if you the organization fails the organization fail the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Se Cale (or 1 1	Support Schedule for (Complete only if you the organization fails to the organization's tax-exempt purpose Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Se Cale (or 1 1 2	Support Schedule for (Complete only if you the organization fails to cition A. Public Support (Complete only if you the organization fails to cition A. Public Support (Complete only if you the organization fails to cition A. Public Support (Complete only if you have beginning in) Fiscal year beginning in) Fiscal year beginning in (Complete only include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Se Cale (or 1 1 2	Support Schedule for (Complete only if you the organization fails in lude any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Secondary Second	Support Schedule for (Complete only if you the organization fails to the organization fails the organization fails for the organization for fail fails furnished in any activity that is related to the organization from activities that are not an unrelated trade or business under section 513	checked the boto qualify under (a) 2012 4,402,000	ns Described i x on line 10 of f the tests listed (b) 2013 4,635,173	n Section 509(Part I or if the or below, please c (c) 2014 4,696,228	ganization faile omplete Part II. (d) 2015 5,500,929	(e) 2016 5,362,795	er Part II. If (f) Total 24,597,125
Sec Cale (or 1 1 2 3 4 5 6 7 a	Support Schedule for (Complete only if you the organization fails to the organization fails the organization fail to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973
Secondary Second	Support Schedule for (Complete only if you the organization fails to the organization fails from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973
Second 1 2 3 4 5 6 7a	Support Schedule for (Complete only if you the organization fails to the organization fail fails fail fails the organization fail fails fail fails fail fails fail fail fail fail fail fail fail fail	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973
Second 1 2 3 4 5 6 7a	Support Schedule for (Complete only if you the organization fails to cition A. Public Support (Complete only if you the organization fails to cition A. Public Support (Complete only if you the organization fails to cition A. Public Support (Complete only if you have beginning in) (Complete only if you have beginning in) (Complete only if you have beginning in the organization (Complete only if you have beginning in the organization (Complete only if you have beginning in the organization (Complete only if you have beginning in the organization (Complete only if you have beginning in the organization (Complete only if you have beginning in the organization (Complete only if you have beginning in the you have beginning in the you have beginning in the organization (Complete only if you have beginning in the you hav	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0
Sec Cale (or 1 1 2 3 4 5 6 7 a b c c	Support Schedule for (Complete only if you the organization fails to the organization fails of the organization for facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b.	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098
Sec Cale (or 1 1 2 3 4 5 6 7 a b	Support Schedule for (Complete only if you the organization fails in lude any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0
Second 1 2 3 4 5 6 7a b Second 5 Second 5 5 6 7a b Second 5 5 6 7a 6 7a 6 7a 6 7a	Support Schedule for (Complete only if you the organization fails to cition A. Public Support (Complete only if you the organization fails to cition A. Public Support (Complete only if you the organization fails to cition A. Public Support (Complete only if you do not include any fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	checked the boto qualify under (a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of i the tests listed (b) 2013 4,635,173 6,018,925	n Section 509() Part I or if the oil below, please colored (c) 2014 4,696,228 7,022,245	ganization faile omplete Part II. (d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0
Secole College Secole	Support Schedule for (Complete only if you the organization fails to the organization for the organization fail to the organization fail the organization without charge the organization with	(a) 2012 4,402,000 5,062,450 9,464,450	(b) 2013 (b) 2013 (c) 2013	n Section 509(Part I or if the or below, please complete	(d) 2015 (d) 2015 5,500,929 6,471,824 11,972,753	(e) 2016 5,362,795 7,534,529 12,897,324 (e) 2016	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 0 56,707,098
See Cale (or 1 2 3 4 5 6 7a b Cale (or 1 8 See Cale (or 1 9)	Support Schedule for (Complete only if you the organization fails to the organization for fail the organization fails experience of the organization fails tax-exempt purpose of cross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.) Indiar year fiscal year beginning in) Amounts from line 6.	(a) 2012 4,402,000 5,062,450	ns Described i x on line 10 of 8 the tests listed (b) 2013 4,635,173 6,018,925	n Section 509(Part I or if the or below, please complete) (c) 2014 4,696,228 7,022,245	(d) 2015 5,500,929 6,471,824	(e) 2016 5,362,795 7,534,529	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 0 56,707,098
Secondary Second	Support Schedule for (Complete only if you the organization fails to the organization for the organization for the organization from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2012 4,402,000 5,062,450 9,464,450	(b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013	(c) 2014 (c) 2014 (c) 2014 (c) 2014 (d) 2014 (e) 2014	(d) 2015 5,500,929 6,471,824 (d) 2015 11,972,753	(e) 2016 5,362,795 7,534,529 12,897,324 (e) 2016 12,897,324	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 56,707,098 (f) Total 56,707,098
See Cale ((or 1) 2 3 4 5 6 7a b c 8 See Cale ((or 1) 2 7a b	Support Schedule for (Complete only if you the organization fails in lude any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2012 4,402,000 5,062,450 9,464,450	(b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013	(c) 2014 (c) 2014 (c) 2014 (c) 2014 (d) 2014 (e) 2014	(d) 2015 5,500,929 6,471,824 (d) 2015 11,972,753	(e) 2016 5,362,795 7,534,529 12,897,324 (e) 2016 12,897,324	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 56,707,098 (f) Total 56,707,098
Secondary 1 2 3 4 5 6 7a b C 8 Secondary 9 0a	Support Schedule for (Complete only if you the organization fails to the organization fails of the organization of the organizatio	(a) 2012 4,402,000 5,062,450 9,464,450	(b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013	(c) 2014 (c) 2014 (c) 2014 (c) 2014 (d) 2014 (e) 2014	(d) 2015 5,500,929 6,471,824 (d) 2015 11,972,753	(e) 2016 5,362,795 7,534,529 12,897,324 (e) 2016 12,897,324	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 56,707,098 (f) Total 56,707,098
Second 1 2 3 4 5 6 7a b c 8 Second 9	Support Schedule for (Complete only if you the organization fails in lude any fees received. (Do not include any "unusual grants."). Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	(a) 2012 4,402,000 5,062,450 9,464,450	(b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013	(c) 2014 (c) 2014 (c) 2014 (c) 2014 (d) 2014 (e) 2014	(d) 2015 5,500,929 6,471,824 (d) 2015 11,972,753	(e) 2016 5,362,795 7,534,529 12,897,324 (e) 2016 12,897,324	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 56,707,098 (f) Total 56,707,098
Secoles (or 1 2 3 4 5 6 7a b Secoles (or 9 9 00 a b	Support Schedule for (Complete only if you the organization fails in the organization fails of the organization from a divisions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b. Public support. (Subtract line 7c from line 6.) Total Support fiscal year beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income	(a) 2012 4,402,000 5,062,450 9,464,450	(b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013 (b) 2013 (c) 2013 (d) 2013	(c) 2014 11,718,473 (c) 2014 (c) 2014 (c) 2014	(d) 2015 5,500,929 6,471,824 (d) 2015 (d) 2015 11,972,753 770,148	(e) 2016 5,362,795 7,534,529 12,897,324 (e) 2016 12,897,324 854,830	er Part II. If (f) Total 24,597,125 32,109,973 56,707,098 0 56,707,098 (f) Total 56,707,098

11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	6,787	1,979	14,344			34,766	5	57,876
12		392,884	513,776	2,072,623	733,281	6	32,529	4,34	15,093
13	Total support. (Add lines 9, 10c, 11, and 12.).	10,579,981	11,910,592	14,595,503	13,476,182	14,4	19,449	64,98	31,707
14	First five years. If the Form 990 is f								
Se	check this box and stop here							. ▶ □	
15	Public support percentage for 2016 (I	ine 8, column (f) divid	led by line 13, co			15			70 %
16 Se	Public support percentage from 2015 ction D. Computation of Inves					16		87.5	40 %
17	Investment income percentage for 20	016 (line 10c, column	(f) divided by lin	, , , ,	•	17			60 %
18 19a	Investment income percentage from 331/3% support tests—2016. If the					18 3 1/3%, aı	nd line 17 i		20 %
r	nore than 33 1/3%, check this box and	stop here. The organ	nization qualifies	as a publicly sup	ported organizatio	n		✓	0 .
b	33 1/3% support tests—2015. If the not more than 33 1/3%, check this bo	-						_	8 IS
20	Private foundation. If the organizat				this box and see in	structions	s l		
					Schedule	A (Form	990 or 99	0-EZ) 2	2016
			Page 4 -						
	lule A (Form 990 or 990-EZ) 2016							Pa	ge 4
Par	(Complete only if you checked	a box on line 12 of Pa							
	Part I, complete Sections A an Sections A and D, and comple		2c of Part I, comp	olete Sections A,	D, and E. If you cl	necked 12	2d of Part I	, comple	te
Se	ction A. All Supporting Organiz	zations						V	
1	Are all of the organization's supported	d organizations listed l	by name in the o	rganization's gov	erning documents	?		Yes	No
	If "No," describe in Part VI how the secribe the designation. If historic as	supported organization	ns are designated						
2	Did the organization have any suppor	_		IRS determinati	on of status under	section	1		
	509(a)(1) or (2)? If "Yes," explain in described in section 509(a)(1) or (2).		nization determir	ned that the supp	oorted organization	was			
3a	Did the organization have a supported	d organization describ	ed in section 501	(c)(4), (5), or (6)? If "Yes," answe	r (b) and	(c) 2		_
	below.						3a		_
b	Did the organization confirm that eac the public support tests under section								
_	determination.				170/-\/2\/D	.	3b		
С	Did the organization ensure that all si If "Yes," explain in Part VI what cont				ection 170(c)(2)(B) purpose	3c		
4a	Was any supported organization not checked 12a or 12b in Part I, answer		d States ("foreigr	supported orga	nization")? <i>If</i> "Yes	and if yo	4a		
b	Did the organization have ultimate coorganization? If "Yes," describe in Pa						or		
С	supervised by or in connection with it Did the organization support any fore	s supported organizat ign supported organiz	<i>ions.</i> ation that does n	ot have an IRS d	letermination unde	r sections	4 b		
	501(c)(3) and 509(a)(1) or (2)? If "Y to the foreign supported organization	es," explain in Part V.	I what controls to	he organization u	ised to ensure that		ort		
5a	Did the organization add, substitute,						4c		
	(c) below (if applicable). Also, provide organizations added, substituted, or i	removed; (ii) the reaso	ons for each such	action; (iii) the	authority under th	e			
	organization's organizing document a amendment to the organizing docume		; and (iv) how th	ne action was acc	ompiished (such a	s by	5a		
b	Type I or Type II only. Was any ad organization's organizing document?	ded or substituted sup	ported organizat	tion part of a clas	s already designat	ed in the	5b		
с	Substitutions only. Was the substitu		,	. 3.			5с		
6	Did the organization provide support than (i) its supported organizations, (ii) individuals that are	part of the chari	itable class benet	fited by one or mo	re of its	ther		
	supported organizations, or (iii) other organization's supported organization			port or benefit o	ne or more of the	filing	6		
7	Did the organization provide a grant,						in		
	section 4958(c)(3)(C)), a family mem contributor? <i>If</i> "Yes," complete Part I			5% controlled en	tity with regard to	a substa	ntial 7		
8	Did the organization make a loan to a complete Part I of Schedule L (Form 9		as defined in sect	ion 4958) not de	scribed in line 7?	f "Yes,"			
9a	Was the organization controlled direct	tly or indirectly at any							
	defined in section 4946 (other than for provide detail in Part VI.								_
b	Did one or more disqualified persons organization had an interest? <i>If</i> "Yes,			g interest in any	entity in which the	supporti	ng		
c	Did a disqualified person (as defined which the supporting organization als	<i>'</i> in line 9a) have an ow	nership interest i		personal benefit fr	om, asset			
10a	Was the organization subject to the e				of section 4943(f)	(regardin	9c		
	certain Type II supporting organization answer line 10b below.						10a		
h	Did the organization have any excess	hucinace haldings in t	ha tav vaar? /Ile	a Schadula C Fo	rm 4770 to deter	mina wha	ther		

the organization had excess business holdings).	ose seriedaie e, i oi	III 4720, to actermine whether			
Salar		Schedule A (Form 99	10b	0-F7\	2016
		Schedule A (Form 55)	J 01 93	(U-EZ)	2010
Page 5					
Schedule A (Form 990 or 990-EZ) 2016				F	Page 5
Part IV Supporting Organizations (continued)				.,	
11. Has the organization acconted a gift or contribution from any of the follows:	uing porconc?			Yes	No
Has the organization accepted a gift or contribution from any of the followA person who directly or indirectly controls, either alone or together with		n (h) and (c) helow the			
governing body of a supported organization?	persons described in	r (b) and (c) below, the	11a		
b A family member of a person described in (a) above?			11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes	" to a, b, or c, provi	de detail in Part VI.	11c		
Section B. Type I Supporting Organizations			1		
				Yes	No
Did the directors, trustees, or membership of one or more supported orgelect at least a majority of the organization's directors or trustees at all tine to the supported organization organization organization, as organization had more than one supported organization, describe how the trustees were allocated among the supported organizations and what compowers during the tax year.	mes during the tax r controlled the orga e powers to appoint	year? If "No," describe in Part nization's activities. If the and/or remove directors or			
, ,			1		
2 Did the organization operate for the benefit of any supported organization operated, supervised, or controlled the supporting organization? If "Yes,"					
carried out the purposes of the supported organization(s) that operated, organization.			2		
Section C. Type II Supporting Organizations			<u> </u>		
				Yes	No
Were a majority of the organization's directors or trustees during the tax each of the organization's supported organization(s)? If "No," describe in					<u></u>
supporting organization was vested in the same persons that controlled of			1		
Section D. All Type III Supporting Organizations					
			F	Yes	No
1 Did the organization provide to each of its supported organizations, by th tax year, (i) a written notice describing the type and amount of support p Form 990 that was most recently filed as of the date of notification, and (documents in effect on the date of notification, to the extent not previous	rovided during the parties of the organization (iii)	prior tax year, (ii) a copy of the			
			1		
Were any of the organization's officers, directors, or trustees either (i) ap organization(s) or (ii) serving on the governing body of a supported orga					
organization maintained a close and continuous working relationship with					
			2		
By reason of the relationship described in (2), did the organization's supporganization's investment policies and in directing the use of the organization.					
year? If "Yes," describe in Part VI the role the organization's supported of			3		
Section E. Type III Functionally-Integrated Supporting Organ	nizations				
Check the box next to the method that the organization used to satisfy the satisfies the satisf		during the year (see instruct	ions):		
a The organization satisfied the Activities Test. Complete line 2 belo	ow.				
b The organization is the parent of each of its supported organization	ns. Complete line 3	below.			
c The organization supported a governmental entity. Describe in Pa	rt VI how you supp	orted a government entity (see	instru	ctions)	
2 Activities Test. Answer (a) and (b) below.				Yes	No
a Did substantially all of the organization's activities during the tax year dir					
supported organization(s) to which the organization was responsive? If "I organizations and explain how these activities directly furthered their	exempt purposes, h	ow the organization was			
responsive to those supported organizations, and how the organization desubstantially all of its activities.	etermined that these	e activities constituted	2a		
b Did the activities described in (a) constitute activities that, but for the ord	ganization's involver	nent, one or more of the	20		
organization's supported organization(s) would have been engaged in? If organization's position that its supported organization(s) would have eng	"Yes," explain in Pa	rt VI the reasons for the			
organization's position that its supported organization(s) would have eng- involvement.	ageu iii tiiese attiVil	ics but for the organization 5	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.					
a Did the organization have the power to regularly appoint or elect a major	ity of the officers, d	rectors, or trustees of each of	За		
the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the polynomial.	oliciae programa	d activities of each of its	-		
supported organizations? If "Yes," describe in Part VI. the role played by			3b		
		Schedule A (Form 99		0-EZ)	2016
D					
Page 6					
Schedule A (Form 990 or 990-EZ) 2016				F	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organia	zations			
1 Check here if the organization satisfied the Integral Part Test as a d					
instructions. All other Type III non-functionally integrated suppor	ting organizations m		gh E. (B) Curr	ent Yea	ar
Section A - Adjusted Net Income		, ,	(optio		
1 Net short-term capital gain	1				

=cc oo.c co cap.ca. ga					
Recoveries of prior-year distributions		2			
Other gross income (see instructions)		3			
, ,		4			
4 Add lines 1 through 3		5			
5 Depreciation and depletion					
6 Portion of operating expenses paid or incurred for prod income or for management, conservation, or maintenal production of income (see instructions)		6			
7 Other expenses (see instructions)		7			
8 Adjusted Net Income (subtract lines 5, 6 and 7 from	line 4)	8			
Section B - Minimum Asset Amount	- ,		(A) Prior Year		(B) Current Year
			()		(optional)
Aggregate fair market value of all non-exempt-use asset tax year or assets held for part of year):	ets (see instructions for short	1			
a Average monthly value of securities		1a			
b Average monthly cash balances		1b			
c Fair market value of other non-exempt-use assets		1c			
·		1d			
d Total (add lines 1a, 1b, and 1c)		10			
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	. 400010	3			
Cash deemed held for exempt use. Enter 1-1/2% of lin instructions).	e 3 (for greater amount, see	4			
5 Net value of non-exempt-use assets (subtract line 4 fro	om line 3)	5			
6 Multiply line 5 by .035		6			
7 Recoveries of prior-year distributions		7			
		8			
·		ð			Crimont V
Section C - Distributable Amount					Current Year
Adjusted net income for prior year (from Section A, line	e 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			
4 Enter greater of line 2 or line 3					
4 Enter greater of line 2 or line 35 Income tax imposed in prior year		5			
		6			nization (see
 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions) Check here if the current year is the organization 		6			
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions) 7 Check here if the current year is the organization instructions) 6 Schedule A (Form 990 or 990-EZ) 2016 Part V Type III Non-Functionally Integrated Section D - Distributions	Page 7 509(a)(3) Supporting (6 integrate	Schedule	A (Form	
Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions) Check here if the current year is the organization instructions) Check here if the current year is the organization instructions) Check here if the current year is the organization instructions) Check here if the current year is the organization instructions) The property of the current year is the organization instructions The property of the current year is the organization instructions The property of the current year is the organization instructions The property of the property o	Page 7 509(a)(3) Supporting (exempt purposes	6 integrate	Schedule zations (contin	A (Form	990 or 990-EZ)
5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions) 7 Check here if the current year is the organization instructions) 6 Schedule A (Form 990 or 990-EZ) 2016 Part V Type III Non-Functionally Integrated Section D - Distributions 1 Amounts paid to supported organizations to accomplish or temporary reductions.	Page 7 509(a)(3) Supporting (exempt purposes supported	6 Organi organiza	Schedule zations (contin	A (Form	990 or 990-EZ)
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i Carryover from 2011 not applied (se	e			
j Remainder. Subtract lines 3g, 3h, and	d 3i from 3f.			
4 Distributions for 2016 from Section D, \$	line 7:			
Applied to underdistributions of prior	r vears			
b Applied to 2016 distributable amoun				-
c Remainder. Subtract lines 4a and 4b	from 4.			
5 Remaining underdistributions for year 2016, if any. Subtract lines 3g and 4 If the amount is greater than zero, 6 See instructions.	a from line 2.			
6 Remaining underdistributions for 201 lines 3h and 4b from line 1. If the arthan zero, explain in Part VI. See ins	mount is greater			
7 Excess distributions carryover to 3j and 4c.	2017. Add lines			
8 Breakdown of line 7:				
a				
b Excess from 2013				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016				
		Page 8	Schedule A (Fo	orm 990 or 990-EZ) (2016)
		r age o		
Schedule A (Form 990 or 990-EZ) 2016				Page 8
Section A, lines 1, 2, 3b, 3c Part IV, Section D, lines 2 a	, 4b, 4c, 5a, 6, 9a, 9 nd 3; Part IV, Section	9b, 9c, 11a, 11b, and 11c; n E, lines 1c, 2a, 2b, 3a an	, line 10; Part II, line 17a or 17b Part IV, Section B, lines 1 and 2; d 3b; Part V, line 1; Part V, Sectio omplete this part for any addition	Part IV, Section C, line 1; on B, line 1e; Part V
	Fa	cts And Circumstances T	est	
Return Reference			Evalenation	
Return Reference			Explanation	
			Schedule A (I	Form 990 or 990-EZ) 2016
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Software ID: Software Version:

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TIN: 13-5562204 OMB No. 1545-0047

Schedule B (Form 990, 990-EZ,

Schedule of Contributors

or 990-PF) ► Attach to Form 990, 990-EZ, or 990-PF. 2016 Department of the Treasury Internal Revenue Service Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification 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 foundation ☐ 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note**.Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization GREENWICH HOUSE INC Employer identification number Contributors (See instructions). Use duplicate copies of Part I if additional space is need (a) (b) (d) Name, address, and ZIP + 4 Total contributions Type of contribution Person RESTRICTED Payroll \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (b) (c) Νó. Name, address, and ZIP + 4 Total contributions 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
(a)	(b)	(c)	contributions.)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person
_			
			Payroll
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			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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-			Payroll
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			(Complete Part II for noncash
			contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, saareee, and bit		Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
Name of organization GREENWICH HOUSE INC	990-EZ, or 990-PF) (2016)	Employer iden 13-5562204	Page 3
Part II Nonc	ash Property (See instructions). Use duplicate copies of Part II if additional		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin	
(a)	(b)	(c)	mata) (d)
No. from Part I	Description of noncash property given	FMV (or estin	Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instruction	nate) (d) Date received
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin	nate) (d) Date received
NO. IIOIII FAILT	Description of noncasti property given	(See instruction	ons)
			\$
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estin (See instruction	
			\$
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estin	
			\$

lame of organization REENWICH HOUSE IN			Employer identification number
REENWICH HOUSE IN	L		13-5562204
than \$1,000 organizatio year. (Ente) for the year from any one contributor.	Complete columns (a) through (c f exclusively religious, charitable is.) \$	section 501(c)(7), (8), or (10) that total more and the following line entry. For etc., contributions of \$1,000 or less for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. -			
		(e) Transfer of gift	
	Transferee's name, address, and Z		onship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
_		(e) Transfer of gift	
	Transferee's name, address, and Z	ZIP 4 Relati	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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<u> </u>		(e) Transfer of gift	
	Transferee's name, address, and Z		onship of transferor to transferee
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, and Z	(e) Transfer of gift ZIP 4 Relati	onship of transferor to transferee
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TIN: 13-5562204

OMB No. 1545-0047

2016

SCHEDULE D

(Form 990)

Supplemental Financial Statements

enartr	nent of the Treasury	Part IV, line 6, 7, 8, 9, 1		c, 11d, 11e, 11f, 12a,		Open to Public
	Revenue Service	Information about Schedule D (For			<u>w.irs.gov/form9</u>	
	ne of the organ				Employer id	dentification number
KLL	INVICTITIOUSE IN				13-5562204	
aı		zations Maintaining Donor Advi			s or Accounts.	
	Comple	ete if the organization answered "Ye		, Part IV, line 6. or advised funds	(b)Euro	nds and other accounts
	Total number at	end of year	(a) Doi	or advised rarius	(b)i ui	da and other accounts
		of contributions to (during year)				
		of grants from (during year)				
		at end of year				
	organization's p	ation inform all donors and donor adviso rroperty, subject to the organization's ex	clusive legal contr	ol?		🗆 Yes 🗀 No
	charitable purpo	ation inform all grantees, donors, and do oses and not for the benefit of the donor	or donor advisor,	or for any other purpos		
ar	t II Conser	rvation Easements. Complete if th	ne organization	answered "Yes" on F	orm 990, Part I\	√, line 7.
	Purpose(s) of co	onservation easements held by the organ	nization (check all	that apply).		
	Preservation	on of land for public use (e.g., recreation	n or education)	 Preservation of 	an historically im	portant land area
	Protection	of natural habitat		Preservation of	a certified histori	c structure
	Preservation	on of open space				
		2a through 2d if the organization held a	qualified conserva	tion contribution in the	form of a conserv	/ation
	easement on th	e last day of the tax year.			Held	at the End of the Year
		conservation easements			2a	
		stricted by conservation easements				
		ervation easements on a certified histori			2c	
		ervation easements included in (c) acqui in the National Register	ired after 8/17/06	, and not on a historic	2d	
		ervation easements modified, transferre	ed, released, extin	guished, or terminated	by the organization	n during the
	Number of state	es where property subject to conservatio	n easement is loc	ated 🕨		
	Does the organi and enforcemen	ization have a written policy regarding that of the conservation easements it holds	ne periodic monitos?	ring, inspection, handli	ng of violations,	☐ Yes ☐ No
	Staff and volunt	teer hours devoted to monitoring, inspec	cting, handling of	violations, and enforcing	g conservation eas	sements during the year
	Amount of expe	enses incurred in monitoring, inspecting,	handling of violat	ions, and enforcing con	servation easeme	nts during the year
	and section 170	ervation easement reported on line 2(d) 1(h)(4)(B)(ii)?				☐ Yes ☐ No
	balance sheet, a the organization	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the o ts.	ganization's financial s	tatements that de	scribes
art		zations Maintaining Collections te if the organization answered "Ye			Other Similar A	ssets.
•	art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition,	education, or research	in furtherance of p	llance sheet works of public service,
•	historical treasu	ion elected, as permitted under SFAS 11 ures, or other similar assets held for pub nts relating to these items:				
(i) Revenue includ	led on Form 990, Part VIII, line 1			> \$_	
(ii)Assets included	l in Form 990, Part X			▶\$	
	following amour	ion received or held works of art, historionts required to be reported under SFAS	116 (ASC 958) rel	ating to these items:	5 ,.	/ide the
		ed on Form 990, Part VIII, line 1			· · · · · · · · · · · · · · · · · · ·	
		in Form 990, Part X			-	
Р	aperwork Redu	uction Act Notice, see the Instruction			No. 52283D Sc l	hedule D (Form 990) 20
_	tulo D (Farra 200	1) 2016	Page 2			
	lule D (Form 990	*	of Aut IIIata	ent Tunnerman and	Ahou Cimila:: 4	Pag
rt		zations Maintaining Collections				
	items (check all	iization's acquisition, accession, and othe I that apply):	er records, check	any or the following tha	care a significant	use of its collection
3	☐ Public ext		d	Loan or exchang	ge programs	
,			e			
	Scholarly	research		Uther		
2	Preservat	ion for future generations				
	Provide a descri	iption of the organization's collections an	nd explain how the	y further the organizati	ion's exempt purp	ose in
	Part XIII.					
		; did the organization solicit or receive d d to raise funds rather than to be mainta				☐ Yes ☐ No

1a	line 21. Is the organization an agent included on Form 990, Part X			intermedia	ry for contrib		other assets	not	☐ Yes	□ No
b	If "Yes," explain the arrange		-		=			A	mount	
c	Beginning balance						1c			
d e	Additions during the year .						1d 1e			
f	Distributions during the year						1f			
2a	-	balance						hility?		
	-								☐ Yes	□ No
b	If "Yes," explain the arrange rt V Endowment Fund									
Pd	rt V Endowment Fund	us. Complete ii	(a)Currei		(b)Prior year		Two years back			Four years back
1a	Beginning of year balance .			,801,345	1,958,	315	1,973,399	1,	885,236	1,753,989
b	Contributions			200,000			75,000			
С	Net investment earnings, gain	ns, and losses		251,218	-23,	542	40,842		220,130	254,027
	Grants or scholarships									
	Other expenditures for facilities and programs	es		48,971	133,	428	130,926		131,967	122,780
f	Administrative expenses .									
g	End of year balance		2	,203,592	1,801,	345	1,958,315	1,	973,399	1,885,236
2	Provide the estimated percei	-		d balance (li	ine 1g, colum	nn (a)) h	eld as:			
а	Board designated or quasi-e		0 %							
b	Permanent endowment	77.660 %								
С	Temporarily restricted endow The percentages on lines 2a,			00%						
За	Are there endowment funds		-		n that are he	ld and a	dministered for	r the		
	organization by:			-					T = 100	Yes No
	(i) unrelated organizations						•		3a(i) 3a(ii	
b	(ii) related organizationsIf "Yes" on 3a(ii), are the rel								3b	, 140
4	Describe in Part XIII the inte	ended uses of the	organizatio	n's endown	nent funds.				L	
Pai	t VI Land, Buildings,									_
	Complete if the org Description of property	ganization answ (a) Cost or other			other basis (ot		11a. See For			. U. Book value
	, , , , , , , , , , , , , , , , , , ,	(investmer	nt)				-			
1a	Land									
b	Buildings				3,896	,945		2,651,856		1,245,089
c	Leasehold improvements				2,223	3,433		1,292,365		931,068
d	Equipment					2,770		780,951		121,819
	Other	(d)t		100 D- + V		0,610	-			119,610
lota	I. Add lines 1a through 1e.(Co	olumn (a) must eq	juai romii s	190, Part X,	COIUITIII (B),	iine 10(0	.).)	► Sch	edule D (F	2,417,586 Form 990) 2016
								Sch	edule D (I	oim 550, 2010
				Pa-	ge 3 ——					
Scho	dule D (Form 990) 2016									
	t VII Investments Ot	har Sacurities	Complet	o if the or	raanization	ancwar	ed "Vec" on F	orm 990	Dart IV/ lin	Page 3
i dii	See Form 990, Par		• compic	ic ii tiic oi	gamzadon	unswer	cu ics oiii	01111 330, 1	raic IV, iii	ic 11b.
		ion of security or ing name of secur				b) ook		(c) Method or end-of-ye		
	(IIIcidal	ing name or secur	ity)			lue	Cost	or end-or-ye	ear market	value
	Financial derivatives									
	Closely-held equity interests Other	<u> </u>	· ·	· · ·	· · ·					
(A)										
(B)										
(C)										
(D)										
(E)										
(F)										
(G)										
(H)										
	. (Column (b) must equal Form 99				Þ					
rar	t VIII Investments□Pi Complete if the or			s' on Form	990, Part I	V, line 1	11c. See Fori	m 990, Par	t X, line 1	3.
		otion of investmen			(b) Book			(c) Method	of valuation	1:
<i>/•</i> `						-	Cost	or end-of-ye	ear market	value
(1)										
(2)										
(3)										
,										

(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶					
Part IX Other Assets. Complete if the organization answered 'Yes' on Form (a) Description	990, Pa	rt IV, line 11d.	See Form 9	990, Pa	(b) Book value
(1)					• • • • • • • • • • • • • • • • • • • •
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				. •	·
Part X Other Liabilities. Complete if the organization answered 'Yes' See Form 990, Part X, line 25.	on Fo	rm 990, Part	IV, line 1	1e or	11f.
1. (a) Description of liability	(b) B	ook value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to		=			
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check her	e if the	text of the foot			
				ocned	ule D (Form 990) 2016
Page 4					
Schedule D (Form 990) 2016					Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem			ie per Re	turn	rage 4
Complete if the organization answered 'Yes' on Form 990, Par	t IV, lir	ne 12a.			
 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 				1	
Net unrealized gains (losses) on investments	2a				
b Donated services and use of facilities	2b				
c Recoveries of prior year grants	2c				
d Other (Describe in Part XIII.)	2d			-	
 e Add lines 2a through 2d				2e 3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				,	
a Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b Other (Describe in Part XIII.)	4b				
c Add lines 4a and 4b				4c	
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Staten				5 Peturi	•
Complete if the organization answered 'Yes' on Form 990, Par	t IV, lir	ne 12a.	•		
1 Total expenses and losses per audited financial statements				1	
Amounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilities	2a				
b Prior year adjustments	2b			1	
c Other losses	2c			1	

d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · · 	2e
3	Subtract line 2e from line 1		3
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	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18.)	5
Pai	t XIII Supplemental Information	<u> </u>	
	vide the descriptions required for Part II, lines 3, 5, a s 2d and 4b; and Part XII, lines 2d and 4b. Also com	nd 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, plete this part to provide any additional information.	line 4; Part X, line 2; Part XI,
	Return Reference	Explanation	
PART	V, LINE 4:	GREENWICH HOUSE'S ENDOWMENT CONSISTS OF FIVE FUNI CHILDREN SERVICES, (2) GENERAL OPERATIONS, (3) LEADEI MUSIC SCHOOL PROGRAMS.	
PART	X, LINE 2:	THE AGENCY BELIEVES IT HAS NO UNCERTAIN TAX POSITION ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATIO TAXES," WHICH PROVIDES STANDARDS FOR ESTABLISHING PROVISIONS FOR UNCERTAIN TAX POSITIONS.	ON ("ASC") TOPIC 740, "INCOME
		Sc	chedule D (Form 990) 2016
	lditional Data		

Software ID: Software Version:

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6 Rent/facility costs . .

ObjectId: 201801319349303650 - Submission: 2018-05-11

TIN: 13-5562204 OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

2016

18,199

Int Na Gl

	ment of the Treasury I Revenue Service	▶Info		_	Atta	ch to Form	n \$15,000 on Form 990-EZ, li 1990 or Form 990-EZ. 0-EZ) and its instructions is a		any/formann	Open to Public Inspection
ame	e of the organization	F Illion	nation abou	. Scrieuu	ic a (ruim	290 OI 99	v LE j and its illstructions is a	ic vv vv vv.IFS	_	ntification number
	NWICH HOUSE INC								13-5562204	
Pai	rt I Fundraisin	g Activiti	ies.Comp	lete if	the orga	nization	answered "Yes" on Fo	rm 990	, Part IV, line 1	7.
	Form 990-E	Z filers ar	e not req	uired to	o comple	ete this	part.			
L	Indicate whether the	organizati	on raised	funds th	rough an	y of the f	ollowing activities. Check	all that a	apply.	
а	Mail solicitations					•	Solicitation of non	-governn	nent grants	
b	☐ Internet and ema	ail solicitatio	ons			1	f Solicitation of gov	ernment	grants	
С	Phone solicitation	ns				9	g Special fundraising	g events		
d	☐ In-person solicita	ations								
2a							vidual (including officers, on with professional fund		muicoco	es 🗆 No
b	If "Yes," list the ten to be compensated a					ndraisers) pursuant to agreements	under w	hich the fundraise	er is
) N	ame and address of in or entity (fundraise		(ii) Act	ivity	fundrai custo cont) Did ser have ody or rrol of	(iv) Gross receipts from activity	(or r	mount paid to retained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
					contrib Yes	nutions?				
ota	l					.•				
		the organiz	zation is re	egistered	d or licens	sed to sol	licit contributions or has b	een notif	fied it is exempt f	rom registration or
	censing.									
===										;======================================
r Pa	aperwork Reduction A	ct Notice, se	ee the Inst	ructions	for Form	990 or 99	O-EZ. Cat. No.	50083H	Schedule G (Form 990 or 990-EZ) 20
						—— Р	age 2			
	dule G (Form 990 or 9									Page
Par	than \$15,0	00 of fund	draising e	vent co			answered "Yes" on Form gross income on Form			
J	gross recei	pis greate	er unan \$5		a)Event a	#1	(b) Event #2	(c)(Other events	(d)
					TASTE O	F	LUNCHEON FOR		2	Total events (add col. (a) through
ami				GREE	NWICH I event typ	HOUSE	CHILD SAFETY PROJECT (event type)	(to	tal number)	col. (c))
Keveliue	1 Gross receipts .					216,897	71,104		80,176	368,17
	2 Less: Contribution					144,812	60,622		28,090	233,52
	3 Gross income (line line 2)	e 1 minus	<u> </u>			72,085	10,482		52,086	134,65
	4 Cash prizes .									
	5 Noncach prizes									

Expe	7 Food and beverages				
to E	8 Entertainment				
Direct	9 Other direct expenses	53,886	10,482	52,086	116,454
	10 Direct expense summary. Add lines 4 t	- , ,		_	134,653
Dar	11 Net income summary. Subtract line 10 till Gaming. Complete if the organization				more than \$15,000
rai	on Form 990-EZ, line 6a.	I	.s 011101111 990, 1 arc 1	I Teported	I
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col.(c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
ω t	4 Rent/facility costs				
Direct					
	5 Other direct expenses	Yes %	☐ Yes %	☐ Yes %	
	6 Volunteer labor	□ No	☐ No	□ No	
	7 Direct expense summary. Add lines 2 t	through 5 in column (d)			
	8 Net gaming income summary. Subtrac			•	
9 a	Enter the state(s) in which the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
10a b	Were any of the organization's gaming lid If "Yes," explain:	censes revoked, suspende	d or terminated during the	e tax year?	☐ Yes ☐ No
				Schedule G (Form 990 or 990-EZ) 2016
				Schedule G (I	Form 990 or 990-EZ) 2016
		P	age 3 —————	Schedule G (I	Form 990 or 990-EZ) 2016
	dule G (Form 990 or 990-EZ) 2016				Page :
11	Does the organization conduct gaming ac	ctivities with nonmembers	?		Page 3
11 12	Does the organization conduct gaming ac Is the organization a grantor, beneficiary formed to administer charitable gaming?	ctivities with nonmembers or trustee of a trust or a	?		Page 3
11	Does the organization conduct gaming action Is the organization a grantor, beneficiary	ctivities with nonmembers or trustee of a trust or a cy conducted in:	? member of a partnership o		Page :
11 12 13 a b	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	ctivities with nonmembers or trustee of a trust or a	?	or other entity	Page : - Yes
11 12 13 a	Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	ctivities with nonmembers or trustee of a trust or a	?	or other entity	Page : ' Yes
11 12 13 a b	Does the organization conduct gaming as Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	ctivities with nonmembers or trustee of a trust or a	?	or other entity	Page 3 Yes No Yes No %
11 12 13 a b	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	ctivities with nonmembers or trustee of a trust or a	?	or other entity	Page : Yes No Yes No %
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	ctivities with nonmembers or trustee of a trust or a	?	or other entity	Page : Yes No Yes No %
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of	ctivities with nonmembers or trustee of a trust or a cy conducted in:	? member of a partnership of the control of the con	or other entity 13a 13b events books and records:	Page: Yes No Yes No %
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility	ctivities with nonmembers or trustee of a trust or a cy conducted in:	? member of a partnership of the control of the con	or other entity 13a 13b events books and records:	Page 3 Yes No Yes No %
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of	ctivities with nonmembers or trustee of a trust or a cry conducted in:	? member of a partnership of a partners	tor other entity	Yes No
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activity. An outside facility. Enter the name and address of the personal perso	ctivities with nonmembers or trustee of a trust or a cry conducted in:	? member of a partnership of a partners	tor other entity	Page 3 Yes No Yes No % % % No Yes No
11 12 13 a b 14	Is the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of gaming revenue? If "Yes," enter the amount of gaming revenuent of gaming revenue retained by the personant of gaming revenue r	ctivities with nonmembers or trustee of a trust or a cry conducted in:	? member of a partnership of a partnersh	tor other entity 13a 13b events books and records: 2s gaming and the	Page : Yes No Yes No % Yes No
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of gaming revenue? If "Yes," enter the amount of gaming revenuent of gaming revenue retained by the Name Address Address Address Gaming manager information:	tivities with nonmembers or trustee of a trust or a cy conducted in:	? member of a partnership of the organization receives inization \$\infty\$ \$	tor other entity	Page : Yes No Yes No Yes No
11 12 13 a b 14	Does the organization conduct gaming and Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit. The organization's facility. An outside facility. Enter the name and address of the person Name. Address. Does the organization have a contract wirevenue?	ctivities with nonmembers or trustee of a trust or a cry conducted in: on who prepares the organith a third party from whom the athird party \$? member of a partnership of the organization receives inization \$\infty\$ \$	tor other entity	Page 3 Yes No Yes No Yes No
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of gaming revenue? If "Yes," enter the amount of gaming revenuent of gaming revenue retained by the Name Address Address Address Gaming manager information:	ctivities with nonmembers or trustee of a trust or a cy conducted in:	? member of a partnership of the companization receives inization \$\infty\$ \$\left(\frac{1}{2}\) = \left(\frac{1}{2}\).	tor other entity	Page 3 Yes No Yes No Yes No
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of gaming revenue? If "Yes," enter the amount of gaming revenuent of gaming revenue retained by the Name of the personant of the personant of gaming revenue retained by the Name of gaming manager information: Name of Gaming manager compensation of the personant of gaming manager compensation of the personant of the personant of gaming manager compensation of the personant	ctivities with nonmembers or trustee of a trust or a cy conducted in:	? member of a partnership of a partnersh	tor other entity	Page 3 Yes No Yes No Yes No Yes No
11 12 13 a b 14	Does the organization conduct gaming ad Is the organization a grantor, beneficiary formed to administer charitable gaming? Indicate the percentage of gaming activit The organization's facility An outside facility Enter the name and address of the personant of gaming revenue? If "Yes," enter the amount of gaming revenuent of gaming revenue retained by the Name of the personant of the personant of gaming revenue retained by the Name of gaming manager information: Name of Gaming manager compensation of the personant of gaming manager compensation of the personant of the personant of gaming manager compensation of the personant	tivities with nonmembers or trustee of a trust or a cy conducted in: In who prepares the organith a third party from whom the third party The	? member of a partnership of a partnersh	tor other entity	Page 3 Yes No Yes No Yes No Yes No

									y Part I, line 2b, ovide any addition		
Retu	ırn Refer	rence							Explanation		
										Schedule G (For	n 990 or 990-EZ)
dditional	Data										atuum ta Faun
uuitioilai	Data				Soci	ftware	. TD:			K	eturn to Forr
					Softwar						
Public Visual Fedule I	Render	ObjectId	: 2018013193					!	-4!		TIN: 13-55622 DMB No. 1545-0047
rm 990)			Governn	ents	Other Ass and Indiv	riduals	in the l	Jnite	d States		2016
ment of the			Complete if the		Attach	ı to Form	990.		, line 21 or 22.		Open to Public Inspection
I Revenue Service of the organization		P 1m	formation about	Schedul	e I (FORM 990)) and its i	nstructions	s at <u>ww</u>	w.irs.gov/Torm990.	Employer identifie	cation number
	nformatio	on on Gran	nts and Assista	nce						13-5562204	
Does the organizat	ion maintain ia used to av	records to s ward the gra	substantiate the a nts or assistance?	mount of	the grants or as	sistance, t	he grantees'	ligibility	for the grants or assistance	e, and	✓ Yes
Describe in Part IV								if the or	ganization answered "Yes"	on Form 990. Part IV. line	
that received a) Name and addres	d more than	\$5,000. Par (b) EIN	(c) IRC s	ited if add ection	(d) Amount	needed.	(e) Amount		(f) Method of valuation	(g) Description of	(h) Purpose of gra
organization or government			(if applic	able)	grant	t	cash		(book, FMV, appraisal, other)	noncash assistance	or assistance
					1						
Enter total number Enter total number										.	
perwork Reduction A								No. 50055			nedule I (Form 990) 201
				— Page	2						
ule I (Form 990) 20 III Grants and Part III can	Other Assi	stance to D	omestic Individ	uals. Con	nplete if the orga	anization a	nswered "Yes	on Forn	n 990, Part IV, line 22.		Page
(a) Type of grant			(b) Number of recipients	(c)	Amount of ash grant		Amount of h assistance		ethod of valuation (book, MV, appraisal, other)	(f) Description of r	noncash assistance
SCHOLARSHIPS			80		102,829						
	mental In	nformation	Provide the ir	formatio	on required in	Part I, lir	ne 2; Part III	, colum	n (b); and any other ad	ditional information.	
t IV Supple		Explanatio	n	_				TURCE	ADDIVING FOR CCHOI ADDI	ITPS AND MAKES A DETER	MINIATION DACED ON
n Reference , LINE 2:		THE EXECUT	TVE DIRECTOR RI	VIEWS A	LL OF THE FINA	NCIAL INF	ORMATION OF	THUSE	TION PAYMENT FOR THE IN		KMIINATION, DASED ON

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Schedule J

Compensation Information

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

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

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Interpolate

TIN: 13-5562204 OMB No. 1545-0047

> 2016 Open to Public

Employer identification number Name of the organization

				13-5562204			
Pa	rt I	Questions Regarding Compensation					
						Yes	No
1a		k the appropiate box(es) if the organization provided a Part VII, Section A, line 1a. Complete Part III to provide					
		First-class or charter travel		Housing allowance or residence for personal use			
		Travel for companions		Payments for business use of personal residence			
		Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
		Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)			
b		y of the boxes in line 1a are checked, did the organizat ovision of all of the expenses described above? If "No,"		ollow a written policy regarding payment or reimbursement plete Part III to explain	1b		
2		he organization require substantiation prior to reimburs tors, trustees, officers, including the CEO/Executive Dir			2		
3	orgai	ate which, if any, of the following the filing organization nization's CEO/Executive Director. Check all that apply. by a related organization to establish compensation of	Do n	ot check any boxes for methods			
	V	Compensation committee		Written employment contract			
		Independent compensation consultant	~	Compensation survey or study			
		Form 990 of other organizations	✓	Approval by the board or compensation committee			
4		ng the year, did any person listed on Form 990, Part VII ad organization:	, Sed	ction A, line 1a, with respect to the filing organization or a			
а	Rece	ive a severance payment or change-of-control payment	? .		4a		No
b		cipate in, or receive payment from, a supplemental nor			4b		No
С		cipate in, or receive payment from, an equity-based construction of lines 4a-c, list the persons and provide the			4c		No
	Only	501(c)(3), 501(c)(4), and 501(c)(29) organizati	ons	must complete lines 5-9.			
5	For p	ersons listed on Form 990, Part VII, Section A, line 1a, ensation contingent on the revenues of:					
а	The o	organization?			5a		No
b		related organization?			5b		No
	If "Ye	es," on line 5a or 5b, describe in Part III.					
6	For p	ersons listed on Form 990, Part VII, Section A, line 1a, ensation contingent on the net earnings of:	did 1	the organization pay or accrue any			
а	The o	organization?			6a		No
b	Any i	related organization?			6b		No
	If "Ye	es," on line 6a or 6b, describe in Part III.					
7		ersons listed on Form 990, Part VII, Section A, line 1a, ents not described in lines 5 and 6? If "Yes," describe			7		No
8	subje	any amounts reported on Form 990, Part VII, paid or ect to the initial contract exception described in Regulat rt III	accur ions	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe 	8		No
9		es" on line 8, did the organization also follow the rebutt 958-6(c)?		presumption procedure described in Regulations section	9		INU
or F		work Reduction Act Notice, see the Instructions for			_	990)	2016

Page 2 -

Schedule J (Form 990) 2016 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 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 the sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII.

(B) Breakdown of W-2 and/or 1099-MISC compensation
(i) Base (ii) (iii) Other mensation Bonus & reportable incentive compensation (F)
Compensation in column (B) reported as deferred on prior Form 990 (C) Retirement and other deferred compensation (E) Total of columns (B)(i)-(D) (A) Name and Title (iii) Other reportable compensation (i) Base compensation 1ROY L LEAVITT EXEC. DIR./CEO (i) (ii) 2REID GAIL DIRECTOR OF BEHAVIORAL HEA (i) 31,060 164,086 (ii) ----0 0 0

		Schedule J (Form 990) 2016
	Page 3	
Schedule J (Form 990) 2016		Page 3
Part III Supplemental Inform	nation	
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Als	o complete this part for any additional information.
Return Reference	Explanation	
		Schedule J (Form 990) 2016
Additional Data		Return to Form
	Software ID: Software Version:	

efile Public Visu	ıal Render C	bjectId: 2	01801319349303650 -	Submission: 2018-05	5-11	TIN: 13-5562204
SCHEDULE M			Noncash Contri	hutions		OMB No. 1545-0047
(Form 990)	►Complete if th	e organizati	ons answered "Yes" on Fo		9 or 30.	2016
Department of the Treasury Internal Revenue Service	▶Information a	bout Schedu	ıle M (Form 990) and its i	•		Open to Public Inspection
Name of the organization					Employer ident	ification number
GREENWICH HOUSE INC	-				13-5562204	
Part I Types	of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line		(d) I of determining Intribution amounts
1 Art—Works of a	rt	X	5	5,050	FAIR MARKET V	ALUE
2 Art—Historical	treasures .					
3 Art—Fractional						
4 Books and publ		X			FAIR MARKET V	
5 Clothing and ho		X		3,219	FAIR MARKET V	ALUE
goods 6 Cars and other	vehicles					
7 Boats and plan						
8 Intellectual pro						
9 Securities—Pub		X	2	13,805	FAIR MARKET V	ALUE
10 Securities—Clo	•			,		
11 Securities—Par	•					
12 Securities—Mis	cellaneous					
Qualified consecution— structures .	Historic					
14 Qualified conse						
15 Real estate—Re	esidential .					
16 Real estate—Co						
17 Real estate—O						
18 Collectibles .						
19 Food inventory						
20 Drugs and med	• • •					
21 Taxidermy .						
22 Historical artifa						
23 Scientific speci						
24 Archeological a	rtiracts			20.005	FAID MADKET V	ALLIE
25 Other ► (TICKETS/GIFT CERTIFICATES)		X	66	30,895	FAIR MARKET V	ALUE
26 Other ► (EVENTS)		X	48	23,891	FAIR MARKET V	ALUE

Other ► (JEWELRY) Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

Χ

Χ

Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . 30a No **b** If "Yes," describe the arrangement in Part II. **31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Yes **32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a No **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

15,000

350

FAIR MARKET VALUE

FAIR MARKET VALUE

2,000 FAIR MARKET VALUE

Schedule M (Form 990) (2016)

Page 2

Schedule M (Form 990) (2016) Supplemental Information.

27 Other ▶ (

POTTERY KILN)

PIANO) 28 Other ▶ (

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2016)

Software ID: **Software Version:**

efile Public Visual Render ObjectId: 201801319349303650 - Submission: 2018-05-11

TIN: 13-5562204 OMB No. 1545-0047

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Name of the organization GREENWICH HOUSE INC

13-5562204

Employer identification number

	13-5562204
Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	GEORGE DAVIDSON IS A RETIRED PARTNER OF THE LAW FIRM IN WHICH CHRISTOPHER KIPLOK IS A PARTNER.
FORM 990, PART VI, SECTION B, LINE 11B	THE CFO REVIEWED THE RETURN AND A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD PRIOR TO SUBMISSION TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. THE CHAIR OF THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR REVIEW THE ANSWERS TO DETERMINE IF A CONFLICT EXISTS. ANY MEMBER WITH A CONFLICT OF INTEREST IS EXCLUDED FROM DISCUSSIONS AND VOTING ON ANY MATTER PERTAINING TO THE MEMBER'S CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION B, LINE 15	THE GREENWICH HOUSE, INC. BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR AT ITS ANNUAL MEETING IN OCTOBER. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY SURVEYS CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITHOUT THE EXECUTIVE DIRECTOR PRESENT AND RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS. THE GREENWICH HOUSE BOARD OF DIRECTORS ANNUALLY REVIEWS THE SALARIES OF ALL EMPLOYEES EARNING \$85,000 OR MORE. TO DETERMINE SALARY, IT REVIEWS PUBLISHED SALARY SURVEYS ON COMPARABLE NONPROFIT ORGANIZATIONS AND OTHER WIDELY AVAILABLE PUBLISHED SALARY DATA. THESE DELIBERATIONS ARE DONE IN EXECUTIVE SESSION, WITH THE EXECUTIVE DIRECTOR PRESENT, AND RECORDED BY THE CHAIR OF THE HUMAN RESOURCES COMMITTEE OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 20,420.
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2016

Additional Data

Return to Form

Software ID: **Software Version:**

TIN: 13-5562204

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

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

(a)

Name, address, and EIN of related organization (e) Public charity status (b) Primary activity (c) Legal domicile (state (f) Direct controlling (g) ection 512(b) (d) Exempt Code section (if section 501(c)(3)) or foreign country) entity 13) controlled Yes No (1)BARROW STREET NURSERY SCHOOL AT GREENWICH HOUSE 122 WEST 27TH STREET NURSERY SCHOOL NY 01(C)(3) INF 2 REENWICH HOUSE INC NEW YORK, NY 10001 38-3720019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2016 Schedule R (Form 990) 2016 Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of related organization (e)
Predominant
income(related,
unrelated,
excluded from tax (j) General o managing partner? (k) Percentage ownership (i) Code V-UBI (Form 1065) Yes No Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (a) Name, address, and EIN of related organization (c) Legal domicile (state or foreign country) (e) Type of entity (C corp, S corp or trust) (i) Section 512(b) (13) controlled (b) Primary activity (f) Share of total income year assets Yes No Schedule R (Form 990) 2016 Page 3 -Schedule R (Form 990) 2016 Page 3

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

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

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

Gift, grant, or capital contribution to related organization(s)										
								1b	No	
Loans or loan quarantees to or for related organization(s)								1c	No	
								1d		
Loans or loan guarantees by related organization(s)								1e	No	
Dividends from related organization(s)								1f	No	
Sale of assets to related organization(s)	•							1g	No	
Purchase of assets from related organization(s)	•							1h	No	
Exchange of assets with related organization(s)						•		1i 1j	Yes	
Lease of facilities, equipment, or other assets to related organization(s)	•						•	1)	res	
Lease of facilities, equipment, or other assets from related organization(s)								1k	No	
						·		. 11		
								1m	No	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								1n	Yes	
Sharing of paid employees with related organization(s)								10	Yes	
Reimbursement paid to related organization(s) for expenses	•							1р		
Reimbursement paid by related organization(s) for expenses								1q	Yes	
Other transfer of cash or property to related organization(s)								1r	No	
Other transfer of cash or property from related organization(s)								1s	No	
Other transfer of cash or property from related organization(s)							thresholds		1 1.10	
	una III		(b)	(c)			(d)		
(a) Name of related organization		Tran	nsaction e (a-s)	Amount i	nvolved	-	Method of determi	ining amount	involved	
ROW STREET NURSERY SCHOOL		A typ	C (a'S)	425	160	FAIR MA	ARKET VALUE			
ROW STREET NURSERY SCHOOL				443			ARKET VALUE			
NOW STREET NORSERT SCHOOL		L		443,	001	MIK MA	SINET VALUE			
								, <u></u>		
							Schedul	e R (Form	990) 2016	
Page 4										
ule R (Form 990) 2016 VI Unrelated Organizations Taxable as a Partnership Complete if the organization	on an	swered "	Vec" on E	orm 000 D	art IV lin	o 37			Page 4	
e the following information for each entity taxed as a partnership through which the organization cond							by total assets	or gross re	venue) that	
ot a related organization. See instructions regarding exclusion for certain investment partnerships.										
(a) (b) (c) (d) Name, address, and EIN of entity Primary activity Legal Predominant		(e) partners	(f) Share of	(g) Share of	(h) Disproprt		(i) Code V-UBI	(j) General or	(k) Percenta	
domicile income	se	ction	total	end-of-year	allocati	ons?	amount in box 20	managing	ownersh	
foreign unrelated,	(related, 501(c unrelated, organiza)(3) income stions?		assets		of Schedule	partner?		
country) excluded from tax under							K-1 (Form 1065)			
sections 512- 514)										
Ye	es	No			Yes	N	0	Yes	No	
						_				
Page 5							Schedul	e R (Form	990) 2016	
Page 5							Schedul	e R (Form		
Page 5 Page 5 VII Supplemental Information							Schedul	e R (Form	990) 2016	
ule R (Form 990) 2016 VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).							Schedul	e R (Form		
ale R (Form 990) 2016 VII Supplemental Information		Explana	ition						Page 5	
ule R (Form 990) 2016 VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).		Explana	ation							

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