file Public Vis			
<b></b>	Return of Organization Exempt From	Income Tax	OMB No. 1545 0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (except black lung	2012
partment of the Treasur	benefit trust or private foundation)	te reporting requirements	Open to Public
nal Revenue Service	The organization may have to use a copy of this return to satisfy state	te reporting requirements.	Inspection
	elendar year, or tax year beginning 07-01-2012, 2012, and ending 06 CName of organization	-30-2013	
Check if applicable: Address change	GREFWICH HOUSE INC Doing Business As		
Name change	Number and street (or P.O. box if mail is not delivered to street address)		
Initial return	224 WEST 30TH STREET NO 302		
ninated 🗌	Room/suite		
ended return U lication pending	City or town, state or country, and ZID + 4		
	<b>Dit noise Statistication and bel</b> + 4 E Telephone number	G Gross receipts \$ 11,3	00,519
	13-5562204 (212) 991-0003	·	
	F Name and address of principal officer: ROY LEAVITT		
	224 WEST 30TH STREET NO 302 NEW YORK,NY10001		
Tax-exempt status	: ✓ 501(c)(3) □ 501(c) ( ) ◀ (insert no.) □ 4947(a)(1) or □ 527		
	WW.GREENWICHHOUSE.ORG		
(a) Is this a gr	oup return for		
-	Seguritari Va		
(b) Are all affili	iates included? 🗌 Yes 🗌 No		
	ach a list. (see instructions)		
(c) Group exer	nption number ► K Form of organization: Corporation · ·		gal domicile: NY
art I			
Summary			
	escribe the organization's mission or most significant activities: <u>GREENWICH H</u> ENT HOUSE TO HELP GREENWICH VILLAGE'S GROWING IMMIGRANT POPULA		
CITY. ALT	HOUGH NEEDS OF THE CITY CONTINUE TO CHANGE, THE MISSION OF GREE INDIVIDUALS AND FAMILIES LEAD MORE FULFILLING LIVES BY OFFERING SO	NWICH HOUSE REMAINS CON	NSTANT:
CULTURA	L AND EDUCATION PROGRAMS, AND OPPORTUNITIES FOR CIVIC INVOLVEME KGROUNDS. EACH YEAR, GREENWICH HOUSE PROVIDES NEARLY 12,000 NEV	INT TO NEW YORKERS OF ALL	AGES
AND DAC	TURAL PROGRAMS, ALL AIMED AT PROVIDING PERSONAL GROWTH AND ENR		EDICAL
AND CUL	TORAE TROOMAND, ALE ATTED AT TROVIDING TERSONAL GROWTH AND ENC		
AND CUL	TOTAL TROUCTURE, ALL ALLED AT TROUBLING TERSONAL GROWTT AND LINK		
AND CUL			
AND CUL			
Check this box	× Þ 🖸		
Check this box Number of vot	$x \blacktriangleright \Box$ ting members of the governing body (Part VI, line 1a)		
Check this box Number of vol Number of inc	x ▶ □ ting members of the governing body (Part VI, line 1a)		
Check this box Number of vol Number of inc Total number	★ ► □ ling members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2011 (Part V, line 2a)	· · · 3 · · · 4 · · 5	
Check this box Number of vol Number of inc Total number	x ▶ □ ting members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b)		
Check this box Number of vol Number of inc Total number Total number	★ ► □ ling members of the governing body (Part VI, line 1a) lependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2011 (Part V, line 2a)	· · · 3 · · · · 4 · · · 5 · · · 6	
Check this box Number of vol Number of inc Total number Total number	k           ing members of the governing body (Part VI, line 1a)           ilependent voting members of the governing body (Part VI, line 1b)           of individuals employed in calendar year 2011 (Part V, line 2a)           of volunteers (estimate if necessary)	· · · 3 · · · · 4 · · · 5 · · · 6	
Check this box Number of vol Number of inc Total number Total number Total number Ta Total unrelat	k           ing members of the governing body (Part VI, line 1a)           ilependent voting members of the governing body (Part VI, line 1b)           of individuals employed in calendar year 2011 (Part V, line 2a)           of volunteers (estimate if necessary)	· · · 3 · · · · 4 · · · 5 · · · 6	
Check this box Number of vol Number of inc Total number Total number Total number Ta Total unrelat b	x > □         ting members of the governing body (Part VI, line 1a)	· · · 3 · · · · 4 · · · 5 · · · · 6 · · · 2	/a 1
Check this box Number of vol Number of ind Total number Total number Total unrelat b	x > □         ting members of the governing body (Part VI, line 1a)	· · · 3 · · · · 4 · · · 6 · · · · 75	7a 1 6,787
Check this box Number of vot Number of ind Total number Total number Total number Total number a Total unrelat b	k           ting members of the governing body (Part VI, line 1a)           lependent voting members of the governing body (Part VI, line 1b)           of individuals employed in calendar year 2011 (Part V, line 2a)           of volunteers (estimate if necessary)           ced business revenue from Part VIII, column (C), line 12           ness taxable income from Form 990-T, line 34		7a 1 6,787 Current Year
Check this box Number of vol Number of ind Total number Total number <b>Total number</b> <b>Total number</b> <b>Total number</b> <b>Total number</b> <b>Contributions</b>	x > □         ting members of the governing body (Part VI, line 1a)	3            4            5            6            7b           Prior Year         5,230,902	7a 1 6,787 Current Year 4,402,000
Check this box Number of vol Total number Total number Total number Total unrelat b unrelated busin Contributions Program servi	x > □         ting members of the governing body (Part VI, line 1a)	.         .         3           .         .         4           .         .         5           .         .         .         6           .         .         .         .         6           .         .         .         .         7b           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .	7a 1 6,787 Current Year 4,402,000 5,062,450
Check this box Number of vol Total number Total number a Total unrelat unrelated busin Contributions Program servi Investment in	x > □         ting members of the governing body (Part VI, line 1a)	.         .         3           .         .         4           .         .         5           .         .         .         6           .         .         .         6           .         .         .         7b	7a 1 6,787 Current Year 4,402,000 5,062,450 31,743
Check this box Number of vol Number of inc Total number Total number a Total unrelat unrelated busin Contributions Program servi Investment in Other revenue	x > □         ting members of the governing body (Part VI, line 1a)	.         .         3           .         .         4           .         .         5           .         .         .         6           .         .         .         .         6           .         .         .         .         7b           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .           .         .         .         .         .	7a 1 6,787 Current Year 4,402,000 5,062,450
Check this box Number of vol Number of inc Total number Total number a Total unrelat b unrelated busin Contributions Program servi Investment in Other revenue	x > □         ting members of the governing body (Part VI, line 1a)	.         .         3           .         .         4           .         .         5           .         .         .         6           .         .         .         6           .         .         .         7b	7a 1 6,787 Current Year 4,402,000 5,062,450 31,743
Check this box Number of vot Number of ind Total number Total number Total number Total number Total number Total number Total number Total number Contributions Program servi Investment in Other revenue	x > □         ting members of the governing body (Part VI, line 1a)		/a         1           6,787         1           Current Year         1           4,402,000         5,062,450           5,062,450         31,743           916,301         1
Check this box Number of vol Number of inc Total number Total number Total number Total unrelated busin Contributions Program servi D Investment in Other revenue—add	★ □ Interpretation of the governing body (Part VI, line 1a)		7a 1 6,787 Current Year 4,402,000 5,062,450 31,743
Check this box Number of vol Number of inc Total number Total number Total number Total numelated unrelated busin Contributions Program servi Investment in Other revenue—add	k           ing members of the governing body (Part VI, line 1a)           lependent voting members of the governing body (Part VI, line 1b)           of individuals employed in calendar year 2011 (Part V, line 2a)           of volunteers (estimate if necessary)            of volunteers (estimate if necessary)            ed business revenue from Part VIII, column (C), line 12           ness taxable income from Form 990-T, line 34           and grants (Part VIII, line 1h)           ce revenue (Part VIII, line 2g)           come (Part VIII, column (A), lines 3, 4, and 7d)           e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		/a         1           6,787         1           Current Year         1           4,402,000         5,062,450           5,062,450         31,743           916,301         1
Check this box Number of vol Number of inc Total number Total number Total number Total numelated unrelated busin Contributions Program servi Investment in Other revenue—add	★ □ Interpretation of the governing body (Part VI, line 1a)		/a         1           6,787         1           Current Year         1           4,402,000         5,062,450           5,062,450         31,743           916,301         1
Check this box Number of vol Number of inc Total number Total number a Total unrelat unrelated busin Contributions Program servi Investment in Other revenue—add	★ □ Interpretation of the governing body (Part VI, line 1a)		/a         1           6,787         1           Current Year         1           4,402,000         5,062,450           5,062,450         31,743           916,301         1
Check this box Number of vot Number of ind Total number Total number Total unrelated unrelated busin Contributions Program servi Investment in Other revenue I revenue—add 13 Grants and	★ □ Interpretation of the governing body (Part VI, line 1a)		/a         1           6,787         1           Current Year         1           4,402,000         5,062,450           5,062,450         31,743           916,301         1
Check this box Number of vot Number of ind Total number Total number Total unrelat unrelated busin Contributions Program servi Investment in Other revenue I revenue—add 13 Grants and Benefits paid	Image: Second Secon		7a         1           6,787         6,787           Current Year         4,402,000           5,062,450         31,743           916,301         10,412,494           0         0
Check this box Number of vol Total number Total number a Total unrelat ourrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid i Salaries, othe	k           ting members of the governing body (Part VI, line 1a)           lependent voting members of the governing body (Part VI, line 1b)           of individuals employed in calendar year 2011 (Part V, line 2a)           of volunteers (estimate if necessary)           of volunteers (estimate if necessary)           sed business revenue from Part VIII, column (C), line 12           ness taxable income from Form 990-T, line 34           and grants (Part VIII, line 1h)           e revenue (Part VIII, line 2g)           come (Part VIII, column (A), lines 3, 4, and 7d)           e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         I lines 8 through 11 (must equal Part VIII, column (A), line         d similar amounts paid (Part IX, column (A), lines 1-3)         to or for members (Part IX, column (A), line 4)           r compensation, employee benefits (Part IX, column (A), lines 5-10)		7a         1           6,787         6,787           Current Year         4,402,000           5,062,450         31,743           916,301         10,412,494           10,412,494         0           0         7,119,824
Check this box Number of vol Total number Total number a Total unrelate b unrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid i Salaries, othe a Professional fu	Image: Second		7a         1           6,787         6,787           Current Year         4,402,000           5,062,450         31,743           916,301         10,412,494           0         0
Check this box Number of vot Number of not Total number a Total unrelat b unrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid to Salaries, othe b Total fundrais	Image: Second		/a         1           6,787         6,787           Current Year         6,787           4,402,000         5,062,450           31,743         916,301           10,412,494         0           0         7,119,824           0         0
Check this box Number of vol Number of not Total number Total number Total number Total number Total number Total number Total number Total number Total number Disconstructures Program servi Disconstructures Di	Image: Second		Image: constraint of the second state of th
Check this box Number of vot Number of not Total number Total number a Total unrelat b unrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid fit Salaries, othe D Total fundrais Other expense	Image: Second		/a         1           6,787         6,787           Current Year         6,787           4,402,000         5,062,450           31,743         916,301           10,412,494         0           0         7,119,824           0         0
Check this box Number of vot Number of ind Total number Total number a Total unrelate b unrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid i Salaries, othe a Professional fu b Total fundrais Other expense	Image: Second		Image: constraint of the second state of th
Check this box Number of vot Number of vot Total number Total number a Total unrelat b unrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid i Salaries, othe a Professional fu to Total fundrais Other expense Total expense	Image: Second		Image: constraint of the second state of th
Check this box Number of vot Number of ind Total number Total number a Total unrelat b unrelated busin Contributions Program servi Investment in Other revenue al revenue—add 13 Grants and Benefits paid i Salaries, othe a Professional fu b Total fundrais Other expense	Image: Second		Image: constraint of the second sec

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7,034,319	
7,034,319	

6,650,996

1 Total liabilities (Part X, line 26)		4,192,939	4,147,403	
2 Net assets or fund balances. Subtract line 21 fro	m line 20	2,841,380	2,503,593	
Part II Signature Block				
Supnature Biock ider penalties of perjury, I declare that I have exam owledge and belief, it is true, correct, and complete y knowledge.				
gn	Signature of officer	2014-05-02 Date		
ere	ROY LEAVITTEXECUTIVE DIRECTOR/CEC Type or print name and title	)		
Print/Type preparer's name	Preparer's signature FREDERICK H ROTHMAN	Date Check if PTIN Check if P0127	5277	
aid Firm's name LOEB & TROPER LLP		self employed Firm's EIN 13-1517563		Page 2
se Only Firm's address ► 655 THIRD AVENUE 12		Phone no. (212) 867-4000	0	
NEW YORK, NY10017 ay the IRS discuss this return with the preparer sho or Paperwork Reduction Act Notice, see the seg		Cat. No. 11282Y	<b>Yes No</b> Form <b>990</b> (2012)	
	a response to any question in this Parl	t III	Page 2	
Statement of Program Service Accomplis Briefly describe the organization's mission: <u>GR</u>	. 🗹			
Briefly describe the organization's mission: <u>GR</u> <u>VILLAGE'S GROWING IMMIGRANT POPULATIO</u> E MISSION OF GREENWICH HOUSE REMAINS CON	N ADJUST TO LIFE IN NEW YORK CITY.	ALTHOUGH NEEDS OF THE CITY CON	NTINUE TO CHANGE,	
CIAL AND HEALTH SERVICES, CULTURAL AND EDU ES AND BACKGROUNDS. EACH YEAR, GREENWICH	CATION PROGRAMS, AND OPPORTUNIT HOUSE PROVIDES NEARLY 12,000 NE	TIES FOR CIVIC INVOLVEMENT TO NE	W YORKERS OF ALL	
OGRAMS, ALL AIMED AT PROVIDING PERSONAL GR Did the organization undertake any significant	program services during the year which			
Ithe prior Form 990 or 990-EZ? If Yes, describe these new services on Schedu			3 Yes 🗹 No	
<ul> <li>the organization cease conducting, or make signif</li> <li>If "Yes," describe these changes on Schedule O.</li> </ul>			No	
Describe the organization's program service ac Section 501(c)(3) and 501(c)(4) organizations and revenue, if any, for each program service i	are required to report the amount of g	gest program services, as measured rants and allocations to others, the t	by expenses. 4a otal expenses,	(Code: ) (Expenses \$ 9,227,758 includi (Revenue \$ 5,441,556 ) AFTER A LEASE CANCELLATION AND A C CONSTRUCTION PROJECT, GREEWWICH I TI'S MUCH NEEDED METHADONE MAINTI TREATMENT PROGRAM (MMTP). FOR NEA THE CLINIC, WHICH SERVES CLIENTS O' SUBSTANCE ABUSE, WAS CLOSED, UNAE NEW CLIENTS WHILE USING TEMPORAR BETH ISRAEL HOSPITAL. THE PROGRAM OPENED WITH A GOAL TO REACH FULL C PRIMARY OBJECTIVE OF MMTP IS TO HEI OVERCOME ADDICTION TO NARCOTICS . SUBSTANCES. IN ADDITION, THE PROGF MEDICAL CARE, PSYCHIATRIC EVALUATI FAMILY AND GROUP COUNSELING, KEY E
				PROGRAM (KEEP), AND VOCATIONAL SEI
			4Ь	(Code: ) (Expenses \$ including grants ) THE AIR CONDITIONING SYSTEM AT THE HOUSE POTTER WAS UPGRADED IN FYI MADE THE FACILITIES MORE COMFORTA STUDENTS, FACULTY AND VISITORS, PAI DURING THE WARNER MONTHS. THIS UI ALLOWED FOR PROGRAM EXPANSION DL TERM.
			4c	(Code: ) (Expenses \$ including grants ) GREENWICH HOUSE SUCCESSFULLY INT AFTER SCHOOL PROGRAM, TAKEN OVER CLOSING CHILDREN'S ALD SOCIETY AT 1 CENTER IN ORDER TO MAINTAIN THIS V. COMMUNITY RESOURCE. THE PROGRAM 75 STUDENTS IN ITS FIRST YEAR OF OP POPULAR CLASSES SUCH AS ARCHITECT AND PHOTOGRAPHY BEING WELL SUBSC GREENWICH HOUSE ALSO GRANTED TUI TO APPROXIMATELY 25% OF THE PARTIC BASED ON FINANCIAL NEED, MAKING TH AVAILABLE TO A DIVERSE POPULATION ( LARGELY FROM THE NEIGHBORHOOD PU
			4d	Other program services (Describe i
			4-	(Expenses \$ including grants of \$ )
			4e Form 990 (2012)	Total program service expenses
		Page 3		
n 990 (2012) art IV Checklist of Required Schedules	1		Page 3	
encounter of Required Schedules			Yes No	Page 4
Is the organization described in section 501( $Schedule A^{(3)}_{SD}$ .	c)(3) or 4947(a)(1) (other than a priva		1 Yes	
	edule B, Schedule of Contributors (see c or indirect political campaign activities Schedule C, Part 1 3	s on behalf of or in opposition to can	2 Yes didates 3	
No 4 Section 501(c)(3) organize election in effect during the	zations. Did the organization engage ir tax year? If "Yes," complete Schedule (	n lobbying activities, or have a sectio	n 501(h)	
4 Yes 5 Is the organization a section 5 assessments, or similar amoun Part III	01(c)(4), 501(c)(5), or 501(c)(6) orgar Its as defined in Revenue Procedure 98 	nization that receives membership du -19? If "Yes," complete Schedule C,	ies,	
5 No Did the organization maintain a				

	-					
6		No	7 Did the organization receive or hold a conservation easement, including easements to preserve operation of the second s		ce,	
	7		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II <b>8</b> No	≌.		
			organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, e D, Part III 🗐	" com	plete	8
9	for an	nounts	nization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custo not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiatior Yes," complete Schedule D, Part IV 🕲	dian า	9	No
						No
10			zation, directly or through a related organization, hold assets in temporarily restricted endowments, downents, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{20}$		10	Yes
	11		organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, s applicable.	VII, V	III, IX,	
	1		а			L
1		1	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?     If "Yes," complete Schedule D, Part VI.     b			
11a	Yes		-Did the organization report an amount for investments—other securities in Part X, line 12 that is 59 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	% or m	nore of	its total
11b		No	c			
	<u>.                                    </u>	No	–Did the organization report an amount for investments—program related in Part X, line 13 that is 5 total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	% or r	nore of	its
11c			-Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its t in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗐	otal as	sets re	ported
11d	Yes		e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Scho f	edule l	D, Part	XS
Did the	11e	Yes	<u> </u>	I		I
			separate or consolidated financial statements for the tax year include a footnote that addresses ility for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a		" comp	zation obtain separate, independent audited financial statements for the tax year? lete Schedule D, Parts XI and XII 🗐 . the organization included in consolidated, independent audited financial statements for the tax year	• •? If "Y	12a	Yes
Yes	-		e organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			<sup>12</sup> 12b
		13	No 14a			L
bid the	Did t busir	he orga iess, in	nization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising vestment, and program service activities outside the United States, or aggregate foreign investments		ed <b>14b</b>	No
	di \$1	.00,000	or more? If "Yes," complete Schedule F, Parts I and IV			No
15	Did the	organi	zation report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organiz	ation	I	
	or entit	y locate	ed outside the United States? If "Yes," complete Schedule F, Parts II and IV		15	No 16
			eport on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to tside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
			L		17	
			eport a total of more than \$15,000 of expenses for professional fundraising services on Part IX, d 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	18	No
			eport more than \$15,000 total of fundraising event gross income and contributions on Part VIII, s," complete Schedule G, Part II	18	Yes	
			eport more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," Part III	19	19	No
Did the	e organi	zation o	perate one or more hospital facilities? If "Yes," complete Schedule H	20a	20a	No
				_		

Form 990 (2012) Part IV Checklist of Required Schedules (continued)		For	m 990 21	(2012) Page <b>4</b>		
Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule 1, Parts 1 and II .	21		No		Page 5	
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	22	No	-		
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .	لــــــــــــــــــــــــــــــــــــ	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 25	24a		No			
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	b c		-		
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	d				
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	25a		-		
Section 501(c)(3) and 501(c)(4) 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 that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," c Schedule L, Part I	complete	25b		_		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated em	nployee,	or	26			
No disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule Part II	•		26			
No       disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule Part II         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key emplicontributor or employee thereof, a grant selection committee member, or to a 35% controlled en of any of these persons? If "Yes," complete Schedule L, Part III         27       28         28       No	۰ loyee, su ntity or f	ıbstantia Tamily m				
Part II	۰ loyee, su ntity or f	ubstantia amily m				
Part II	۰ loyee, su ntity or f	ubstantia amily m				
Part II       Part II         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key emply contributor or employee thereof, a grant selection committee member, or to a 35% controlled er of any of these persons? If "Yes," complete Schedule L, Part III         27       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):	ntity or f a	ubstantia family m	al lember	_		
Part II       Part II         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key emple contributor or employee thereof, a grant selection committee member, or to a 35% controlled er of any of these persons? If "Yes," complete Schedule L, Part III         27       No         28         Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):         A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV         b       A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	ntity or f	amily m	No No	-		
Part II       Part II         27       Did the organization provide a grant or other assistance to an officer, director, trustee, key employed thereof, a grant selection committee member, or to a 35% controlled error of any of these persons? If "Yes," complete Schedule L, Part III         27       28         27       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):         A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV         b       A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV         c       An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	ntity or f	amily m	No No	-		
Part II       Part II         No       27         Did the organization provide a grant or other assistance to an officer, director, trustee, key employed thereof, a grant selection committee member, or to a 35% controlled error of any of these persons? If "Yes," complete Schedule L, Part III         27       No         28         Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):         A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV         •       • <t< td=""><td>http://orf</td><td>28b</td><td>No No No Yes</td><td></td><td></td><td></td></t<>	http://orf	28b	No No No Yes			
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Part II       Part II         No       27       Did the organization provide a grant or other assistance to an officer, director, trustee, key emply contributor or employee thereof, a grant selection committee member, or to a 35% controlled er of any of these persons? If "Yes," complete Schedule L, Part III         27       No         28         Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):         A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV         •       • <td< td=""><td>loyee, su ntity or f 28a 28a was an 30 30</td><td>28b 28c 29 Yes</td><td>No No No Yes</td><td></td><td></td><td></td></td<>	loyee, su ntity or f 28a 28a was an 30 30	28b 28c 29 Yes	No No No Yes			
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	line 1 .	zation related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	
he	e organiza	ation have a controlled entity within the meaning of section 512(b)(13)? 35a Yes	
		s' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 🐨 Yes	
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	
	-	<ul> <li>organization? If "Yes," complete Schedule R, Part V, line 2</li></ul>	
	No	is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 😼	
		<b>37</b> No	
I		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. Form 990 (2012)	
3	Yes		
art		Check if Schedule O contains a response to any question in this Part V	Page 6
		ts Regarding Other IRS Filings and Tax Compliance	
lo	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 74	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	
	c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
		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	
1		ь	
5	Yes	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a	
	Yes	Did the organization have unrelated business gross income of \$1,000 or more during the year?	
- 1	100	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	
b	Yes	4a	
ncia	al accour	ring the calendar year, did the organization have an interest in, or a signature or other authority over, a ti n a foreign country (such as a bank account, securities account, or other financial	
oun	it)? •	••••••••••••••••••••••••••••••••••••••	
b		s," enter the name of the foreign country: structions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	
	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a	
		No b	
	Did any	y taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <b>5b</b>	
		No	
:	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?	
	If "Yes		
	Does ti	s," to line 5a or 5b, did the organization file Form 8886-T?	
a	Does ti	s," to line 5a or 5b, did the organization file Form 8886-T?	
a	Does ti solicit a	s," to line 5a or 5b, did the organization file Form 8886-T?	
a	Does ti solicit a	s," to line 5a or 5b, did the organization file Form 8886-T?	
alo	Does ti solicit a	s," to line 5a or 5b, did the organization file Form 8886-T?	
a lo	Does ti solicit a	s," to line 5a or 5b, did the organization file Form 8886-T?	
ia No /es the	Does ti solicit a b	s," to line 5a or 5b, did the organization file Form 8886-T?	
	Does ti solicit a b 	s," to line 5a or 5b, did the organization file Form 8886-T?	
5a No Yes	Does ti solicit a b 	s," to line 5a or 5b, did the organization file Form 8886-T?	
5a No Yes	Does ti solicit a b 	s," to line 5a or 5b, did the organization file Form 8886-T?	

required	1?	• •							7g		
h					of cars, boats, airplanes				a Form	7h	-
		ganization	s. Did the	supporting	taining donor advised organization, or a donor ny time during the year?	r advised fund n	naintained by	v a snonsoring	organization	1,	
					s maintaining donor a				-		
	1	a	<b>-</b>	,							
Did the					under section 4966? .				9a		_
Ь		-		nizations.	a donor, donor advisor, Enter:	or related perso			·	9b	—
	-					III line 10		10-1			
					tions included on Part VI			10a			
	<b>b</b> G	ross receip	ts, include	i on Form 9	990, Part VIII, line 12, fo	r public use of c	lub facilities	10b			
	11	Sectio	n 501(c)(		izations. Enter:	rs or shareholds	arc			11	
1					<b>b</b> Gross income from	m other sources	(Do not net			ner source	
		<u> </u>		1	against amounts o	Jue or received	from them.)			• •	
11b											
		-	-		sts. Is the organization f	-		n 1041?	12a		_
ь	If "Yes," e				nterest received or accru		ear. 12b				_
	504(-)/04									1	5
Section	1 501(C)(2	) qualifie	a nonpro	it neaith i	nsurance issuers.				а	l	
					plans in more than one				13a	I	
					the organization must r			1			_
ь					tion is required to mainta qualified health plans		s in 13b			1	
Entor th	a amount o	frecences	on band			ا م					с
Enter ti		1103014034		• •		13	<u> </u>		— 14a		
Did the	-				r tanning services during hese payments? If "No,"				14a	No 14b	_
	11 165, 11	as it lifeu a	1101111720	to report t	nese payments: 11 No,	provide an exp		cheddle 0 .	·	Form 99	<b>0</b> (201
Form 99	<del>0 (2012)</del> VI	Check	if Schedu	e O contai	ns a response to any que	estion in this Par	t VI				Page
					ure For each "Yes″ re. cribe the <mark>√</mark> ircumstanc					lo″	
Sect	<del>የ6ሽ<sup>:</sup>A?</del> Go	verning i	Body and	Manage	ment					Yes lo 1a	_
Enter th	ne number o	f voting me	embers of t	he governi	ng body at the end of the	e tax year 1	a		21	10 10	
• •			• •			· · [			_		
If there	are materia	l difference	es in voting	rights amo	ong members of the gove	erning	1		1 1		
	r if the gove committee, o				ority to an executive cor	nmittee or					
									Ь		
					a 1a, above, who are ind	lependent 1	ь	:	20		
Did anv	officer dire	ctor truste	e or kev e	mplovee h	ave a family relationship	or a business re	alationship w	ith any other	2	1	
officer,	director, trus	stee, or key	employee	?	•••••		• • •	·	<b>2</b> Ye	es	
3	Did the org	anization o directors o	lelegate co or trustees.	ntrol over i or kev em	management duties cust ployees to a managemer	omarily perform	ed by or und ther person?	ler the direct s	upervision	3	-
Na				,	ificant changes to its go				0 was filed?		_
No		• •							•	4	
	No				ne aware during the year	r of a significant	diversion of	the organizati	on's assets?	·	_
		5 the organi	No ization hav	6 e members	or stockholders?					6	
		7a Did ti	he organiza	tion have	members, stockholders,	or other persons	s who had th	e power to ele	ct or appoint	t one or m	
	<u> </u>	b	bers of the	governing	body?			• • •		• •	
7a	N	Are any			s of the organization resoning body?						
		7b		No 8	,,. · · ·						
Did the the follo		n contempo	raneously	document 1	he meetings held or writ	tten actions und	ertaken duri	ng the year by			
а		ning body?							Ĺ	8a Ye	
Yes	b Ea ] g				act on behalf of the gove r, trustee, or key employ				t be reached		b
165	<u> </u>				ess? If "Yes." provide th						

9		No															
Sec	tion B.	Polici	es (Thi	s Section B requests	inforn	nation about polic	ies no	ot re	equir	ed l	by th	e In	ternai Revenu	le Code.	) Yes		
No	<b>10a</b> I No	Did the		ation have local chapter				•	•	•	•••	•	· · · ·	hantors	10a	_	
	NO	-		branches to ensure their										napters, a	innace	:5,	
10b				organization provided a	compl	ete conv of this Forr	n 990	to a	ull me	mhe	ers of	its o	loverning body l	before fili	na the		
	1		form?	· · · · · · · ·	•••	•••••	•••	•	•	•	•	••••		• • •	•		
11a	Yes			e in Schedule O the proc	cess, if	any, used by the org	janiza	tion	to re	view	v this	Form	n 990				
				12a	n alla . 2	TE WALL " as to line 1	2						1.12-	. Vee	I		
bia the	Were o	officers,	, directo	itten conflict of interest rs, or trustees, and key					• ally i	nter	ests tl	hat d	12a could give rise to	0		_	
	conflic		•••					•	• •	•	•	•		121	) Ye	!S	
	с	Sche	dule O h	nization regularly and co now this was	nsisten	itly monitor and enfo	•	omp	lianco	e wit	th the	poli	cy? If "Yes," de:	scribe in	1	2c	
Yes	]	13		organization have a wri	itten wl	histleblower policy?	• •		•	•	•	•			•		
		13 Did the	Yes e organi	14 zation have a written do	ocumen	t retention and dest	ructio	n po	licy?						14	L	
	No	15		process for determining s, comparability data, ar										by indepe	ndent	_	
The				а											1		
The org <b>b</b>				ive Director, or top man employees of the organi	-		· .		•	•	• •		. 15a	1 Yes	) Ye	s	
	1	If "Yes"	to line	15a or 15b, describe the	e proces	ss in Schedule O (se	e insti	ructi	ons).						1	_	
				ation invest in, contribut luring the year?						re o	r simi	lar a	rrangement wit	h a	16a		
	1			es," did the organization						rina	the e		ization to ovalu	ato ito pa		_	
	No			int venture arrangement	ts unde		tax lav	w, ai	nd ta	ke st	teps t	o sa	feguard the org				
1 <sup>5ec</sup>	tion C.	Discio	<b>sure</b> With Whi	ch a copy of this Form 9	90 is re	equired to be filed	NY	(									🗌 Own website 🗌 Anothe
Sectior	1 6104 re	auires a					1	•				_					
			an orqai	nization to make its Forn	n 1023	(or 1024 if applicab	le), 99						Other (explain 3)s only) 19	In Schedi	ıle 0)		
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BERKE BOARD MEMBER	.50	х			0	0	0
(10) DIANE C KOEPPEL BOARD MEMBER	.50	х			0	0	0
(11) KATHLEEN A MUNDY VICE CHAIR	.50	х			0	0	0
(12) PATRICIA M PAZ BOARD MEMBER	.50	х			0	0	0
(13) ROBERT F WRIGHT BOARD MEMBER	.50	x			0	0	0
(14) SOOHYUNG KIM BOARD MEMBER	.50	x			0	0	0
(15) CHRISTOPHER KIPLOK BOARD MEMBER	.50	x			0	0	0
(16) JOAN RAPPOPORT ROSENFELD BOARD MEMBER	.50	х			0	0	0
(17) LAURA VALEROSO BOARD MEMBER	.50	x			0	0	0
						Form <b>99</b>	<b>0</b> (2012)

— Page 8 —

Page 8

Section A. Officers, Directors, Trustees, Key Er (A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Po: m unle	sition 10re t 255 pe	(do (do han erson cer a	) not one n is t and a	check box, both a a	¢	from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	from the		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations		
18) PAMELA C COTT	.50	x						0	0		0	
DARD MEMBER 9) MYRNA											_	
IAO	.50	х						0	0		0	
0) CHRISTINE GRYGIEL-	.50										_	
EST DARD MEMBER		х						0	0		0	
21) MARK S UDD OARD MEMBER	.50	x						0	0		0	
22) TANYA ACOBS FO	30.00 5.00			x				108,142	18,023	12,79	12	
23) ANDREA S EWMAN IRECTOR OF DEVELOPMENT	35.00					x		116,025	0	11,67	'2	
24) MICHAEL IEGELL IEDICAL DIRECTOR	35.00	1				х		137,875	0	11,88	0	
25) GAIL EID IRECTOR OF BEHAVIORAL HEALTH SERVICES	35.00					x		108,180	0	32,79	10	
											_	
											_	
											_	
Lb Sub-Total			•								_	
c Total from continuation sheets to Part VII, Se			١									
d Total (add lines 1b and 1c)			•			62	20,3	55	43,045	99,486		
2 Total number of individuals (including but not limit of reportable compensation from the organization)	ed to those listed abo		ho ree	eive	ed m	ore th	nan	\$100,000				
									Ye	s		
No 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for s									ployee on			
3 No 4												
or any individual listed on line 1a, is the sum of reportab rganization and related organizations greater than \$150,	000? If "Yes," comple	ete Scl	hedul	e J fo	or su	ıch	the	2				
4 103 <b>3</b>							•					
Did any person listed on line 1a rec services rendered to the organizati												
5 Star Pendel carlo or gamzad		0.0000	Juane	5 . 0.	500	in per	5011					
Section B. Independent Contractors									<i>i</i>			
Complete this table for your five highest compensation for the organization. Report compensation for the									f compensation		(A) and business address	Des s
											N HINE LLP335 MADISON 2TH FLOORNEW 00174611	LEGA
										2 Tota (inc	I number of independer luding but not limited to	nt co b tho
										above) w	ho received more than ation from the organiza	\$10
											ation from the organiza	
									Form	990 (2012)		

Form 990 (2012)

\_\_\_\_

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue
1a Federated campaigns . 1a							
Contributions, Gifts, Grants and Other Similar Amounts initiar Amounts	-						
Jou							
, An							
se io							
erite							
b Membership dues 1b	240.755						
c Fundraising events 1c	240,755						
d Related organizations 1d	-						
e Government grants (contributions) 1e	3,493,067						
f All other contributions, gifts, grants, and 1f similar amounts not included above	668,178 70,854						
g Noncash contributions included in lines 1a-1f:\$	4,402,000						
h	4,402,000						
Total. Add lines 1a-1f	Business Code					1	
Program Service Revenue	Dusitiess Code						
ee ee							
e							
er vi							
E							
ogra							
Pro							
2a SOCIAL SERVICES AND CLIENT FEES	621400	3,021,375	3,021,375				
b PROGRAM TUITION	611600	2,041,075	2,041,075				
c							
d							
e							
f All other program service revenue .	5.052.450						
<u>g</u>	5,062,450						
Total.Add lines 2a–2f							
Other Revenue	31,682			31,682			
s et							
å							
her							
ō							
Investment income (including dividends, interest, and other similar amounts)							
and other similar amounts)							
Income from investment of tax-exempt bond proceeds							
5 Royaltian							
Royalties	(i) Do-1	(ii) Porsenal					1
6a Gross rents	(i) Real 684,178	(ii) Personal					
	116,093						
expenses	568,085						
or (loss)	568,085			568,085			
d Net rental income or (loss)	300,085			500,005			
	(i) Securities	(ii) Other					1
7a Gross amount	(i) Securities	(ii) oulei					
from sales of	655,512						
tBenern KSBR Sha	655,451						
c 83ቶች ለኦባፀ5§ዎ	61						
d	61			61			
Net gain or (loss)						1	
8a Gross income from fundraising events (not including							
\$ 240,755 of contributions reported on line 1c). See							
Part IV, line 18	56,860						
<b>b</b> Less: direct expenses <b>b</b>	116,481						
c	-59,621			-59,621			
Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
a							
<b>b</b> Less: direct expenses <b>b</b>							
c							
Net income or (loss) from gaming activities							

10a Gross sales of inventory, less returns and allowances .						
<b>b</b> Less: cost of goods sold						
с						
Net income or (loss) from sales of inventory Miscellaneous Revenue			Business Code		1	
Miscellaneous Revenue  11a MGT. FEE- REL. EX. ORGANIZATION	561000	379,106	Business Code 379,106			
b POTTERY SALES	611710	14,953		14,953	3	
c OTHER INCOME	900099	13,778			13,778	
d All other revenue						
e Total.Add lines 11a-11d	407,837					
12	10,412,494	5,441,556	14,953	553,985	5	
Total revenue. See Instructions	10,412,494	5,441,556	14,903			
			2000 10		Form <b>990</b> (2012)	
			Page 10			
Form 990 (2012) Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete	all columns All othe	a numanizations	must roundate roi	(4)	Page 10	
Check if Schedule O contains a response to any qu				• • • • •	🗆	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				(A) Total expen	(B) Program service	(C) Management and
<ul> <li>Grants and other assistance to governments and organ the United States. See Part IV, line 21</li> </ul>	nizations in				expenses	general expenses
2 Grants and other assistance to individuals in the Uniter	d	1				
States. See Part IV, line 22						
<b>3</b> Grants and other assistance to governments,	1					
organizations, and individuals outside the United						
4 Benefits paid to or for members						
<ul> <li>Compensation of current officers, directors, trustees, a</li> </ul>	and key	516,624	109,969			
employees	L					
6 Compensation not included above, to disqualified person defined under section 4958(f)(1)) and persons describ section 4958(d)(3)(B)	ons (as ed in					
		1	6,078,259			
<ul> <li>Other salaries and wages</li> <li>5,586,742</li> <li>189,263</li> <li>302,7</li> </ul>	254		6,078,259	_		
8 Pension plan accruals and contributions (include sectio		120,3	96			
403(b) employer contributions) 105,124 12,379 2,i	893		_			
9 Other employee benefits						
		-1				
10 Payroll taxes 41,596 7,490	404,54	5 3	355,459			
41,596 7,490 <b>11</b> Fees for services (non-employees):		1				
<b>a</b> Management	1					
<b>b</b> Legal	86,	811	45,054			
41,582 175		058				
c Accounting	73,	058				
d Lobbying	29.	997				
29,997	23,					
e Professional fundraising services. See Part IV, line 17						
	L					
f Investment management food	1					
f Investment management fees						
g Other (If line 11g amount exceeds 10% of line 25,	855,	104	731,401			
column (A) amount, list line 11g expenses on Schedu O) 116,138 7,565						
12 Advertising and promotion	20,12	4	19,939			
185						
<b>13</b> Office expenses	1,123,10	7 9	984,792			
98,857 39,458			7.952			
14         Information technology	9,12	U	7,852			
576 290						

15	Royalties						
1							
16	Occupancy 1,141,90	9	732,476				
	358,310 51,123						
17	Travel	a	64,652				
1	62 567	-	04,052				
10							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
		1	I				
19	Conferences, conventions, and meetings						
20	Interest	4	77,004				
21	Payments to affiliates						
22	Depreciation, depletion, and amortization		95,652				
	91,586 13 4,053						
23	Insurance	1	183,845				
	136,385 42,280 5,180	L					
	Other expenses. Itemize expenses not covered above (List miscellaneous e						
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount line 24e expenses on Schedule O.)	list					
а	BAD DEBT 110,0	17	110,017				
b		1					
с		1					
1							
d		1					
1							
e	All other expenses 91,4	94	69,306				
1	17,900 4,288						
25	Total functional expenses. Add lines 1 through 24e 11,082,34	7	9,227,758				
	1,429,06	_	425,521				
26	Joint costs. Complete this line only if the organization		123,321				
20	reported in column (B) joint costs from a combined educational						
	campaign and fundraising solicitation. Check here by fight of the function of						
				Form 9	90 (2012)		
			Page 11				
Form	990 (2012)				Page 11		
	rt X Balance Sheet						
	Check if Schedule O contains a response to any question in this Par	х			. U		
							(A Begin
							of ye
ets	1 Cash non-interest-bearing				1		
Assets							
2	Savings and temporary cash investments		1	499,801	1	332,542	
3	Pledges and grants receivable, net			1,200,946		1,316,150	
		•••				413,030	
4 5	Accounts receivable, net			498,499 4		410,000	
5	and highest compensated employees. Complete Part II of		key employees,	5			
	Schedule L		tion 4058(f)(1))	^ *	1		
6	Loans and other receivables from other disqualified persons (as defined persons described in section 4958(c)(3)(B), and contributing employers	and spons	oring	I	I		
	organizations of section 501(c)(9) voluntary employees' beneficiary orga Complete Part II of Schedule L	inizations	(see instructions)	6			
7	Notes and loans receivable, net		L	7			
8	Inventories for sale or use			8	;		
9	Prepaid expenses and deferred charges			97,334 g		72,127	
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of S		)	10a			
					6,476,517		
					I		
b	Less: accumulated depreciation 10b		3,869,313	2,721,544 <b>10c</b>		2,607,204	
11	Investments—publicly traded securities		1,802,115	11 1	,558,521		
12	Investments-other securities. See Part IV, line 11			12			
13	Investments—program-related. See Part IV, line 11		13	3			
14	Intangible assets	. —	1	14	_		

214,080 **15** 7,034,319 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .

15

351,422

6,650,996

			3,738	17	
Liabilities					
- a					
18	Grants payable		18	l	
19	Deferred revenue	1,657,165	19		1,786,576
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
2					
2	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
	persons. Complete Part II of Schedule L		22		
23	Secured mortgages and notes payable to unrelated third parties		23		
24	Unsecured notes and loans payable to unrelated third parties	1,202,654	24		1,102,560
5	Other liabilities (including federal income tax, payables to related third parties, and	669,382	25		669,382
6	other liabilities not included on lines 17-24). Complete Part X of Schedule <b>Dotal liabilities.</b> Add lines 17 through 25	4,192,939	26		4,147,403
Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34.		1		
0.15					
2					
5					
22					
2					
:   7	Unrestricted net assets	739,068	27		430,007
B	Temporarily restricted net assets	666,051	28		637,325
9	Permanently restricted net assets	1,436,261	29		1,436,261
,		1,400,201	23		1,400,201
0	Organizations that do not follow SFAS 117 (ASC 958), check here ► and eappelete clines in the function of the second sec		30		
			30		
1	Paid-in or capital surplus, or land, building or equipment fund				
2	Retained earnings, endowment, accumulated income, or other funds		32		
3	Total net assets or fund balances	2,841,380	33		2,503,593
ŀ	Total liabilities and net assets/fund balances	7,034,319	34		6,650,996
			-		
			-	Fo	rm <b>990</b> (2012)
		— Page 12 —		Fo	rm <b>990</b> (2012)
	90 (2012)			Fo	rm <b>990</b> (2012) Page <b>12</b>
	XI Reconcilliation of Net Assets	— Page 12 —		Fo	
		— Page 12 —		Fo	
ar	XI Reconcilliation of Net Assets	— Page 12 —	· ·	Fo	
ari	XI Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	— Page 12 —	· ·	Fo	
art	XI         Reconcilliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI         .           Form 990, Special Condition Description:	— Page 12 —		Fo	
n rf	XI         Reconcilliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI         .           Form 990, Special Condition Description:	Page 12	· · ·	Fo	Page <b>12</b>
ari	XI         Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI         .           Form 990, Special Condition Description:         .         .           Total revenue (must equal Part VIII, column (A), line 12)         .         .         .	Page 12		Fo	Page <b>12</b>
ari al c	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .	Page 12		Fo	Page <b>12</b>
ari al o	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .	Page 12	 1 2	Fo	Page <b>12</b>
al	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .	Page 12	 1 2 3	Fo	Page 12
ari alo tas	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .	Page 12	 1 2 3	Fo	Page 12
ari 2 al ( 3 4 t as 5	XI         Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI         .           Form 990, Special Condition Description:         .           Total revenue (must equal Part VIII, column (A), line 12)         .           xpenses (must equal Part IX, column (A), line 25)         .           Revenue less expenses. Subtract line 2 from line 1         .           sets or fund balances at beginning of year (must equal Part X, line 33, column (A))         .           Net unrealized gains (losses) on investments         .         .	Page 12	1 2 3 4 5	Fo	Page 12
art al o al o a as	XI         Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI         .           Form 990, Special Condition Description:         .           Total revenue (must equal Part VIII, column (A), line 12)         .           xpenses (must equal Part IX, column (A), line 25)         .           Revenue less expenses. Subtract line 2 from line 1         .           sets or fund balances at beginning of year (must equal Part X, line 33, column (A))         .           Net unrealized gains (losses) on investments         .           ed services and use of facilities         .	Page 12	1 2 3 4		Page 12
al	XI         Reconciliation of Net Assets           Check if Schedule O contains a response to any question in this Part XI         .           Form 990, Special Condition Description:         .           Total revenue (must equal Part VIII, column (A), line 12)         .           xpenses (must equal Part IX, column (A), line 25)         .           Revenue less expenses. Subtract line 2 from line 1         .           sets or fund balances at beginning of year (must equal Part X, line 33, column (A))         .           Net unrealized gains (losses) on investments         .         .	Page 12	1 2 3 4 5 6		Page 12
al	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .       .         ed services and use of facilities       .       .       .	Page 12	1 2 3 4 5 6 7	Fo	Page 12 10,412,494 11,082,347 -669,853 2,841,380 302,725
ari al o al o	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .       .         xpenses (must equal Part IX, column (A), line 25)       .       .       .         Revenue less expenses. Subtract line 2 from line 1       .       .       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .       Net unrealized gains (losses) on investments       .       .         ed services and use of facilities       .       .       .       .       .         eriod adjustments       .       .       .       .       .       .	Page 12	1 2 3 4 5 6	Fo	Page 12 10,412,494 11,082,347 -669,853 2,841,380 302,725
art at	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .       .         ed services and use of facilities       .       .       .	Page 12	1 2 3 4 5 6 7 8	Fo	Page 12
at r I	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .         ad services and use of facilities       .         Investment expenses       .       .         eriod adjustments       .       .         Other changes in net assets or fund balances (explain in Schedule O)       .	Page 12	1 2 3 4 5 6 7 8 9	Fo	Page 12
al o nat	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))         Net unrealized gains (losses) on investments       .         ad services and use of facilities       .         eriod adjustments       .       .	Page 12	1 2 3 4 5 6 7 8	Fo	Page 12
art al o al o nat	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .         ad services and use of facilities       .         Investment expenses       .       .         eriod adjustments       .       .         Other changes in net assets or fund balances (explain in Schedule O)       .	Page 12	1 2 3 4 5 6 7 8 9	Fo	Page 12
art al o a at	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .         ad services and use of facilities       .         Investment expenses       .         other changes in net assets or fund balances (explain in Schedule O)       .         other changes in net assets or fund balances (explain in Schedule O)       .         sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Part Y, line Pa	Page 12	1 2 3 4 5 6 7 8 9	Fo	Page 12
1 2 3 4 et as 5 6 onat 7 8 ior ( 9 10 et as	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .         el services and use of facilities       .         eriod adjustments       .         Other changes in net assets or fund balances (explain in Schedule O)       .         sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line SCHEDULE O)         check if Schedule O contains a response to any question in this Part XI	Page 12	1 2 3 4 5 6 7 8 9	Fo	Page 12 10,412,494 11,082,347 -669,853 2,841,380 302,725 13,387 15,954 2,503,593
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1 2 3 4 2 5 6 0 0 10 2 10 2 10 2 10	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         Revenue less expenses. Subtract line 2 from line 1       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .         ad services and use of facilities       .         Investment expenses       .         Other changes in net assets or fund balances (explain in Schedule O)       .         sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line Statements and Reporting       .         Total check if Schedule O contains a response to any question in this Part XI       .         Accounting method used to prepare the Form 990:       Cash 🗳 Accounting method used to prepare the Form 990:	Page 12	1 2 3 4 5 6 7 8 9 9 10	Fo	Page 12 10,412,494 11,082,347 -669,853 2,841,380 302,725 13,387 15,954 2,503,593
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ari as nat	XI       Reconcilliation of Net Assets         Check if Schedule O contains a response to any question in this Part XI       .         Form 990, Special Condition Description:       .         Total revenue (must equal Part VIII, column (A), line 12)       .         xpenses (must equal Part IX, column (A), line 25)       .         xpenses (must equal Part IX, column (A), line 25)       .         sets or fund balances at beginning of year (must equal Part X, line 33, column (A))       .         Net unrealized gains (losses) on investments       .         ad services and use of facilities       .         eriod adjustments       .         Other changes in net assets or fund balances (explain in Schedule O)       .         sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a response to any question in this Part X, line SCH Contains a respo	Page 12	1 2 3 4 5 6 7 8 9 10	Fo	Page 12 10,412,494 11,082,347 -669,853 2,841,380 302,725 13,387 15,954 2,503,593
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	Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a parate basis, consolidated basis, or both:						
🗌 Sepi	arate basis	Consolidated basis	□ Both consolidated and separate basis	Ь	I		
Were the	organization's fi	nancial statements audited by	an independent accountant?	2b	Yes		
	If 'Yes,' check a consolidated bas		r the financial statements for the year were audited on a se	parate basis	5,		

	Additional	Data		Return to Form	]	Forr	n <b>990</b> (2012
b			uired audit or audits? If the organization describe any steps taken to undergo		iired	3b	Yes
	ult of a federal awa t and OMB Circular		uired to undergo an audit or audits as	set forth in the Single	3a	Yes	
	If the organizatior	n changed either its oversigh	It process or selection process during t	he tax year, explain in Sch	edule C		3a
			committee that assumes responsibility election of an independent accountant?		2c	Yes	
🗌 Sep	arate basis	Consolidated basis	Both consolidated and separate	oasis	с	ļ	

Total									
				1					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	in col. (i) li	organization isted in your document? No	organizatio	u notify the on in col. (i) support? No	(vi) Is the c in col. (i) o the L Yes	rganized in	(vii) Amount of monetary support
h	Provide	the following information of	ition about th	ne supported	organization	(s).			11g(iii)
(ii)	A family r	nember of a person d	escribed in (i	) above?					11g(ii)
				-					
No	(iii) belov	, the governing body	of the suppo	orted organiza	tion?				11g(i)
following persons? (i)							escribed in (ii	)	Yes
this box								🗆	
If the organization rece		•	,	5					. ,
integeated By checking this box, I foundation managers a									
describes the type of su	upporting <b>c</b>	organization and com d				grated 🗌 T	ype III - Non-	functionally	
An organization organiz more publicly supported	d organiza	itions described in sec	tion 509(a)(	1) or section	509(a)(2). S				
An organization organiz	zed and op	perated exclusively to	test for publi	ic safety. See	section 509	9(a)(4).			
acquired by the organiz <b>10</b>									
its support from gross i	investmen	t income and unrelate	ed business to	axable income	e (less sectio	n 511 tax) fr	om businesse	S	
receipts from activities	related to	its exempt functions	-subject to o	certain except	tions, and (2)	) no more tha	n 331/3% of		
9 🔽 An organization that no	ormally ree	ceives: (1) more than	331/3% of its	s support from	n contributio	ns, membersl	nip fees, and g	gross	
A community trust desc	cribed in <b>s</b>	ection 170(b)(1)(A	<b>)(vi)</b> . (Comp	olete Part II.)					
An organization that no section 170(b)(1)(A)			art of its supp	port from a go	overnmental	unit or from I	he general pu	iblic describe	ed in
A federal, state, or loca 7	il governm	nent or governmental	unit describe	d in <b>section</b>	170(b)(1)(	A)(v).			
section 170(b)(1)(A) 6									
		-	, 0		., - 30				
name city, and state: An organization operate		benefit of a college o	· university o	wned or oper	ated by a go	vernmental u	nit described	in	
4 A medical research orga		operated in conjunction	on with a hos	pital describe	d in <b>section</b>	170(b)(1)(	A)(iii). Enter	the hospital	's
A hospital or a cooperat	tive hospi	tal service organizatio	n described i	n section 17	0(b)(1)(A)	(iii).			
A school described in so	ection 17	'O(b)(1)(A)(ii). (Att	ach Schedule	e E.)					
A church, convention of <b>2</b>	f churches	, or association of ch	urches descri	bed in <b>sectio</b>	n 170(b)(1	)(A)(i).			
The organization is not				-					
Reason for Publi	c Charit	<b>y Status</b> (All orga	nizations m	ust complet	e this part.	) See instru	ctions.		
Employer identificat	ion numl	ber							
Name of the organiza	ation								
	Oper D	n to Public spection							
	OMB N	• Attach to Fo	rm 990 or F	orm 990-EZ.	. 🕨 See sep	arate instru	ctions.		
Department of the Treasury Internal Revenue Service			947(a)(1)	nonexempt	charitable t	rust.			
(Form 990 or 990EZ)			•						
efile Public Visual		Public C	harity 9	Statue a	nd Publ	ic Supr	ort		
									N: 13-5562204

Su	pport Schedule for Organizatio	ons Described i	n Sections 17	0(b)(1)(A)(iv			
S@ Calle	ationata. Aublic Supported the bo	ox on line 5, 7, c	below mease	if the organizat	ion failed to qua	lify under Part I (e) 2012	(f) Total
	Gifts, grants, contributions, and		- 2.694 409926	<b>Kc3</b> -⊼016 c.1	/ (u) 2011	(6) 2012	
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its						
3	behalf. The value of services or facilities						
	furnished by a governmental unit to the organization without charge <b>Total.</b> Add lines 1 through 3						
5	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 shown on line 11, column (f) <b>Public support.</b> Subtract line 5 from						
-	line 4.						
	ction B. Total Support Calendar year (or fiscal year beginning in) ► Amounts from line 4.	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
3	Gross income from interest,						<u> </u>
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	Net income from unrelated business activities, whether or not the business is regularly carried on.						
כ	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.) Total support (Add lines 7 through						
	10).	o oto /ooo insta	tions)				
12	Gross receipts from related activities	s, etc. (see instruc	uons)			12	
13	First five years. If the Form 990 is						
Se	Public support percentage for 2012	(line 6, column (f)	divided by line 11	L, column (f)) .		14	
<u>Se</u> 14	Public support percentage for 2012						
14							
	Public support percentage for 2011		, line 14			15	
14			, line 14....				
14 15	Public support percentage for 2011 3 33 1/3% support test-2012. If the	Schedule A, Part II e organization did r	not check the box	on line 13, and lii	ne 14 is 33 1/3% o	15 r more, check this	_
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	dividends, payments received on securities loans, rents, royalties	660,298	890,160	733,062	724,462	715,860	3,723,842
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after June 30, 1975.						
с	Add lines 10a and 10b.	660,298	890,160	733,062	724,462	715,860	3,723,842
11	Net income from unrelated business activities not included in						
	line 10b, whether or not the			7,830	9,323	6,787	23,940
12	business is regularly carried on. Other income. Do not include						
	gain or loss from the sale of capital assets (Explain in Part IV.)	274,521	308,196	239,355	262,613	392,884	1,477,569
13	Total support. (Add lines 9, 10c, 11, and 12.).	14,434,265	13,626,543	13,139,907	11,625,955	10,579,981	63,406,651
14 First f	<b>five years.</b> If the Form 990 is for th	e organization's fir	st. second. third. fo	urth, or fifth tax v	ear as a 501(c)(3)	organization	
	tion &.acontention of Publ	ic Support Pere	entage				$\blacktriangleright$
15	Public support percentage for 20	12 (line 8, column	(f) divided by line 1	13, column (f)) .		15	
16	91.760 % Public support percentage from 2	2011 Schedule A. F	art III. line 15			16	
	91.960 %					10	
Se	tion D. Computation of Inve	stment Incom	e Percentage		(4))		
17	Investment income percentage f	or 2012 (line 10c,	column (f) divided	by line 13, columr	n (f))	17	
18	5.870 % Investment income percentage f	rom 2011 Schedul	e A, Part III, line 17	7		18	
1	5.610 %						
19a	<b>33</b> 1/3% support tests-2012. If	the organization d	d not check the box	on line 14, and li	ne 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a <b>% support tests—2011.</b> If the or	•				an 33 1/3% and line	
not <b>20</b>	bre than 33 1/3%, check this box and	d <b>stop here.</b> The c	rganization qualifies	s as a publicly sup	ported organizatior	►L	
	bre than 33 1/3%, check this box and te foundation. If the organization o	lid not check a box			ox and see instructi	ons	•
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Schedule B (Form 990, 990-EZ,	ender ObjectId: 201421339349305557 - Submission: 2014-05-13 TIN: 13-5562204 Schedule of Contributors					
or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 9 0MB No. 1545-0047 2012	990-PF.				
	2012					
Name of the organiz GREENWICH HOUSE INC	ation					
Employer identifica	tion number					
Qrganization type (	check one):					
Filers of:	Section:Form 990 or 990-EZ	) (enter number) organization				
	ation is covered by the <b>General Rule</b> or a <b>Special Rule</b> 7(a)(1) 501(c)(7), (8), or (10) organization can check boxes <b>for homen</b>					
General Rule	527 political organization					
	501(c)(3) exempt private foundation ganization filing Form 990, 990-EZ, or 990-PF that received, du from any مَوْطَعُطُمُ (أَهُالْأَلُّ)(المَّاصَعَبُواهَا المَّاهَا المَّاطَةِ المَّاطَةُ المَّاطَةُ المَّاطَةُ ع		ey or			
Rules	501(c)(3) taxable private foundation					
under sec greater of For a sec during the scientific, III. For a sec during the not total to the year f applies to during the <b>Caution</b> . An organizz, 990-EZ, or 990-PF), Form 990-EZ or on P	tion 501(c)(3) organization filing Form 990 or 990-EZ that met t tions 509(a)(1) and 170(b)(1)(A)(vi) and received from any one (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, tion 501(c)(7), (8), or (10) organization filing Form 990 or 990-E year, total contributions of more than \$1,000 for use <i>exclusive</i> literary, or educational purposes, or the prevention of cruelty to tion 501(c)(7), (8), or (10) organization filing Form 990 or 990-E year, contributions for use <i>exclusively</i> for religious, charitable, or more than \$1,000. If this box is checked, enter here the total or an <i>exclusively</i> religious, charitable, etc., purpose. Do not cor this organization because it received nonexclusively religious, year	a contributor, during the year, a contrib line 1h, or (ii) Form 990-EZ, line 1. Co EZ that received from any one contribu ly for religious, charitable, o children or animals. Complete Parts EZ that received from any one contribu- etc., purposes, but these contribution contributions that were received durin mplete any of the parts unless the <b>Ger</b> charitable, etc., contributions of \$5,00 I Rules does not file Schedule B (Form theck the box on line H of its	ution of the mplete Parts I and II. itor, I, II, and itor, s did g <b>neral Rule</b> 10 or more n 990,			
990-EZ, or 990-PF).	Act Nation and the Instructions	Schodulo B / Form 000, 000	EZ or 000 BE\ (2012)			
For Paperwork Reduction for Form 990, 990-EZ, or	on Act Notice, see the Instructions Cat. No. 30613X 990-PF.		ט-⊏∠, or אָאָט-אָר) (2012)			
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`.	0, 990-EZ, or 990-PF) (2012) yer identification number 52204		Page <b>2</b>			
	ibutors (see instructions). Use duplicate copies of Part I if additional space is no	eeded.				
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Schedule B (Form 990,

Page 3

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(c) Total contributions

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012) Name of Employer identification number

(b) Name, address, and ZIP + 4

(b) Name, address, and ZIP + 4

Part II

(a) No.

(a) No.

organization GREENWICH HOUSE INC 13-5562204 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) Description of noncash property given Date received \$ (a) No. from Part I (c) FMV (or estimate) (see instructions) (b) Description of noncash property given Date received \$ (a) No. from (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (d) Date received Part I \$ (a) No. from (c) FMV (or estimate) (see instructions) (b) Description of noncash property given (d) Date received Part I

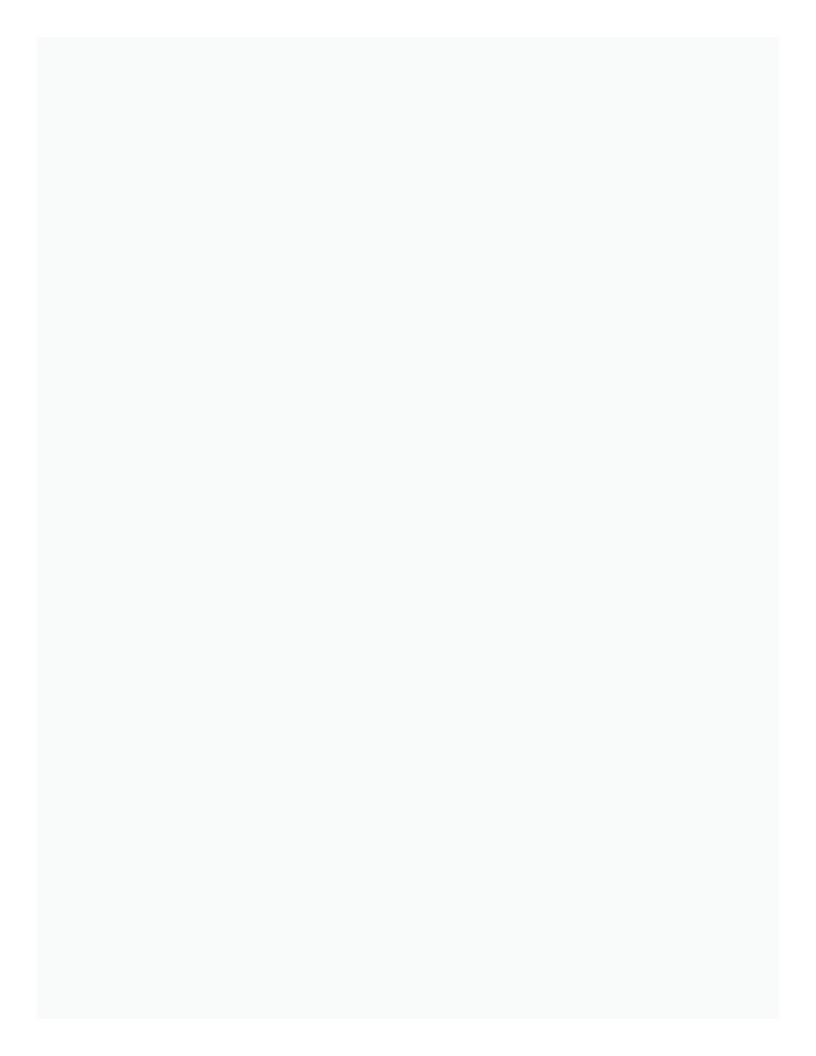
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(a) No. from Part I	(b) Description of noncash prop	erty given	(c) FMV (or estimate) (see instructions)	(d) Date received
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			Page 4	
Name of organization GREENWICH	Form 990, 990-EZ, or 990-PF) (2012) Employer identification number 13-5562204			Page 4
(a) No. <sub>Fo</sub> from Bart L	cclusively religious, charitable, etc., individual cor at total more than \$1,000 for the year. Complete co or organizations completing Part III, enter the total of e ntributions of \$1,000 UPASS for \$15 year. (Enter this as duplicate copies of Part III if additional space is nee	lumns (a) through (e) and the exclusively religious, charitable nformation once. See instruction	following line entry.	otion of how gift is he
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SCHEDULE C Form 990 or 990-EZ)		tical Campaign and			
partment of the Treasury ernal Revenue Service		ons Exempt From Income Ta organization is described belo See separate i	ow. 🕨 Attach to F		
	OMB No. 1545-004	<sup>47</sup> If the organization answered	d "Yes" to Form 9	990, Part IV, Line 3, or For	m 990-EZ, Part V, line 46 (Pol
	2012	Section 527 organizations	n section 501(c)(3) s: Complete Part I	)) organizations: Complete I -A only.	Parts I-A and C below. Do not (
	Open to Publi				m 990-EZ, Part VI, line 47 (Lo der section 501(h)): Complete
	Inspection	<ul> <li>Section 501(c)(3) organiz</li> </ul>	ations that have N d "Yes" to Form 9	IOT filed Form 5768 (election 1990, Part IV, Line 5 (Proxy	n under section 501(h)): Com Tax) or Form 990-EZ, Part V,
Name of the organizat GREENWICH HOUSE INC	ion		(c) c.ge		
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	-				□ Yes □ No □ Yes □ No <sup>\$</sup>
olunteer hours					U Yes U No
Part I-B	rappization is o	xempt under section 501(c	)(2)		
•	-	curred by the organization under			Yes No \$
nter the amount of any	/ excise tax incurred	by organization managers under	section 4955	🕨 3	\$
the organization incur	red a section 4955 ta	ax, did it file Form 4720 for this ye	ear?		4a
as a correction made?					b
"Yes," describe in Part	t IV.	Part I-C			
Enter the amoun	t directly expended h	Complete if the organiz by the filing organization for section			
		funds contributed to other organi			\$
		• • • • • • • • • • • • • • • • • • •		•	\$
		I and 2. Enter here and on Form OL for this year?		L/D 🕨	5
		lentification number (EIN) of all se			
Ind or a political action	committee (PAC). If	nization listed, enter the amount p promptly and unrectly delivered to additional space is needed, provi	d separate politica de information in	ייסיט איז	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
or Paperwork Reduction	Act Notice, see the in	nstructions for Form 990 or 990-EZ.	· Ca		(Form 990 or 990-EZ) 2012
				Page 2	
chedule C (Form 990 o	r 990-E7) 2012				Daga <b>2</b>
Part II-A	,				Page <b>2</b>
		<b>kempt under section 501(c</b> ags to an affiliated group (and list			
exper	nses, and share of ex	cess lobbying expenditures).			ne, address, EIN,
Check ▶ □ if the filir	ng organization chec	ked box A and "Imits on Lobbyin The term "expenditures" mea	ovisions apply ins amounts paid	l or incurred.)	
Total lobbying expe	enditures to influence	public opinion (grass roots lobby	ing)		
a Total lobbying expe	enditures to influence	a legislative body (direct lobbying	g)		
	enditures (add lines 1	a and 1b) .			
C Other exempt purp	oco ovponditures			I	
d					
e		d lines 1c and 1d)			
f columns.	le amount. Enter the	amount from the following table	in both		
Tf the amount on	line to column (a	) or (h) isi <sup>t</sup> ha labbuing nanta	vahla amaunt ia		

	Ι	
Not over \$500,000/20% of the amount on line 1e.	1	
	l	
Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000.	T	
Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000.	1	
	l	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000.		
	•	
Over \$17,000,000\$1,000,000.		
Grassroots nontaxable amount (enter 25% of line 1f)		
Subtract line 1g from line 1a. If zero or less, enter -0		
Subtract line 1f from line 1c. If zero or less, enter -0		
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4	720 reporting	
section 4911 tax for this year?		
└ Yes └ No		

## 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	(e) Total					
2a	Lobbying nontaxable amount										
b	Lobbying ceiling amount (150% of line 2a, column(e))										
с	Total lobbying expenditures										
d	Grassroots nontaxable amount										
e	Grassroots ceiling amount (150% of line 2d, column (e))										
f	Grassroots lobbying expenditures										
				Schedul	e C (Form 990 o	r 990-EZ) 2012					

Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has 5758 (election under section 501(b))			(b)
For each "Yes" response (elenction under frection, 501(b)) Part IV a detailed description of the lobbying activity.	(u)	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislati including any attempt to influence public opinion on a legislative matter or referendum, through the use		Vac	
a Volunteers?	· · L	No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?	•	No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	.	No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes	i i	29,997
j Total. Add lines 1c through 1i		i	29,997
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?	· Ĺ	No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912	. [		
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-i	
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
. , , , , , , , ,		501(c)(6)	). Yes

_			
1 Were substantially a	II (90% or more) dues received nond	eductible by members?	
2 Did the organization	make only in-house lobbying expend	litures of \$2,000 or less?	
Did the organization	agree to carry over lobbying and pol	itical expenditures from the prior year?	3
and free either (a) I "Yes."	Böthindartittida, finnesemana :	section 501(c)(4), section 501(c)(5), or s 2, are answered "No" OR (b) Part III-A, lin	
expenses for whic	h the section 527(f) tax was paid	nditures (do not include amounts of political ).	2a
		·····	2b
Total		_ 	2c
		ices of nondeductible section 162(e) dues .	3
the organization agr	ee to carryover to the reasonable est	he amount on line 3, what portion of the excess does imate of nondeductible lobbying and political	4
Р	Part IV	ee instructions)	5
Co		iptions required for Part I-A, line 1; Part I-B, line 4; Pa ete this part for any additional information.	art I-C, line 5; Part II-A (affili
Identifier	PART II-B, LINE 1:	THE LOBBYING FOCUSED ON OBTAIN	
/ITIES:		CAPITAL IMPROVEMENTS. Schedule C	(Form 990 or 990EZ) 2012
ditional Data		Return to Form	]
	So	ftware ID.	
		ftware ID: re Version:	

SCHEDULE D	Render ObjectId: 201421339349305557 - Submission: 2014-05-13	TIN: 13-5562204	
Form 990)	Supplemental Financial Statements	2012	
epartment of the Treasury	► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b	Open to Public Inspection	
mal Revenue Service Name of the organiz GREENWICH HOUSE INC	Attach to Form 000 . See constate instructions		
mployer identificati	on number		
organization answe	intaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if th red "Yes" to Form 990, Part IV, line 6.	ie Donor advised funds	(b) Funds and other acco
Total number at end of	year		
2 Aggregate contribution	s to (during year)		
	I		
Aggregate grants from	(during year)		
<u>ا</u>			
Aggregate value at en	l of year		
• Did the susseined			
	ion inform all donors and donor advisors in writing that the assets held in donor advised anization's property, subject to the organization's exclusive legal control?	C Yes No 6 C Yes	
od only for charitable	rm all grantees, donors, and donor advisors in writing that grant funds can be purposes and not for the bonefit of the donor or donor advisor, or for any other purpose conferring	□ No	
Conservation Eas	nefit? ements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	1	
_	on easements held by the organization (check all that apply).		
<ul> <li>Preservation of lan</li> <li>Protection of natur</li> </ul>	d for public use (e.g., recreation or education)	irea	
Preservation of ope		2	
omplete lines 2a throu asement on the last da	$gh$ 2d if the organization held a qualified conservation contribution in the form of a conservation $\gamma$ of the tax year.		Held at the End of
Total number of c	onservation easements	2a	
a Total acreage rest	ricted by conservation easements	2b	
b		20	1
Number of conser	vation easements on a certified historic structure included in (a) . $\ . \ .$	2c	
c Number of conser	vation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the	2d	
National Register d		I	
3 🗌 Yes 🗌 No			
tax year  No	easements modified, transferred, released, extinguished, or terminated by the organization during	Yes	
	property subject to conservation easement is located 🕨		
	ation have a written policy regarding the periodic monitoring, inspection, handling of violations, and e conservation easements it holds?	6	
taff and volunteer hour	s devoted to monitoring, inspecting, and enforcing conservation easements during the year		
mount of expenses inc	urred in monitoring, inspecting, and enforcing conservation easements during the year		
s Does each conse	vation easement reported on line $2(d)$ above satisfy the requirements of section $170(h)(4)(B)(i)$ and	9	
alanco cho <u>ot, and inclu</u>	(B)(ii)? w the organization reports conservation easements in its revenue and expense statement, and do, if applicable, the text of the feetnets to the granization's financial statements that describes		
Organization's accou	nting for conservation easements. Intaining Collections of Art, Historical Treasures, or Other Similar Assets.	1a	
the organization elect rt, historical treasures,	anization answered "Yes" to Form 990, Part IV, line 8. ed, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet or other similar assets held for public exhibition, education, or research in furtherance of public servic et as opereitsed with a state of the state	works of <b>b</b>	
rovide;941På7EIQTIE;968 istorical treasures, or o Revenuearinoludsdeinfi	ትይ አቅርባዊ የቢዞ በይወኖ / አማረዋ የኢትዮጵያ አስራ አስራ አስራ የሚሰራ የሚሰራ የሚሰራ የሚሰራ የሚሰራ የመስከት መስከት መስከት መስከት መስከት መስከት መስከት መስከት ther similar assets held for public exhibition, education, or research in furtherance of public service, p ልያጠረ የውዲ መስከት አቶኒ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ	rks of art, (i) rovide the	
(ii)			
	990, Part X	2 a	
ollowing amounts requi	ved or held works or art, historical treasures, or other similar assets for innancial gain, provide the red to be reported under SFAS 116 (ASC 958) relating to these items: rm 990, Part VIII, line 1	а	
b			
	990, Part X	le D (Form 990) 2012	
	Page 2		
	nn )		
Chedule D (Form 990) Part III 3 Organizati	2012 ons Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Page 2	
Using the organiz items (check all t	ation's acquisition, accession, and other records, check any of the following that are a significant use hat apply):		
• • _ Р	ublic exhibition 🗌 Loan or exchange programs cholarly research 🗌 Other	□ No	
c		NO	
		4	

Part IV	e be maintained as part of the organization's collection	n?	
Escrow and Custodial Arrangement Part IV, line 9, or reported an amount the organization an agent, trustee, custod	ents. Complete if the organization answered "Ye: th on Form 990, Part X, line 21. dian or other intermediary for contributions or other as:	ssets not 🛛 Yes 🗍 No	
"Yes," explain the arrangement in Part XIII	I and complete the following table:	2	
:		Amount	
l			
ditions during the year			
stributions during the year			
1e f			
r ding balance			
1f			
Did the organization include an amou	unt on Form 990, Part X, line 21?		
		ь	
art V	I. Check here if the explanation has been provided in P		
Beginning of year balance	e organization answered "Yes" to Form 990, Part (a)Current ye	ear (b)Prior year b (c)Two years back	(d)Three years back (e)Four y
1,806,881 1,569,601	1,435,961 1,087,066		
<b>b</b> Contributions	• •		
	300 348,895		
Net investment earnings, gains, and	losses 254,027		
-52,892 237,280	133,340		
Grants or scholarships	• •		
Other expenditures for facilities and programs	122,780		
Administrative expenses	<u> </u>		
End of year balance	1,885,236		
1,753,989 1,806,881	1,569,601 1,435,961		
wide the estimated percentage of the curr	rrent year end balance (line 1g, column (a)) held as:		
ard designated or quasi-endowment ►			
<b>b</b> rmanent endowment <b>b</b> 76 180 %			
rmanent endowment 🕨 76.180 %			
nporarily restricted endowment  23.820	0 %		
e percentages in lines 2a, 2b, and 2c shou	uld equal 100%.		
a Are there endowment funds not in the	ne possession of the organization that are held and adm		
organization by: (i) unrelated organizations		3a(i) No	
related organizations		3a(ii) No	
Yes" to 3a(ii), are the related organization		b	
scribe in Part XIII the intended uses of the			
Part VI Land, Buildings, and Equipment. S	See Form 990, Part X, line 10.		
	Description of property	(a) Cost or other b	asis (investment) (b)Cost or (c) other basis Accumula (other) depreciat
<b>a</b> Land			(other) depreciat
b Buildings	3,558,952	1,988,849	
1,570,103	3,330,432	1,700,047	
Leasehold improvements			
	1,190,223	1,146,446	
43,777			
<b>d</b> Equipment	· · · · · · · · · · ·	717.000	
57,959	775,949	717,990	
e Other			
	951,393	16,028	
935,365	I		

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . . .

•	2,607,204	

	Page 3	
Schedule D (Form 990) 2012		Page <b>3</b>
Part VII Investments Other Securities. See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation: Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

## Part VIII Investments Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	-	<b>(b)</b> Book val	ue	(c) Method of valuation: Cost or end-of-year market value	
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description				b) Book value	
(1) BENEFICIAL INTEREST IN REMAINDER TRUST		188,350			
(2) DUE FROM RELATED PARTY			18,730		
(3) SECURITY DEPOSIT				144,342	
Part X Other Liabilities. See Form 990, Part X, line 25.	(b) Book value				_
1. (a) Description of hability	(b) BOOK value				U
Federal income taxes					
SECURITY DEPOSIT PAYABLE	40,107				
DUE TO NEW YORK STATE OFFICE OF MENTAL HEALTH	629,275				

Schedule D (Form 990) 2012

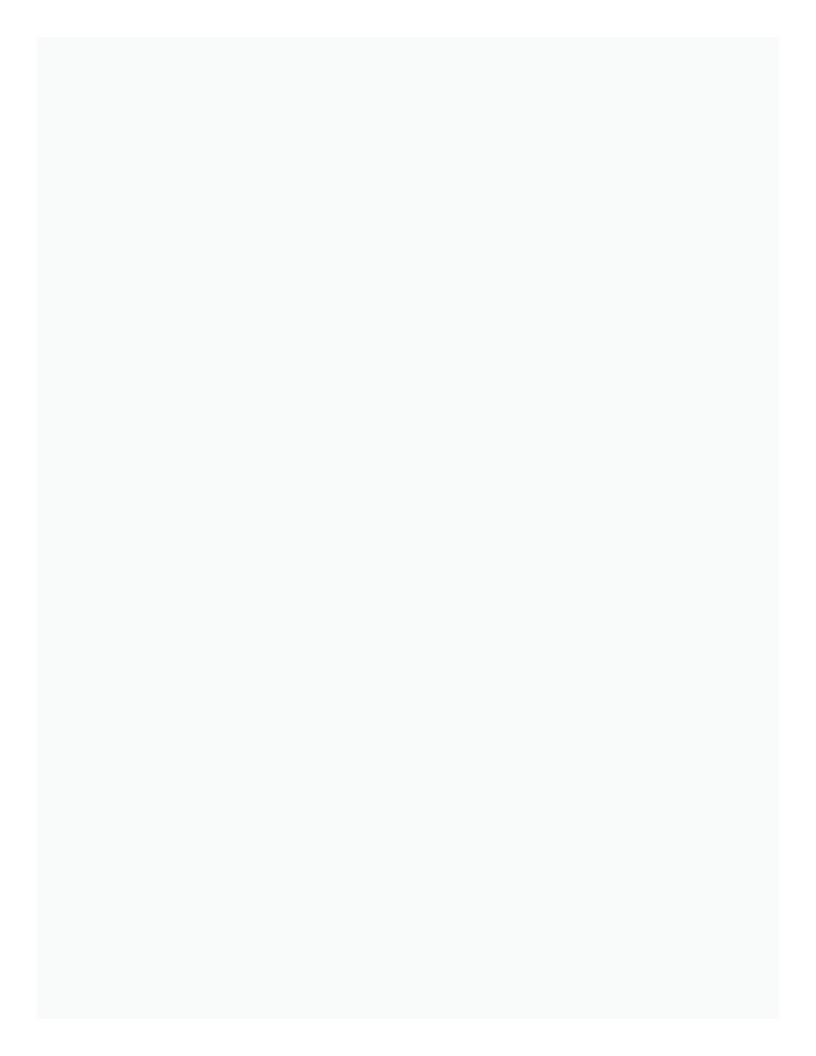
Schedule D (Form 990) 2012

	tule D (Form 990) 2012 t XI
e	Conciliation of Revenue per Audited Financial Statements With Revenue per Return           Total revenue, gains, and other support per audited financial statements         1
_	10,860,653
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:
	Net unrealized gains on investments
	Donated services and use of facilities
	Recoveries of prior year grants
	Other (Describe in Part XIII.)
e	Add lines <b>2a</b> through <b>2d</b>
	448,159
	Subtract line 2e from line 1
	10,412,494
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
3	Investment expenses not included on Form 990, Part VIII, line 7b . 4a
,	Other (Describe in Part XIII.)
c	Add lines <b>4a</b> and <b>4b</b>
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)
	10,412,494
	t XII
le	conciliation of Expenses per Audited Financial Statements With Expenses per Return           Total expenses and losses per audited financial statements         1
	11,198,440
	Amounts included on line 1 but not on Form 990, Part IX, line 25:

<b>b</b> Prior year adjustments		<u>  2</u> ь <u> </u>
c Other losses		. 2c
d Other (Describe in Part XIII.)		. <b>2d</b> 116,093
e Add lines 2a through 2d 116,093		
3 Subtract line 2e from line 1 . 11,082,347		
	Part IX, line 25, but not on line 1:	
a Investment expenses not inclu	ded on Form 990, Part VIII, line 7b  .	. <b>4</b> a
<b>b</b> Other (Describe in Part XIII.)		. 4b
c Add lines 4a and 4b		
0		
	4c. (This must equal Form 990, Part I, line	ne 18.) 5
11,082,347		
Part XIII		
Supplemental Information	riptions required for Part II, lines 3, 5, and	d 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;
		4b. Also complete this part to provide any additional information.
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS:	PART V, LINE 4:	GREENWICH HOUSE'S PERMANENTLY RESTRICTED NET ASSETS CONSIST OF ENDOWMENT FUND ASSETS TO BE HELD IN PERPETUITY. THE INCOME FROM THE ASSETS CAN BE USED TO SUPPORT GREENWICH HOUSE'S CHILDREN'S SERVICES, GENERAL OPERATING, LEADERSHIP AWARDS, AND MUSIC SCHOOL PROCORAMS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48:	PART X, LINE 2:	GREENVICH HOUSE HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING JUNE 30, 2010 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS:		CHANGE IN BENEFICIAL INTEREST 15,954. EXPENSES RELATING TO RENTAL INCOME ACTIVITY 116,093.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		EXPENSES RELATING TO RENTAL INCOME ACTIVITY 116,093.
		Schedule D (Form 990) 2012

Additional Data

Return to Form



efile Public Visual Re	ender	ObjectId: 20142	2133934	930555	7 - Submission: 20	014-05-13	TIN: 13-5562204
SCHEDULE G (Form		Supple	menta	l Info	rmation Rega	rding	
90 or 990-EZ)							
	Complete entered m	if the organization an ore than \$15,000 on F	swered "Yes orm 990-EZ,	" to Form line 6a. Fo	990, Part IV, lines 17, 18, rm 990-EZ filers are not re	ties or 19, or if the organization equired to complete this part.	
partment of the Treasury ernal Revenue Service		Attach to 0. 1545-0047	o Form 990 o	r Form 990	)-EZ. ►See separate instru	uctions.	
	-						
	2	012					
	Open Inspe	to Public					
ame of the organization REENWICH HOUSE INC	mape	com					
Employer identificatior							
13-5562204	i number						
Part I							
Fundraising Activiti					"Yes" to Form 990, I lowing activities. Check		
	-	tion raised funds th	irougir any		_		
<ul> <li>a Mail solicitations</li> <li>b Internet and email</li> </ul>		tions		e	Solicitation of here Solicitation of generation	on-government grants	
		lions		1		-	
_				g		ing events	
<b>d</b> 🗌 In-person solicita	ations						
<b>2a</b> Iid the organization have a	a writton (	or oral agroomont w	with any ind	ividual (ii	ncluding officars direct	ore trustoos	
					ion with professional fu		Yes
No b							L Tes
"Yes," list the ten highest be compensated at least			fundraisers	) pursuar	nt to agreements under	which the fundraiser is	
(i) Name and address		(ii) Activity	(iii) Did f		(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
individual or entity (fundraiser	-)		have cus contr	ol of	from activity	(or retained by) fundraiser listed in	(or retained by) organization
			contribu Yes	utions? No		col. (i)	
otal				•			
3							
List all states in whic	h the orga	nization is registere	ed or licens	ed to soli	cit funds or has been no	otified it is exempt from r	egistration or licensing.
or Paperwork Reduction Ac	ct Notice, s	ee the Instructions	for Form 99	0or 990-E	Z. Cat. No.	50083H Schedule G	(Form 990 or 990-EZ) 2012
				— Page	e 2		
		012					Page <b>2</b>
Schedule G (Form 990 or 9	990-EZ) 20			ation and	swered "Yes" to Form	n 990, Part IV, line 18,	or reported more
Part II Fundraisin	ig Event						
Part II Fundraisin than \$15,00	<b>g Event</b> 00 of fun					19 <b>9∂}</b> EZenlinæs 1 and 6	b. List events with
Part II Fundraisin than \$15,00	<b>g Event</b> 00 of fun	draising event co				TASTE EVENT (event type)	b. List events with
Part II Fundraisin than \$15,00	<b>g Event</b> 00 of fun	draising event co				TASTE EVENT (event type) (b) Event #2	b. List events with
Part II Fundraisin than \$15,00	<b>g Event</b> 00 of fun	draising event co				TASTE EVENT (event type)	b. List events with

220,027 77,588

		297,615		
	Less: Contributions			
	189,337			
	51,418			
	240,755			
	Gross income (line 1 minus line 2)			
	30,690			
	26,170			
	56,860			
Т	4			
		Cash prizes		
1	Noncash prizes			
	58,431			
	58,431			
	Rent/facility costs			
	14,027			
	28,800			
	20,000			
	42,827			
	L			
	Food and beverages .			
	12,423			
	12,423			
	Entertainment			
	Other direct expenses			
	998			
	1,802			
	2,800			
	Direct expense summary. Add line	es 4 through 9 in column (d) .		▶ 116,481
		ne 3, column (d), and line 10		-59,621
t	III Gaming. Complete if the		Form 990, Part IV, line 19, or rep	
	Form 990-EZ, line 6a.		(a) Bingo	
			(b) Pull tabs/Instant	

/er		(c) Other gaming
Rever		(d) Total gaming (add col. (a) through col.(c))
	Gross revenue	
1		
-		
s		
Direct Expenses		Cash prizes
Stpe	2	
ect		
ä		
	Non-cash prizes	
3		
	Rent/facility costs	
4		
	Other direct expenses	
_		
5		
		Volunteer labor
		Yes
	6	☐ Yes
		- <del>No</del>
	7	Direct expense summary. Add lines 2 through 5 in column (d)
	8	
	Net gaming income summary. Combine lines 1 and 7 in column (d)	
		_
_		
9 Enter	the state(s) in which the organization oper	ates gaming activities: Yes
а		paming activities in each of these states?
If "No	p," explain:	No
Were		10a
	es," explain:	evoked, suspended or terminated during the tax year? U Yes U No
Sche	dule G (Form 990 or 990-EZ) 2012	
		Page 3
Scho	dule G (Form 990 or 990-EZ) 2012	
5cne 11	dule G (Form 990 or 990-EZ) 2012 Does the organization operate gaming act	Page 3 ivities with nonmembers?
12	Is the organization a grantor, beneficiary o	or trustee of a trust or a member of a partnership or other entity
form	ed to administer charitable damind?	· · · · · · · · · · · · · · · · · · ·

<b>3</b> I	indicate the percentage of gaming activity operated in:			No
	a The organization's facility			
13a	b		•	
	An outside facility			
13b	14			
inter tl	he name and address of the person who prepares the organization's gaming/special events	s books and records:		
ſ	Name 🕨			
	Address 🕨			
			15a	Yes
oes th	ne organization have a contract with a third party from whom the organization receives ga	ming		
evenu			b	
	"enter the amount of gaming revenue received by the organization <b>&gt;</b> \$_and the			
mount	t of gaming revenue retained by the third party $\blacktriangleright$ \$		с	
	" enter name and address of the third party: Name ►			
 A	Address ▶			
				16
				16
Saming	g manager information:			
	y manager information: Name ►			
۲ 				
۱ 	Name g manager compensation  \$ Description of services provided			
Camin <u>c</u>	Name		17	 Yes No
iamin <u>c</u>	Name			Yes No
Saming E Di Iandat	Name		17 a	Yes No
Gaming Gaming Di Iandat s the c	Name			Yes No
Gaming Gaming Di Mandat S the c retain t	Name	oceeds to	а	Yes No
Gaming Gaming Di Mandat S the c retain t	Name ► g manager compensation ► \$ Description of services provided ► irector/officer Employee Independent contractor tory distributions: organization required under state law to make charitable distributions from the gaming pro the state gaming license?	oceeds to ons or spent	a . b	2b. columns (iii)
Gaming C Di Mandat s the c etain t Enter tl	Name ► g manager compensation ► \$ Description of services provided ► irector/officer □ Employee □ Independent contractor tory distributions: organization required under state law to make charitable distributions from the gaming pro the state gaming license?	oceeds to ons or spent	a . b	2b. columns (iii)
C Gaming D Mandat S the c etain t Enter tl Part	Name         g manager compensation       \$	icceeds to ons or spent ions required by Pa ie. Also complete t Expl	a . b	2b. columns (iii)
C Saming D Mandat S the c etain t Enter tl Part	Name ► g manager compensation ► \$ Description of services provided ► irector/officer Employee Independent contractor cory distributions: organization required under state law to make charitable distributions from the gaming pro the state gaming license?	oceeds to ons or spent	a . b	2b. columns (iii)
C Gaming D Mandat s the c etain t inter tl Part	Name ►  g manager compensation ► \$ Description of services provided ►  irrector/officer Employee Independent contractor cory distributions: organization required under state law to make charitable distributions from the gaming pro the state gaming license?	icceeds to ons or spent ions required by Pa ie. Also complete t Expl	a . b	2b. columns (iii)
n aaming [ ] Di Jaandat s the c etain t nter tl Part Chedul	Name ► g manager compensation ► \$ Description of services provided ► irector/officer Employee Independent contractor cory distributions: organization required under state law to make charitable distributions from the gaming pro the state gaming license?	icceeds to ons or spent ions required by Pa ie. Also complete t Expl	a . b	2b. columns (iii)

	al Render	ObjectI			ission: 2014-05-13	L	TIN:	13-5562204	
Schedule J (Form 990)		For certa		nsation Inforn	<b>Nation</b> mployees, and Highes	. Г	2(	)12	
Þa			Con mplete if the org	npensated Employees anization answered	-		to Public		
epartment of the Treasury ternal Revenue Service	ation		P	art IV, question 23. n 990. ► See separate			Insp	pection	
ame of the organiza REENWICH HOUSE INC	C								
nployer identifica									
Questions Rega	rding Con	npensatio	on				Yes	No	
La Check the appr 990, Part VII, 5	opiate box(e Section A. lin	es) if the on ie 1a. Comr	ganization provide	d any of the following to ovide any relevant infor-	o or for a person listed in mation regarding these it	Form			
	rst-class or c		_	g allowance or residence			ļ		
	Travel fo	or companio	ons 🗆 Paym	ients for business use o	f personal residence				
						1		i.	
Tax idemnificatio	on and gross	-up payme	nts 🗆 Healt	h or social club dues or	initiation fees	1			
<ul> <li>Discretionary sp</li> </ul>	ending acco	unt 🗆	Personal service	s (e.g., maid, chauffeur	, chef)	I	1	1	
						Ь			
f any of the boxes in I or provision of all of th	line 1a are cl ne expenses	hecked, did described a	I the organization f above? If "No." con	follow a written policy re nplete Part III to explain	egarding payment or reir				
2 Did the organiz	ation require	e substantia	ation prior to reimt	oursing or allowing expe	enses incurred by all offic		,		
directors, trust	ees, and the	CEO/Execu	utive Director, rega	Irding the items checked	d in line 1a?		2		
							L		
<b>3</b> In	ndicate which	n, if any, of	the following the f	iling organization used	to establish the compens	ation of the		I	
us	sed by a rela	ited organiz	ation to establish	compensation of the CE	check any boxes for me O/Executive Director, bu	tnods t explain in Part I	ш.		
	Compen	sation comr	mittee 🗆 Wri	itten employment contr	act				
Independent cor	mpensation o	consultant	Compensi	ation survey or study					
Form 990 of oth	er organizati	ions 🔽	Approval by the	e board or compensation	n committee	l			
						Ļ	1	1	
During the year, did ar	ny person lis	ted in Form	990, Part VII, Sec	ction A, line 1a with res	pect to the filing organize	4 ation or a	1	1	
elated organization: a Receive a sev	verance paym	nent or cha	nge-of-control pay	ment?			4	ła	
No <b>b</b> Particip	oate in, or re	ceive paym	nent from, a supple	emental nonqualified rel			· ·	4b	
No c 4c	Participate ir No	n, or receive	e payment from, a	n equity-based compen	sation arrangement? .		• •		
-	4a-c, list th	e persons a	and provide the app	plicable amounts for ea	ch item in Part III.	I			
							1		
Only 501(c)(3) and	501(c)(4)	organizati	ons only must co	omplete lines 5-9.			ì		
				the organization pay or	200710 201	5		1	
ompensation continge	ent on the re			the organization pay or	accive any		Ι.		
a The organizat	tion? lated organiz	zation?					5	5a 5b	
	-		o, describe in Part	ш					
For persons listed in Fo	orm 990, Par	<b>6</b> rt VII, Secti	ion A, line 1a, did t	the organization pay or	accrue any	I			
a The organizat	ent on the ne	et earnings	of:					5a	
	lated organiz	zation?					Ľ	6b	
No			o, describe in Part	ш					
or persons listed in Fo	orm 990, Par	rt VII, Secti	ion A, line 1a, did t	the organization provide	e any non-fixed	I	1		
ayments not describe	ed in lines 5	and 6? If "Y	res," describe in Pa	art III		. 7		No	
8 Were any amou subject to the i	unts reported	d in Form 9	90, Part VII, paid o described in Recu	or accured pursuant to a ulations section 53,4958	a contract that was 3-4(a)(3)? If "Yes," descr	ibe		1	
in Part III		· · ·	· · · · · ·		· · · · · · · ·		8		
9 If "Yes" t 53.4958	to line 8, did -6(c)?	the organi	zation also follow t	the rebuttable presumpt	tion procedure described	in Regulations se	ection	9	
No									
or Paperwork Redu	uction Act N	lotice. see	the Instructions	for Form 990	Cat. No. 5005	3T Schedule	J (For	m 990) 2012	
	Act N				Page 2	Streude	- (. 01	,	
chedule 1 (Form 000)	2012								
Schedule J (Form 990) Part II Officer or each individual wh	s, Directo	rs, Truste	ees, Key Emplo	byees, and Highest	Compensated Emp nsation from the organized	oyees. Use du	plicate	copies if additiona	space is needed.
nstructions, on row (ii	i). Do not lisi	t any indivi	duals that are not n li <b>(sBe)</b> dBinnaaikiabuaih m	listed on Form 990, Par ntist-2qaad/ne 1009-346	t VII. 6GintoofijFense1990, Part V	II <b>( S )</b> dBiethir Ørnien	<b>≜ana</b> ¢iap	pli <b>da)</b> eNombaxab(19) a	d(€)Tetabofitsoliomtisa
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferr compensation	ed	benefits	(B)(i)-(D)
(1)ROY L LEAVITTEXE DIRECTOR/CEO	CUTIVE	(i) (ii)	148,775 24,796	0	1,358 226		0	26,016 4,336	176,149 29,358

Page **3** 

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Schedule J (Form 990) 2012

Schedule J (Form 990) 2012
Part III Supplemental Information
Complete this part to 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.
Also complete this part for any additional information

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Schedule J (Form 990) 2012

Additional Data

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#### efile Public Visual Render ObjectId: 201421339349305557 - Submission: 2014-05-13 TIN: 13-5562204 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2012 ►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990. Department of the Treasury **Open to Public** Internal Revenue Service Name of the organization GREENWICH HOUSE INC Employer identification number 3-5562204 Types of Property Part I (a) Check if (b) Number of contributions or (c) Noncash contribution (d) Method of determining applicabl items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . . . Х 9,150 SELLING PRICE 2 Art—Historical treasures . **3** Art—Fractional interests . . 4 Books and publications . . Х 1,700 SELLING PRICE 5 Clothing and household 46,901 SELLING PRICE goods . . . . . . . Х 6 Cars and other vehicles . . 7 Boats and planes . . . . 8 Intellectual property . . . 9 Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . . **13** Qualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution-Other . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles . . . . . 19 Food inventory . . . 20 12,423 SELLING PRICE Х

21 Taxidermy			
<b>22</b> Historical artifacts	-		-
23 Scientific specimens			
<b>24</b> Archeological artifacts			
25 Other ► ( <u>HEALTH, BEAUTY</u> )	X		30 SELLING PRICE
26 Other ► ( <u>JEWELRY</u> )	Х	1 60	00 SELLING PRICE
27 Other ►() 28 Other ►()			
29 Number of Forms 8283 received by th	o organization during the tax ve	ar for contributions	
for which the organization completed	Form 8283, Part IV, Donee Ackr	iowledgement 2	9 Yes
No 30a During the year, did the organ	ization receive by contribution a	ny property reported in Part I, lines	1-28 that it
	,	initial contribution, and which is not	required to be used
for exempt purposes for the entire holding			<b>30a</b> No
<b>b</b> If "Yes," describe the arrangemen	t in Part II.		
<b>31</b> Does the organization have a	gift acceptance policy that requi	res the review of any non-standard o	contributions? <b>31</b>
No 32a Does the organization h	ire or use third parties or related	d organizations to solicit, process, or	sell noncash
b If "Yes," describe in Part II.			
<b>33</b> 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	Schedule M (Form 990) (2012)
		Page 2	
Schedule M (Form 990) (2012) Part II Supplemental Information. Comp 32b, and 33 Jand Whether the organ	ization is Reportingein-Part I,	column (b), the number of con	tributions the number
OF CONTRIBUTIONS:			Schedule M (Form 990) (2012)

20 Drugs and medical supplies .

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## Software ID: Software Version:

efile Public Visual	TIN: 13-5562204	
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Attach to Form 990 or 990-EZ.	
	OMB No. 1545-0047	

Name of the organization GREENWICH HOUSE INC

### Employer identification number

	13-5562204 Identifier		Return Reference		Ex	planation
FORM 990, PART VI, SECTION B, LINE 12C       BOARD MEMBERS COMPLETE A CONFLETE A CANADA         FORM 990, PART VI, SECTION B, LINE 12C       BOARD MEMBERS COMPLETE A CONFLEXE A C			FORM 990, PART VI, SECTION A	, LINE 2	ARE RESPECTIVE	Y PARTNER AND
OF INTEREST QUESTIONNAIRE ANNUM         VEX.       FORM 990, PART VI, SECTION B, LINE 15         FORM 990, PART VI, SECTION B, LINE 15       THE GARE OF INTEREST IS EXCLUDED FROM DISCUSSIONS AND VOTING ON, MATTER PERTAINING TO THE MEMBER CONFLICT OF INTEREST.         FORM 990, PART VI, SECTION B, LINE 15       THE GREENWICH HOUSE INC. BOARD DIRECTORS ANNUALLY REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR ANNUAL MEETING IN OTHER COMPLCT OF INTEREST.         FORM 990, PART VI, SECTION B, LINE 15       THE GREENWICH HOUSE INC. BOARD DIRECTORS ANNUALLY REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR ANNUAL MEETING IN OCTOBER. TO DETERMINE SALARY. IT REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR ANNUAL MEETING IN OCTOBER. TO DETERMINE SALARY. IT REVIEWS THE SALARY SURVEYS CONDUCTED ON COMPARABLE MONPROFIT ORGANIZATIONS AND OT WIDELY MAILABLE PUBLISHED SALAR ON THE CHAR OF THE CHAR OF THE HUR SALARY. THE CHAR OF THE CONDEL DE NOT COMPARABLE MONPROFIT ORGANIZATIONS AND OT NEXECUTIVE SUBJECT ON THE CHAR OF THE HUR SALARY. THE CHAR OF THE HUR SALARY. THE CHAR OF THE HUR SALARY. THE CHAR OF THE HUR SALARY SURVEYS CONDUCTED ON COMPARABLE MONPROFIT ORGANIZATIONS AND OT NO DETERMINE SALARY. THE WEAKS FORM 990, PART VI, SECTION C, LINE 19         FORM 990, PART VI, SECTION C, LINE 19       AUDITED FINANCIAL STATEMENTS ARE DOARD OF ORECTORS. COMMITTEE OF THE SALARY OF THE HUR SALARY OF THE HUR WEBSTIE.         CHANCES IN NET ASSETS OR FUND BALANCES:       FORM 990, PART XI, LINE 9: CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 15,92 FORM 990, PART XI, LINE 2: CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 15,92 FORM 990, PART XI, LINE 2: CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 15,92 FORM 990, PART XI, LINE 2: CHANGE IN VALUE OF BENEFICIAL INTEREST IN REM			FORM 990, PART VI, SECTION B	8, LINE 11		
DIRECTORS ANNUALLY REVIEwS THE SALARY OF THE EXECUTIVE DIRECTO DETERMINE SALARY SURVEYS CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OT WIDELY AVAILABLE PUBLISHED SALAR DATA. THESE DELIBERATIONS ARE DO IN EXECUTIVE SESSION, WITHOUT TH EXECUTIVE DIRECTOR/CEO PRESENT RECORDED BY THE CHAIR OF THE HU RESOURCES COMMITTEE OF THE BOX OF DIRECTORS. COMMITTEE OF THE BOX OF DIRECTORS. COMMITTEE OF THE BOX DO TO DETERMINE SALARY SURVEYS CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OT WIDELY AVAILABLE PUBLISHED SALAR DATA. THESE DELIBERATIONS ARE DO IN EXECUTIVE SESSION, WITHOUT TH EXECUTIVE DIRECTOR/CEO PRESENT RECORDED BY THE CHAIR OF THE HU RESOURCES COMMITTEE OF THE BOX OF DIRECTORS ANNUALLY REVIEWS THE SALARY IN REVIEWS PUBLISHED SALARY SURVEYS CONDUCTED ON COMPARABLE NONPROFIT ORGANIZATIONS AND OT WIDELY AVAILABLE PUBLISHED SALAR DATA. THESE DELIBERATIONS ARE DO IN EXECUTIVE SESSION, WITH THE EXECUTIVE DIRECTOR/CEO PRESENT AND RECORDED BY THE CHAIR OF TH HUMAN RESOURCES COMMITTEE OF BOARD OF DIRECTORS, SALARIES WE LAST REVIEWED IN OCTOBER 2012. CHANGES IN NET ASSETS OR FUND BALANCES: CHANGES IN NET ASSETS OR FUND BALANCES: CHANGES IN NET ASSETS OR FUND BALANCES: CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 15,92 FORM 990, PART XI, LINE 92: CHANGE IN VALUE OF BENEFICIAL INTEREST IN REMAINDER TRUST 15,92 FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FR THE PRIORY EXAN. Stabule 0 (Form 990 or 990-EX Cat. No. 5105(K) Change IN DEL AND FOR 990 OF FOM 990 OF 990-F07 CAT. NO. 5105(K) Stabule 0 (Form 990 or 990-F07 Cat. No. 5105(K) Stabule 0 (Form 990 or 990			FORM 990, PART VI, SECTION B	3, LINE 12C	OF INTEREST QUE THE CHAIR OF THH AND THE EXECUTI REVIEW THE ANSW A CONFLICT EXIST CONFLICT OF INTE FROM DISCUSSIOI MATTER PERTAINI	STIONNAIRE ANNUALLY. E BOARD OF DIRECTORS VE DIRECTOR/CEO VERS TO DETERMINE IF S. ANY MEMBER WITH A EREST IS EXCLUDED NS AND VOTING ON ANY NG TO THE MEMBER'S
AVAILABLE AT GREENWICH HOUSE, IN WEBSITE. CHANGES IN NET ASSETS OR FUND BALANCES: FORM 990, PART XI, LINE 9: FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FR THE PRIOR YEAR. Cat. No. 51056K Schedule 0 (Form 990 or 990			FORM 990, PART VI, SECTION B	3, LINE 15	DIRECTORS ANNU SALARY OF THE E. ITS ANNUAL MEET DETERMINE SALAA PUBLISHED SALAF CONDUCTED ON C NONPROFIT ORGA WIDELY AVAILABLE DATA. THESE DELI IN EXECUTIVE DIREC RECORDED BY TH RESOURCES COM OF DIRECTORS. TI BOARD OF DIRECT BOARD OF DIRECT BOARD OF DIRECTORGA WIDELY AVAILABLE DATA. THESE DELI IN EXECUTIVE SES EXECUTIVE DIREC AND RECORDED E HUMAN RESOURCE BOARD OF DIRECT	ALLY REVIEWS THE XECUTIVE DIRECTOR AT ING IN OCTOBER. TO ING IN OCTOBER. TO Y, IT REVIEWS Y SURVEYS DOMPARABLE INIZATIONS AND OTHER E PUBLISHED SALARY BERATIONS ARE DONE SION, WITHOUT THE TOR/CEO PRESENT AND E CHAIR OF THE HUMAN MITTEE OF THE BOARD TE GREENWICH HOUSE TORS ANNUALLY ARIES OF ALL IING \$85,000 OR MORE. LARY, IT REVIEWS Y SURVEYS DOMPARABLE INIZATIONS AND OTHER E PUBLISHED SALARY BERATIONS ARD DOTHER SION, WITH THE TOR/CEO PRESENT, Y THE CHAIR OF THE ES COMMITTEE OF THE FORS. SALARIES WERE
BALANCES: IN TEREST IN REMAINDER TRUST 15,95 FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FR THE PRIOR YEAR. or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule 0 (Form 990 or 990			FORM 990, PART VI, SECTION C	C, LINE 19	AVAILABLE AT GRE	
THE PRIOR YEAR. THE PRIOR YEAR. Cat. No. 51056K Schedule O (Form 990 or 990		OR FUND	FORM 990, PART XI, LINE 9:			
			FORM 990, PART XII, LINE 2C:			S NOT CHANGED FROM
Additional Data		e the Instructions for Form	n 990 or 990-EZ. Cat.	No. 51056K	5	Schedule O (Form 990 or 990-EZ) 20
Additional Data Return to Form	Additional Data			R	eturn to Form	

efile Public Visual Render ObjectId: 203 SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	Related	Org	ganizati	ONS a	and Unr	990, Par	t IV, line	33, 34, 35		37.		-	TIN: 1 MB No. 11 <b>20</b> Open to Inspec	12 Publi	47
Name of the organization GREENWICH HOUSE INC									Emp	loyer ide	entifica	tion numb	-	LION	
Part I Identification of Disregarded I	Entities (Complete	if the	e organizati	on ansv	vered "Yes"	to Form	990, Pa	rt IV, line		562204					
(a) Name, address, and EIN (if applicable) of disrega			(b) Primary ad		(c) Legal domic	ile (state	(c Total in	i)	(e) nd-of-year a	ssets	Dire	(f) ect controlling	9		
					or foreign o	country)						entity			
Part II Identification of Related Tax-				if the o		answere					34 beca		d one or		
related tax-exempt organizations Name, address, and EIN of related organizat		.)	(b) Primary acti	vity	(c) Legal domicil or foreign co	e (state	Exempt C	(d) Code section	Public ch	e) arity status 501(c)(3)	s	(f) Direct contro entity	olling	Section	g) 1 512(b) ontrolled
						,,			(	(-)(-)	~	,		ent Yes	tity? No
(1) BARROW STREET NURSERY SCHOOL AT GREENWICH HC	OUSE	NU	JRSERY SCHOO	DL	NY		501(C)(3)		2		GRE	ENWICH HOU	JSE INC		No
224 WEST 30TH STREET SUITE 302 NEW YORK,NY10001															
38-3720019											_				
		_													
		_									_				
		+													
		+								_					-
For Paperwork Reduction Act Notice, see the In	structions for Form	990.			Cat.	No. 5013	5Y				5	Schedule R	(Form 9	90) 20	012
				- Pag	je 2										
Schedule R (Form 990) 2012															je <b>2</b>
Part III Identification of Related Orga one or more related Quganizations			p du <b>(in)</b> g the		ar.) (d)	(	e)	(f)	(g)	orm 990 (h	)	(i)	(j)	(	(k)
Name, address, and EIN of related organization			Primary activity	Legal domicile (state or	Direct controlling entity	Predo	minant (related, elated,	Share of total income	Share of end-of-yea assets	r allocat	tionate ions? a	Code V□UBI amount in box 20 of	General o	r Perc own	entage Iership
				foreign country)	entity	excluder under	d from tax sections		dssets			Schedule K-1 (Form 1065)	paruter?		
						512	-514)			Yes	No		Yes No		
														1	
Part IV Identification of Related Organ it had (a)e or more related organized	zations tr <b>ea</b> ted as a				ring the (a)	year.)	(e)	(f)		(g)		990, Part I (h)	(i	)	
Name, address, and EIN of related organization	Primary activity		Legal domicile (state or fon	oian	Direct contr entity		ype of entit (C corp, S corp,	ty Share of incom	e o	re of end- of-year assets	Per	rcentage vnership	Section 51 controlled	2(b)(13	3) ?
			country)	eign			or trust)			555615			Yes	No	<u> </u>
					-								-	_	_
		-			-									_	_
		-			-									_	_
					-	_							-	_	_
		-													-
		-									5	Schedule R	(Form 9	90) 20	012
				— Pag	je 3										
Schedule K (Form 990) 2012														Pag	je <b>3</b>
Part V Transactions With Related Org Note. Complete line 1 if any entity is listed i			-	ization	answered "\	'es" to F	orm 990	), Part IV,	line 34, 3	35b, or 3	36.)			Yes	;
														No	_
1 During the tax year, did the orgranization engage	in any of the followin	g trar	sactions with	n one or	more related	organiza	tions liste	d in Parts II	-IV?					L	
a Receipt of (i) interest (ii) annuities (iii) royal	Ities or (iv) rent from	a con	trolled entity										1a	Yes	
<b>b</b> Gift, grant, or capital contribution to related o	rganization(s)												1b		No
c Gift, grant, or capital contribution from related													1c		No
d Loans or loan guarantees to or for related org													1d 1e		No No
e Loans or loan guarantees by related organizat	ion(s)												Te	1	NU
<b>f</b> Dividends from related organization(s)													1f		No
${\boldsymbol g}$ Sale of assets to related organization(s)													1g		No
h Purchase of assets from related organization(s													1h		No
i Exchange of assets with related organization(s													1i	Ver	No
j Lease of facilities, equipment, or other assets t	to related organization	ı(S).				•••							1j	Yes	
k Lease of facilities, equipment, or other assets	from related organiza	tion(s	.)										1k		No
Performance of services or membership or fun													11	Yes	Ĺ
${\bf m}$ Performance of services or membership or fun	draising solicitations b	y rela	ited organiza	tion(s) .									1m		No
n Sharing of facilities, equipment, mailing lists, o							•						1n	Yes	
• Sharing of paid employees with related organi	ization(s)	••••											10	Yes	
p Reimbursement paid to related organization(s)	) for expenses												1p		No
<ul> <li>Reimbursement paid to related organization(s</li> <li>Reimbursement paid by related organization(s</li> </ul>													1q	Yes	
														·	

<ul> <li>Other transfer of cash or property to related organizat</li> </ul>	ion(s)										ŀ	1r	-	No
s Other transfer of cash or property from related organi	zation(s)							Į	1s	Yes				
2 If the answer to any of the above is "Yes," see the in	nstructions for inform	nation on w	rho must comp	olete	this line, inclu	ding cove	ered relations	hips and tran	sacti	on thresholds.				
(a) Name of other organiza	ation				(b Transa type	action	(d Amount	:) involved	(d) Method of determining amount involved					
1) BARROW STREET NURSERY SCHOOL AT GREENWICH HOUSE					A	<u> </u>		426,126 MA	RKET	VALUE				
					_									_
					_									_
												_		_
			Dage 4							Schedu	le R (For	m 99	0) 201	.2
			Page 4											
Unrelated Organizations Taxable as a Partner t a related organization. See instructions regarding exclus (a) Name, address, and EIN of entity	• • •	ment partr		Ar	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtion allocations		(i) Code V□UBI amount in box 20 of Schedule K- 1 (Form 1065)	(j) General managi partne	ng	(k) Percent owners	) ita
			514)	Yes	No			Yes	No		Yes	No		
									Γ			1	İ .	
												1		

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Additional Data

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 Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

 Identifier
 Return Reference
 Explanation