

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No. 1545-0047

**2012**Open to Public  
Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HENRY STREET SETTLEMENT</b>		<b>D</b> Employer identification number <b>13-1562242</b>
	Doing Business As		<b>E</b> Telephone number <b>212-766-9200</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>265 HENRY STREET</b>	Room/suite	
	City, town, or post office, state, and ZIP code <b>NEW YORK, NY 10002</b>		<b>G</b> Gross receipts \$ <b>49,610,885.</b>
	<b>F</b> Name and address of principal officer: <b>JOSEPHINE LUME</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.HENRYSTREET.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			
<b>L</b> Year of formation: <b>1944</b> <b>M</b> State of legal domicile: <b>NY</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>41</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>41</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>642</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2299</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>33,649,419.</b>	<b>30,534,059.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,604,307.</b>	<b>1,613,824.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>497,522.</b>	<b>1,654,416.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>279,817.</b>	<b>186,603.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>36,031,065.</b>	<b>33,988,902.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>141,005.</b>	<b>200,346.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>19,360,419.</b>	<b>20,481,818.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>739,380.</b>	<b>41,272.</b>	<b>200,604.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>10,972,645.</b>	<b>10,882,209.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>30,515,341.</b>	<b>31,764,977.</b>
<b>Net Assets or Fund Balances</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>5,515,724.</b>	<b>2,223,925.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>44,138,133.</b>	<b>46,129,859.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>11,609,383.</b>	<b>10,472,604.</b>	
		<b>32,528,750.</b>	<b>35,657,255.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date
	<b>JOSEPHINE LUME, CHIEF FINANCIAL OFFICER</b>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>FREDERICK H. ROTHMAN</b>		
	Firm's name ▶ <b>LOEB &amp; TROPER LLP</b>	Firm's EIN ▶ <b>13-1517563</b>	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ <b>655 THIRD AVENUE, 12TH FLOOR</b>	Phone no. <b>(212) 867-4000</b>	
	<b>NEW YORK, NY 10017</b>		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

- 1 Briefly describe the organization's mission:

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 18,148,340. including grants of \$ 200,346. ) (Revenue \$ 349,070. )

SOCIAL SERVICE PROGRAMS INCLUDE TRANSITIONAL AND SUPPORTIVE HOUSING SERVICES OFFERED THROUGH FOUR SHELTERS FOR HOMELESS FAMILIES, DOMESTIC VIOLENCE SURVIVORS, AND SINGLE ADULT WOMEN WITH MENTAL HEALTH CONCERNS, AS WELL AS SUPPORTIVE HOUSING RESIDENCES FOR CLIENTS WITH A MENTAL HEALTH DIAGNOSIS OR FAMILIES IMPACTED BY HIV. HEALTH AND WELLNESS SERVICES PROVIDE COMMUNITY MEMBERS, INCLUDING SENIOR CITIZENS AND INDIVIDUALS DEALING WITH MAJOR HEALTH CONCERNS, WITH ACCESS TO COMPREHENSIVE AND AFFORDABLE CARE TO SUPPORT THEIR PHYSICAL AND MENTAL HEALTH AND OVERALL WELL-BEING. WE OFFER A STATE-LICENSED MENTAL HEALTH AND PRIMARY HEALTH CLINIC, MENTAL HEALTH SERVICES FOR CHILDREN AT THREE LOCAL SCHOOLS, VOCATIONAL TRAINING AND HIV FAMILY SERVICES. PROGRAMS FOR THE ELDERLY INCLUDE A SENIOR CENTER, THE SENIOR COMPANION VOLUNTEER

4b (Code: ) (Expenses \$ 7,023,719. including grants of \$ ) (Revenue \$ 309,615. )

RECOGNIZING THE IMPORTANCE OF EDUCATION FOR FUTURE PROFESSIONAL SUCCESS, OUR EDUCATION AND EMPLOYMENT PROGRAMS ARE INTEGRATED TO ALLOW PARTICIPANTS TO ACCESS A FULL CONTINUUM OF SERVICES THAT SUPPORT EACH INDIVIDUAL'S EDUCATIONAL AND EMPLOYMENT NEEDS AND GOALS. EDUCATION SERVICES ENCOMPASS A RANGE OF COMPREHENSIVE YOUTH PROGRAMS, SUCH EARLY CHILDHOOD EDUCATION AT TWO DAY CARE CENTERS; AFTER SCHOOL SERVICES AT FOUR PUBLIC SCHOOLS AND TWO YOUTH CENTERS; RECREATIONAL AND SUMMER CAMP PROGRAMMING; HIGH SCHOOL TRANSITION AND ADOLESCENT EDUCATION PROGRAMS; COLLEGE ACCESS AND RETENTION SERVICES; AND A PEER-TO-PEER HIV EDUCATION PROGRAM FOR YOUNG ADULTS. EMPLOYMENT SERVICES ARE DESIGNED TO MEET THE NEEDS OF JOBSEEKERS OF ALL AGES, BACKGROUNDS, AND SKILL LEVELS, INCLUDING WALK-IN CLIENTS FROM THE COMMUNITY, ENGLISH LANGUAGE

4c (Code: ) (Expenses \$ 2,141,454. including grants of \$ ) (Revenue \$ 955,139. )

HENRY STREET'S ABRONS ARTS CENTER SUPPORTS THE CREATION AND PRESENTATION OF BOLD, MULTIDISCIPLINARY WORK; CULTIVATES ARTISTS IN ALL STAGES OF THEIR CREATIVE DEVELOPMENT THROUGH TRAINING AND EDUCATIONAL PROGRAMS, INTERNSHIPS, RESIDENCIES, AND COMMISSIONS; AND SERVES AS AN INTERSECTION OF CULTURAL ENGAGEMENT BETWEEN LOCAL, NATIONAL, AND INTERNATIONAL AUDIENCES AND ART-WORKERS. THE ARTS CENTER PRESENTS PERFORMANCES IN ITS FOUR THEATERS AND EXHIBITIONS IN MULTIPLE DISPLAY AREAS AND GALLERY SPACES; OFFERS CLASSES IN MUSIC, DANCE, THEATER AND THE VISUAL ARTS, AS WELL AS SUMMER ARTS CAMPS AND CLASSES; AND PROVIDES HIGH QUALITY ARTS INSTRUCTION BY PROFESSIONAL TEACHING ARTISTS AT PUBLIC SCHOOLS ACROSS THE NY CITY.

- 4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 27,313,513.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</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 I, Parts I and II	<b>21</b> X	
<b>22</b> 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 II	<b>22</b> X	
<b>23</b> 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	<b>23</b> X	
<b>24a</b> 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	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>25b</b>	X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<b>35b</b>	X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>38</b> X	

**Note.** All Form 990 filers are required to complete Schedule OForm **990** (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 211		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 642		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 41		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 41		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MS. JOSEPHINE LUME - (212) 766-9200**  
**265 HENRY STREET, NEW YORK, NY 10002**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP T. RUEGGER III CHAIRMAN	3.00 2.50	X		X				0.	0.	0.
(2) RICHARD S. ABRONS VICE-CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) DALE J. BURCH PRESIDENT	3.00 2.50	X		X				0.	0.	0.
(4) ANNE ABRONS VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(5) FREDERIC S. PAPERT VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(6) DOUGLAS L. PAUL HONARY DIRECTOR	1.00 0.00	X		X				0.	0.	0.
(7) PILAR CRESPI ROBERT VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(8) MICHAEL A. STEINBERG VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(9) SCOTT L. SWID VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(10) JEFFREY H. TUCKER VICE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(11) JANE R. LOCKSHIN TREASURER	3.00 2.50	X		X				0.	0.	0.
(12) LAURIE WELTZ SECRETARY	1.00 0.00	X		X				0.	0.	0.
(13) ROBERT S. HARRISON HONARY CHAIR	1.00 0.00	X						0.	0.	0.
(14) CHRISTOPHER C. ANGELL HONARY PRESIDENT	1.00 0.00	X						0.	0.	0.
(15) GILBERT E. AHYE DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) MELISSA R. BURCH DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) MARGARET CHI DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE CURLEY LEE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) SEBASTIAN ECHAVARRIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) IAN D. HIGHET DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) SUE ANN SANTOS HOAHNG DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) HENRIETTA C. HO-ASJOE DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) BRUCE JACKSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) ROY M. KORINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) JOANNE MACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) ROBERT F. MANCUSO DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,278,831.	0.	174,633.
<b>d Total (add lines 1b and 1c)</b>								1,278,831.	0.	174,633.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **11**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
GLEN D. MILER, 178 ROCKAWAY PARKWAY, #1-A, QUEENS, NY 11212	CONSTRUCTION	189,984.
LOEB AND TROPER LLP, 655 3RD AVENUE, 12TH FLOOR, NEW YORK, NY 10017	AUDITORS	168,600.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANGELA MARIANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) KATHRYN B. MEDINA DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) EDWARD S. PALLESEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) ANNA PINHEIRO DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) ISABEL R. POTTER DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) FRANCES L. PRIMUS DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) WILLIAM P. RAYNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) MICHAEL D. RYAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) LESLEY SCHULHOF DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) ILICIA P. SILVERMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) HARRY SLATKIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) NEIL S. SUSLAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) C.J. WISE DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) MICHAEL WOLKOWITZ DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) JOHN MORNING DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) SCOTT D. FERGUSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) RICHARD NEIMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) DAVID GARZA EXECUTIVE DIRECTOR	35.00 5.00			X				194,539.	0.	20,300.
(45) JOSEPHINE LUME CHIEF FINANCIAL OFFICER	35.00 5.00			X				161,579.	0.	16,981.
(46) DIANE RUBIN CHIEF PROGRAM OFFICER	35.00 0.00				X			152,731.	0.	19,372.
Total to Part VII, Section A, line 1c										

[illegible]

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 1,467,390.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 21,779,831.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 7,286,838.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		30,534,059.			
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM SERVICE FEES	Business Code 624100	1,613,824.	1,613,824.	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			1,613,824.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)		327,819.		
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real 711,359. (ii) Personal				
	<b>b</b> Less: rental expenses	708,602.				
	<b>c</b> Rental income or (loss)	2,757.				
	<b>d</b> Net rental income or (loss)		2,757.			2,757.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities 15,963,851. (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	14,637,254.				
	<b>c</b> Gain or (loss)	1,326,597.				
	<b>d</b> Net gain or (loss)		1,326,597.			1,326,597.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,467,390. of contributions reported on line 1c). See Part IV, line 18	a 293,183.				
	<b>b</b> Less: direct expenses	b 276,127.				
	<b>c</b> Net income or (loss) from fundraising events		17,056.			17,056.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	a				
	<b>b</b> Less: direct expenses	b				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	a				
<b>b</b> Less: cost of goods sold	b					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	<b>11 a</b>	Business Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue	900099	166,790.			166,790.
	<b>e Total.</b> Add lines 11a-11d		166,790.			
	<b>12 Total revenue.</b> See instructions.		33,988,902.	1,613,824.	0.	1,841,019.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	200,346.	200,346.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	916,415.	163,561.	677,660.	75,194.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,558,644.	13,145,745.	1,143,917.	268,982.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,534,070.	1,340,026.	159,635.	34,409.
9 Other employee benefits	1,772,394.	1,548,203.	184,436.	39,755.
10 Payroll taxes	1,700,295.	1,485,225.	176,933.	38,137.
11 Fees for services (non-employees):				
a Management				
b Legal	45,685.		45,685.	
c Accounting	168,600.		168,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	200,604.			200,604.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,901,761.	2,641,574.	260,187.	
12 Advertising and promotion				
13 Office expenses	3,514,809.	2,702,439.	743,238.	69,132.
14 Information technology				
15 Royalties				
16 Occupancy	1,244,623.	1,225,021.	18,971.	631.
17 Travel	330,012.	309,059.	19,000.	1,953.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	123,125.	96,761.	20,518.	5,846.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	361,214.	340,937.	19,038.	1,239.
23 Insurance	532,815.	514,100.	17,508.	1,207.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	1,580,778.	1,537,214.	41,273.	2,291.
b TRANSFER/HRA SETTLEMENT	63,302.	63,302.		
c BAD DEBT	13,861.		13,861.	
d				
e All other expenses	1,624.		1,624.	
25 Total functional expenses. Add lines 1 through 24e	31,764,977.	27,313,513.	3,712,084.	739,380.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	4,725,308.	1	3,934,942.
	2 Savings and temporary cash investments .....	2,409,592.	2	3,095,012.
	3 Pledges and grants receivable, net .....	4,340,707.	3	3,590,687.
	4 Accounts receivable, net .....	5,642,076.	4	6,860,013.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	328,394.	9	222,621.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 16,947,368.		
	b Less: accumulated depreciation .....	10b 13,014,794.	10c	3,932,574.
	11 Investments - publicly traded securities .....	21,645,866.	11	22,656,106.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	1,470,071.	15	1,837,904.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	44,138,133.	16	46,129,859.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	7,369,466.	17	5,511,951.
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 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 .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	4,239,917.	25	4,960,653.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	11,609,383.	26	10,472,604.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	9,451,886.	27	11,342,758.
	28 Temporarily restricted net assets .....	10,008,445.	28	11,246,078.
	29 Permanently restricted net assets .....	13,068,419.	29	13,068,419.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	32,528,750.	33	35,657,255.
34 <b>Total liabilities and net assets/fund balances</b> .....	44,138,133.	34	46,129,859.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,988,902.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,764,977.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,223,925.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,528,750.
5	Net unrealized gains (losses) on investments	5	-272,499.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,177,079.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,657,255.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29,664,687.	27,562,640.	27,861,639.	33,649,419.	30,534,059.	149,272,444.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	29,664,687.	27,562,640.	27,861,639.	33,649,419.	30,534,059.	149,272,444.
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						149,272,444.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4 .....	29,664,687.	27,562,640.	27,861,639.	33,649,419.	30,534,059.	149,272,444.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,197,308.	1,379,000.	1,145,974.	982,417.	1,039,178.	5,743,877.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	201,765.	201,981.	2,344.	7,710.	17,056.	430,856.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	104,609.	406,963.	272,046.	223,493.	166,790.	1,173,901.
11 <b>Total support.</b> Add lines 7 through 10 .....						156,621,078.
12 Gross receipts from related activities, etc. (see instructions) .....					12	6,847,031.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	14	95.31	%
15 Public support percentage from 2011 Schedule A, Part II, line 14 .....	15	94.02	%
16a <b>33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2012



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

☐

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

☐

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ 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.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**HENRY STREET SETTLEMENT**

Employer identification number

**13-1562242**

**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ .....

(ii) Assets included in Form 990, Part X .....

▶ \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ .....

b Assets included in Form 990, Part X .....

▶ \$ .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	15,069,131.	15,610,912.	14,636,468.	14,025,094.	15,547,156.
b Contributions					
c Net investment earnings, gains, and losses	411,616.	-189,979.	1,282,469.	840,455.	-1,303,653.
d Grants or scholarships					
e Other expenditures for facilities and programs	333,874.	351,802.	308,025.	229,081.	218,409.
f Administrative expenses					
g End of year balance	15,146,873.	15,069,131.	15,610,912.	14,636,468.	14,025,094.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☒ 87.00 %

c Temporarily restricted endowment ☒ 13.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		142,984.		142,984.
b Buildings		12,752,430.	9,387,707.	3,364,723.
c Leasehold improvements				
d Equipment		3,856,326.	3,627,087.	229,239.
e Other		195,628.		195,628.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,932,574.

Schedule D (Form 990) 2012

**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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (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) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	4,931,837.
(3) DUE TO BOYS AND GIRLS REPUBLIC,	
(4) INC.	28,816.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	
	4,960,653.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	39,519,199.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-272,499.
b	Donated services and use of facilities	2b	1,666,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	4,337,142.
e	Add lines 2a through 2d	2e	5,730,643.
3	Subtract line 2e from line 1	3	33,788,556.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	200,346.
c	Add lines 4a and 4b	4c	200,346.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	33,988,902.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	35,685,906.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,666,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,518,577.
e	Add lines 2a through 2d	2e	4,184,577.
3	Subtract line 2e from line 1	3	31,501,329.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	263,648.
c	Add lines 4a and 4b	4c	263,648.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,764,977.

**Part XIII Supplemental Information**

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

**PART V, LINE 4: THE SETTLEMENT'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 THE INDICATED PROGRAMS.

PART X, LINE 2: HENRY STREET SETTLEMENT AND AFFILIATES 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

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)TAXING AUTHORITIES.PART XI, LINE 2D - OTHER ADJUSTMENTS:

PER BOYS & GIRLS REPUBLIC OF NEW YORK, INC. 990 REVENUE	1,953,533.
HENRY STREET SETTLEMENT HEALTH SERVICES, INC.	225,853.
PER HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC. 990	
REVENUE	2,514.
RENTAL EXPENSE	708,602.
PER HENRY STREET HOUSING DEVELOPMENT FUND CORP 990 REVENUE	62,346.
PERE SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORP 990	
REVENUE	207,215.
PENSION FUNDED STATUS ADJUSTMENT	1,177,079.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	4,337,142.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY GRANTS	200,346.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

BOYS AND GIRLS REPUBLIC OF NEW YORK, INC.	838,737.
HENRY STREET SETTLEMENT HEALTH SERVICES, INC.	355,100.
HENRY STREET HOUSING DEVELOPMENT FUND CORPORATION, INC.	62,346.
HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC.	110,324.
SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORPORATION,	
INC.	443,418.
RENTAL EXPENSE	708,602.
HENRY STREET HOMECARE SERVICES	50.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,518,577.

**Part XIII** Supplemental Information (continued)**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

GRANT TO BGR	200,346.
TRANSFER/HRA SETTLEMENT	63,302.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	263,648.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

# 2012

## Open To Public Inspection

**Employer identification number**  
**13-1562242**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| a <input checked="" type="checkbox"/> Mail solicitations               | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants     |
| c <input checked="" type="checkbox"/> Phone solicitations              | g <input checked="" type="checkbox"/> Special fundraising events            |
| d <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INEZ WEINSTEIN SPECIAL EVENTS, INC. - 215 PARK	PLANNING AND IMPLEMENTATION OF ALL		X	654,589.	70,204.	584,385.
SHAKIN BOREYKO CONSULTING - 125 EAST 93RD STREET, SUITE	PROVIDE CAMPAIGN COUNSELING SERVICES		X	337,250.	63,000.	274,250.
DANIEL ROSENTHAL - 757 EAST 19TH STREET, BROOKLYN, NY	FUNDRAISING COUNSEL FOR THE CAPITAL CAMPAIGN		X	250,000.	67,400.	182,600.
<b>Total</b>				1,241,839.	200,604.	1,041,235.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NY

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ART SHOW (event type)	SPRING GALA (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	1,166,449.	594,124.		1,760,573.
	2 Less: Contributions .....	928,466.	538,924.		1,467,390.
	3 Gross income (line 1 minus line 2) .....	237,983.	55,200.		293,183.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....	96,580.	88,427.		185,007.
	8 Entertainment .....				
	9 Other direct expenses .....	33,700.	57,420.		91,120.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				( 276,127 )
	11 Net income summary. Combine line 3, column (d), and line 10 .....				17,056.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 .....				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer
☐ Employee
☐ Independent contractor

## 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

## SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INEZ WEINSTEIN SPECIAL EVENTS, INC.

(I) ADDRESS OF FUNDRAISER: 215 PARK AVENUE SOUTH, NEW YORK, NY 10003

(II) ACTIVITY: PLANNING AND IMPLEMENTATION OF ALL ASPECTS OF THE EVENT

(I) NAME OF FUNDRAISER: SHAKIN BOREYKO CONSULTING

(I) ADDRESS OF FUNDRAISER:

125 EAST 93RD STREET, SUITE 3A, NEW YORK, NY 10128

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: DANIEL ROSENTHAL

(I) ADDRESS OF FUNDRAISER: 757 EAST 19TH STREET, BROOKLYN, NY 11230

SCHEDULE G, PART I, LINE 2B, COLUMN (V): HENRY STREET SETTLEMENT PAID \$66,000 TO INEZ WEINSTEIN SPECIAL EVENTS, INC. FOR PROFESSIONAL FUNDRAISING SERVICES. ALSO, HENRY STREET SETTLEMENT REIMBURSED INEZ WEINSTEIN SPECIAL EVENTS, INC. FOR ALL OUT-OF-POCKET FUNDRAISING EXPENSES INCURRED IN THE AMOUNT OF \$4,204. SUCH ITEMS INCLUDED: MESSENGERS, TELEPHONE CHARGES, PHOTOCOPYING, POSTAGE, OFFICE SUPPLIES, TRANSPORTATION, COMPUTER SERVICES, ADDITIONAL STAFFING AND OTHER MISC. EXPENSES.

HENRY STREET SETTLEMENT PAID \$63,000 TO SHAKIN BOREYKO CONSULTING FOR PROFESSIONAL FUNDRAISING SERVICES. SERVICES INCLUDED A FEASIBILITY STUDY AND CAPITAL CAMPAIGN COUNSELING SERVICES.

HENRY STREET SETTLEMENT PAID \$67,400 TO DANIEL ROSENTHAL FOR PROFESSIONAL FUNDRAISING SERVICES. SERVICES INCLUDED CAPITAL CAMPAIGN COUNSELING SERVICES AND OTHER RELATED ANALYSIS.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.**

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**HENRY STREET SETTLEMENT**

**Employer identification number**  
**13-1562242**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS REPUBLIC, INC. 888 EAST 6TH STREET NEW YORK, NY 10002	13-5562975	501(C)(3)	200,346.	0.			TO FUND YOUTH PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**
- 3** Enter total number of other organizations listed in the line 1 table

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

**Schedule I (Form 990) (2012)**

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	79	50,650.	0.		
GENERAL SUPPORT	3	31,590.	0.		

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: SCHOLARSHIPS AND GENERAL SUPPORT ARE AWARDED

BASED ON APPLICATIONS THAT ARE REVIEWED BY A COMMITTEE AND APPROVED BY THE

EXECUTIVE DIRECTOR. AWARDS ARE MADE BASED ON A COMBINATION OF MERIT AND

NEED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

**HENRY STREET SETTLEMENT**

Employer identification number

**13-1562242**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to  
establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

9

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID GARZA	(i)	194,269.	0.	270.	12,273.	8,027.	214,839.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPHINE LUME	(i)	161,309.	0.	270.	12,548.	4,433.	178,560.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DIANE RUBIN	(i)	151,957.	0.	774.	8,285.	11,087.	172,103.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KATHLEEN ZABOROWSKI GUPTA	(i)	168,170.	0.	640.	26,376.	9,493.	204,679.	0.
CHIEF ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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.

PART I, LINE 1A: THE ORGANIZATION MAINTAINS AN APARTMENT THAT IS MADE  
AVAILABLE TO THE EXECUTIVE DIRECTOR, ON A 'AS NEEDED' BASIS, FOR USE IN  
CONJUNCTION WITH LATE NIGHT AND EARLY MORNING MEETINGS. THE AVAILABILITY OF  
THE APARTMENT TO THE EXECUTIVE DIRECTOR HAS BEEN DEEMED NON-TAXABLE.

PART I, LINE 4B: KATHLEEN ZABOROWSKI GUPTA: \$47,901



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

HENRY STREET SETTLEMENT

Employer identification number  
13-1562242

FORM 990, PART I, LINE 1

FOUNDED IN 1893 BY SOCIAL REFORMER LILLIAN WALD, HENRY STREET  
SETTLEMENT'S MISSION IS "TO OPEN DOORS OF OPPORTUNITY TO ENRICH LIVES  
AND ENHANCE HUMAN PROGRESS FOR LOWER EAST SIDE RESIDENTS AND OTHER NEW  
YORKERS THROUGH SOCIAL SERVICES, ARTS AND HEALTH CARE PROGRAMS." AS ONE  
OF THE NATION'S FIRST SETTLEMENT HOUSES, HENRY STREET'S APPROACH TO  
HUMAN SERVICES HAS ALWAYS BEEN PLACE-BASED AND PARTICIPANT-INCLUSIVE -  
DESIGNED TO MEET THE FULL SPECTRUM OF HUMAN NEEDS AND EVOLVING TO  
EFFECTIVELY SERVE CHANGING COMMUNITY PRIORITIES. THIS APPROACH, WHICH  
IS A RELEVANT TODAY AS IT WAS 120 YEARS AGO, IS REFLECTED IN ALL OF OUR  
PROGRAMS THAT REACH MORE THAN 50,000 PEOPLE EACH YEAR ACROSS 17 PROGRAM  
SITES AND THROUGH YOUTH, HEALTHCARE AND ARTS PROGRAMS IN 22 LOCAL  
SCHOOLS.

OUR COMMUNITY: HENRY STREET OFFERS SERVICES ACROSS 17 PROGRAM LOCATIONS  
ON MANHATTAN'S LOWER EAST SIDE, WHICH IS ONE OF THE MOST DIVERSE AND  
DENSELY POPULATED NEIGHBORHOODS IN THE CITY. OF THE MORE THAN 163,000  
LES RESIDENTS, 33.8% ARE ASIAN, 24.6% HISPANIC; AND 6.9%  
AFRICAN-AMERICAN, WHICH MAKES IT THE FOURTH HIGHEST RACIALLY DIVERSE NY  
CITY COMMUNITY DISTRICT, ACCORDING TO 2010 CENSUS DATA. THE  
NEIGHBORHOOD IS ALSO CHARACTERIZED BY PERSISTENT, OFTEN  
INTERGENERATIONAL, POVERTY, WITH MORE THAN 77,000 PEOPLE (47% OF THE  
POPULATION) RECEIVING INCOME SUPPORTS (INCLUDING MEDICAID) AND 29%  
HAVING HOUSEHOLD INCOMES UNDER \$19,000. THE AREA IS CHARACTERIZED BY A  
HIGH LEVEL OF INCOME DISPARITY, AND HAS ONE OF THE HIGHEST

INCOME-DIVERSITY RATIOS IN NYC, ACCORDING TO THE FURMAN CENTER FOR REAL

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

Schedule O (Form 990 or 990-EZ) (2012)

232211  
01-04-13

Name of the organization

HENRY STREET SETTLEMENT

Employer identification number

13-1562242

ESTATE AT NYU. POOR EDUCATIONAL ACHIEVEMENT IS ANOTHER ISSUE, AS 31% OF ADULTS DO NOT HAVE A HIGH SCHOOL DIPLOMA. IN THE CENSUS TRACTS THAT INCLUDE THE NEW YORK CITY HOUSING AUTHORITY (NYCHA) PUBLIC HOUSING COMPLEXES ON AVENUE D, WHERE HENRY STREET OPERATES YOUTH AND EMPLOYMENT PROGRAMS, ONLY 9% OF RESIDENTS HAVE RECEIVED A COLLEGE DIPLOMA. IN ADDITION TO SERVING LOWER EAST SIDE RESIDENTS, HENRY STREET HAS INCREASINGLY BEEN SERVING NEW YORKERS FROM ALL FIVE BOROUGHES, ESPECIALLY THROUGH OUR EMPLOYMENT SERVICES AND ARTS PROGRAMS.

FORM 990, PART III, LINE 1

HENRY STREET SETTLEMENT'S MISSION IS TO OPEN DOORS OF OPPORTUNITY TO ENRICH LIVES AND ENHANCE HUMAN PROGRESS FOR LOWER EAST SIDE RESIDENTS AND OTHER NEW YORKERS THROUGH SOCIAL SERVICES, ARTS AND HEALTH CARE PROGRAMS.

FOUNDED IN 1893 BY SOCIAL REFORMER LILLIAN WALD, HENRY STREET SETTLEMENT'S MISSION IS "TO OPEN DOORS OF OPPORTUNITY TO ENRICH LIVES AND ENHANCE HUMAN PROGRESS FOR LOWER EAST SIDE RESIDENTS AND OTHER NEW YORKERS THROUGH SOCIAL SERVICES, ARTS AND HEALTH CARE PROGRAMS." AS ONE OF THE NATION'S FIRST SETTLEMENT HOUSES, HENRY STREET'S APPROACH TO HUMAN SERVICES HAS ALWAYS BEEN PLACE-BASED AND PARTICIPANT-INCLUSIVE - DESIGNED TO MEET THE FULL SPECTRUM OF HUMAN NEEDS AND EVOLVING TO EFFECTIVELY SERVE CHANGING COMMUNITY PRIORITIES. THIS APPROACH, WHICH IS A RELEVANT TODAY AS IT WAS 120 YEARS AGO, IS REFLECTED IN ALL OF OUR PROGRAMS THAT REACH MORE THAN 50,000 PEOPLE EACH YEAR ACROSS 17 PROGRAM SITES AND THROUGH YOUTH, HEALTHCARE AND ARTS PROGRAMS IN 22 LOCAL SCHOOLS.

Name of the organization

HENRY STREET SETTLEMENT

Employer identification number

13-1562242

OUR COMMUNITY: HENRY STREET OFFERS SERVICES ACROSS 17 PROGRAM LOCATIONS ON MANHATTAN'S LOWER EAST SIDE, WHICH IS ONE OF THE MOST DIVERSE AND DENSELY POPULATED NEIGHBORHOODS IN THE CITY. OF THE MORE THAN 163,000 LES RESIDENTS, 33.8% ARE ASIAN, 24.6% HISPANIC; AND 6.9% AFRICAN-AMERICAN, WHICH MAKES IT THE FOURTH HIGHEST RACIALLY DIVERSE NY CITY COMMUNITY DISTRICT, ACCORDING TO 2010 CENSUS DATA. THE NEIGHBORHOOD IS ALSO CHARACTERIZED BY PERSISTENT, OFTEN INTERGENERATIONAL, POVERTY, WITH MORE THAN 77,000 PEOPLE (47% OF THE POPULATION) RECEIVING INCOME SUPPORTS (INCLUDING MEDICAID) AND 29% HAVING HOUSEHOLD INCOMES UNDER \$19,000. THE AREA IS CHARACTERIZED BY A HIGH LEVEL OF INCOME DISPARITY, AND HAS ONE OF THE HIGHEST INCOME-DIVERSITY RATIOS IN NYC, ACCORDING TO THE FURMAN CENTER FOR REAL ESTATE AT NYU. POOR EDUCATIONAL ACHIEVEMENT IS ANOTHER ISSUE, AS 31% OF ADULTS DO NOT HAVE A HIGH SCHOOL DIPLOMA. IN THE CENSUS TRACTS THAT INCLUDE THE NEW YORK CITY HOUSING AUTHORITY (NYCHA) PUBLIC HOUSING COMPLEXES ON AVENUE D, WHERE HENRY STREET OPERATES YOUTH AND EMPLOYMENT PROGRAMS, ONLY 9% OF RESIDENTS HAVE RECEIVED A COLLEGE DIPLOMA. IN ADDITION TO SERVING LOWER EAST SIDE RESIDENTS, HENRY STREET HAS INCREASINGLY BEEN SERVING NEW YORKERS FROM ALL FIVE BOROUGHES, ESPECIALLY THROUGH OUR EMPLOYMENT SERVICES AND ARTS PROGRAMS.

OUR PROGRAMS: HENRY STREET'S SERVICES BUILD ON OUR CLIENTS' STRENGTHS AND INTERESTS, AND ADDRESS THE NEEDS OF INDIVIDUALS OF ALL AGES, FROM BABIES TO SENIOR CITIZENS. THESE PROGRAMS ARE DESIGNED TO FOCUS ON A RANGE OF CHALLENGES, INCLUDING SOCIAL ISOLATION; LACK OF HOUSING AND FOOD; UNEMPLOYMENT; LACK OF HEALTHCARE; UNDERTREATED AND UNTREATED MEDICAL AND PSYCHOLOGICAL DISORDERS; POOR EDUCATIONAL ACHIEVEMENT; AND INSUFFICIENT ACCESS TO AFFORDABLE ARTS EXPERIENCES AND CREATIVE EXPRESSION. OUR PROGRAMS ARE OFFERED IN FOUR AREAS -- HEALTH AND

Name of the organization

HENRY STREET SETTLEMENT

Employer identification number

13-1562242

WELLNESS, EDUCATION AND EMPLOYMENT, TRANSITIONAL AND SUPPORTIVE

HOUSING, AND THE ARTS - TO CREATE A HOLISTIC NETWORK OF SUPPORT

SERVICES THAT BENEFIT INDIVIDUALS, FAMILIES, AND COMMUNITIES.

HEALTH AND WELLNESS: GUIDED BY THE OVERALL PRINCIPLES OF HOPE, GROWTH,

CHANGE, AND RECOVERY, OUR HEALTH AND WELLNESS SERVICES PROVIDE ACCESS

TO AFFORDABLE AND HIGH QUALITY MENTAL AND PRIMARY HEALTH CARE FOR ALL

COMMUNITY MEMBERS, INCLUDING HOMEBOUND SENIORS. SERVICES INCLUDE:

THE NEIGHBORHOOD RESOURCE CENTER: WHILE OUR CONTINUUM OF SERVICES CAN

BE ENTERED THROUGH ANY OF OUR PROGRAMS (SEE ABOVE), OUR NEIGHBORHOOD

RESOURCE CENTER (NRC) FUNCTIONS AS A MAIN ENTRY POINT WHERE ARE

CONNECTED TO THE SERVICES AND BENEFITS THEY NEED. THE NRC PROVIDES

HEALTH INSURANCE ENROLLMENT, CRISIS MANAGEMENT (SUCH AS EVICTION

PREVENTION OR ASSISTANCE WITH RESOLVING HOUSING ISSUES), HELP WITH

ESTABLISHING FINANCIAL STABILITY BY SECURING BENEFITS AND ACCESSING

FINANCIAL AND LEGAL COUNSELING, AND LINKAGE TO THE OTHER SERVICES

AVAILABLE THROUGHOUT THE SETTLEMENT, SUCH AS MENTAL HEALTH AND PRIMARY

HEALTH SERVICES, CHILD CARE, AND EMPLOYMENT SERVICES. THE NRC ALSO

OFFERS PARENTING SUPPORT AND CLASSES.

OUR COMMUNITY CONSULTATION CENTER HOUSES A STATE-LICENSED MENTAL HEALTH

CLINIC AND A PRIMARY HEALTH CLINIC, OFFERS MENTAL HEALTH SERVICES FOR

CHILDREN AT THREE LOCAL SCHOOLS, AND PROVIDES VOCATIONAL TRAINING AND

HIV FAMILY SERVICES, INCLUDING A SUPPORTIVE HOUSING RESIDENCE FOR

FAMILIES IMPACTED BY HIV. THE PROS PROGRAM (PERSONALIZED RECOVERY

ORIENTED SERVICES) IS A COMPREHENSIVE PROGRAM FOR INDIVIDUALS WITH A

DIAGNOSIS OF SEVERE MENTAL ILLNESS, PROVIDING SUPPORT AND CLINICAL

INTERVENTION TO HELP CLIENTS PURSUE AND ATTAIN LIFE GOALS.

SENIOR SERVICES HAVE BEEN CORE TO OUR MISSION, INCLUDING THE GOOD

Name of the organization

HENRY STREET SETTLEMENT

Employer identification number

13-1562242

COMPANIONS SENIOR CENTER, WHICH WAS SELECTED AS THE SITE FOR A NATIONAL PILOT TO ESTABLISH NUTRITION PROGRAMS FOR SENIORS (1967); VLADECK CARES, ONE OF THE FIRST NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORCS) OFFERING CASE MANAGEMENT AND HEALTH SERVICES IN A PUBLIC HOUSING PROJECT (1994); AND ONE OF THE LARGEST MEALS ON WHEELS (MOW) HOME-DELIVERY PROGRAMS IN NEW YORK CITY (2009), DELIVERING MEALS AND PROVIDING CRUCIAL CONTACT TO HOMEBOUND SENIORS. WE ALSO OFFER A CITYWIDE SENIOR COMPANIONS VOLUNTEER PROGRAM THAT PAIRS ABLE-BODIES SENIORS WITH THEIR FRAIL AND HOMEBOUND PEERS TO OFFER COMPANIONSHIP AND HELP. THE SENIORS WE SERVE ARE OFTEN ISOLATED DUE TO LOW INCOME AND A LIMITED ABILITY TO SPEAK ENGLISH (MANY WERE BORN OUTSIDE THE US, ESPECIALLY CHINA). THEREFORE, WE OFFER MULTILINGUAL SERVICES THAT EMPHASIZE HEALTH AND WELLNESS AND OPPORTUNITIES TO SOCIALIZE AND BE PART OF A SUPPORTIVE COMMUNITY. THIS INCLUDES OUR CONGREGATE MEAL PROGRAM AND RECREATIONAL ACTIVITIES AT OUR SENIOR CENTER AND THE SENIOR COMPANIONS PROGRAM.

EDUCATION & EMPLOYMENT: RECOGNIZING THE IMPORTANCE OF EDUCATION FOR FUTURE PROFESSIONAL SUCCESS, OUR EDUCATION AND EMPLOYMENT PROGRAMS ARE INTEGRATED TO ALLOW PARTICIPANTS TO ACCESS, AT ANY POINT DURING THEIR ENGAGEMENT, A FULL CONTINUUM OF SERVICES THAT SUPPORT EACH INDIVIDUAL'S EDUCATIONAL AND EMPLOYMENT NEEDS AND GOALS.

EDUCATION: OUR EDUCATION SERVICES ENCOMPASS A RANGE OF COMPREHENSIVE YOUTH PROGRAMS DESIGNED TO SUPPORT A YOUNG PERSON'S HEALTHY DEVELOPMENT AT ALL STAGES TO HELP THEM BECOME CONFIDENT, COMPASSIONATE, AND MATURE ADULTS:

EARLY CHILDHOOD EDUCATION: ACKNOWLEDGING THE IMPORTANCE OF HIGH QUALITY SERVICES TO BUILD THE COGNITIVE AND SOCIAL SKILLS NECESSARY FOR FUTURE SUCCESS IN SCHOOL, OUR DAY CARE AND EARLY CHILDHOOD EDUCATION PROGRAMS

Name of the organization <b>HENRY STREET SETTLEMENT</b>	Employer identification number <b>13-1562242</b>
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PROVIDE CHILDREN AGES 2-4 WITH A SAFE AND STIMULATING ENVIRONMENT FOR LEARNING. SERVICES ARE OFFERED AT TWO DAY CARE CENTERS, INCLUDING OUR URBAN FAMILY CENTER FOR HOMELESS FAMILIES.

AFTER-SCHOOL PROGRAMS: TO ENCOURAGE POSITIVE SOCIAL INTERACTION, ACADEMIC GROWTH, AND COMMUNITY ENGAGEMENT, OUR AFTERSCHOOL PROGRAMS ARE AVAILABLE AT FOUR PUBLIC SCHOOL LOCATIONS (PS20, PS110, PS134, AND THE CORLEARS EDUCATIONAL MIDDLE SCHOOL COMPLEX) AND OUR TWO YOUTH CENTERS (AT 301 HENRY STREET AND THE BOYS AND GIRLS REPUBLIC). SERVICES INCLUDE HOMEWORK HELP, SPORTS AND RECREATIONAL ACTIVITIES, AND THE ARTS.

ADOLESCENT EDUCATIONAL SERVICES: TO HELP YOUNG PEOPLE ATTAIN A HIGHER EDUCATION AND THEREFORE IMPROVE THEIR CHANCES IN AN INCREASINGLY COMPETITIVE JOB MARKET, WE OFFER HIGH SCHOOL COMPLETION SUPPORT AND THE EXPANDED HORIZONS COLLEGE PREPARATION AND RETENTION PROGRAM, INCLUDING SAT PREPARATION, TUTORING, COLLEGE TRIPS, COLLEGE COUNSELING, ASSISTANCE WITH APPLICATIONS AND OBTAINING FINANCIAL AID, AND SUPPORT SERVICES FOR STUDENTS TO HELP THEM GO TO COLLEGE AND GRADUATE. MOST EXPANDED HORIZONS PARTICIPANTS ARE THE FIRST IN THEIR FAMILIES TO PURSUE A COLLEGE EDUCATION. WE ALSO OFFER A PEER-LED HIV EDUCATION AND PREVENTION PROGRAM, PROJECT PROTECT, TO HELP YOUNG GAY MEN OF COLOR GAIN STABILITY AND OFFER PEER-LED WORKSHOPS AND STREET OUTREACH.

EMPLOYMENT SERVICES: HENRY STREET HAS DISTINGUISHED ITSELF IN THE WORKFORCE DEVELOPMENT FIELD, OFFERING A COMPREHENSIVE RANGE OF SERVICES FOR PEOPLE OF ALL BACKGROUNDS AND SKILLS LEVELS AT FIVE LOWER EAST SIDE LOCATIONS. OUR EMPLOYMENT PROGRAMS INCLUDE WALK-IN SERVICES FOR EVERYONE IN THE COMMUNITY WHO NEEDS HELP FINDING A JOB; SERVICES FOR ENGLISH LANGUAGE LEARNERS, OUR JOBS PLUS PROGRAM FOR PUBLIC HOUSING RESIDENTS (ONE OF NINE PILOT PROGRAMS IN THE CITY), AND A PROGRAM FOR SHELTER RESIDENTS WHO RECEIVE ONSITE EMPLOYMENT SERVICES. FOR YOUNG

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PEOPLE, WE OFFER A RANGE OF SPECIALIZED SERVICES. THIS INCLUDES INTENSIVE INTERNSHIP PROGRAMS FOR YOUNG PEOPLE AGES 18-24 WHO ARE NOT IN SCHOOL OR EMPLOYED, AND ONE OF THE CITY'S LARGEST SUMMER YOUTH EMPLOYMENT PROGRAMS. OUR EMPLOYMENT DIVISION ALSO HAS A SPECIAL FOCUS ON DEVELOPING JOBS IN FIELDS THAT HAVE GROWING JOB POTENTIAL, SUCH AS HOSPITALITY, OFFICE/ADMINISTRATION, RETAIL, AND MAINTENANCE. OUR EMPLOYMENT PROGRAMS HAVE CONSISTENTLY BEEN RECOGNIZED AS HIGHLY EFFECTIVE BY CORPORATE, GOVERNMENT AND PRIVATE SUPPORTERS -- MOST RECENTLY IN AN ARTICLE IN THE NON-PROFIT QUARTERLY THAT IDENTIFIED HENRY STREET AS ONE OF "THE NATION"

FORM 990, PART III, LINE 1 (CONTINUED)

"THE NATION'S BEST LOCALLY-FOCUSED JOB TRAINING NONPROFITS."

VISUAL AND PERFORMING ARTS: FROM ITS BEGINNINGS, HENRY STREET SUPPORTED THE ARTS AS A VITAL COMPONENT OF A WELL-BALANCED LIFE. OUR HISTORIC PLAYHOUSE WAS BUILT IN 1915, AND, SINCE THEN, SOME OF THE MOST ADVENTUROUS ARTISTS OF THE PAST CENTURY HAVE TRAINED, TAUGHT OR PERFORMED HERE - INCLUDING JOHN CAGE, DIZZY GILLESPIE, AND MARTHA GRAHAM. ADJACENT TO THE PLAYHOUSE, THE ABRONS ARTS CENTER WAS COMPLETED IN 1975 AS A MULTI-DISCIPLINARY COMMUNITY ARTS CENTER. OVER THE LAST SEVEN YEARS, THE ARTS CENTER HAS AGAIN EXPERIENCED A RENAISSANCE AND REVITALIZATION, EMBRACING ARTISTIC EXPERIMENTATION AND ARTISTS LIKE JOEY ARIAS, JUSTIN BOND, AND MIGUEL GUTIERREZ, AMONG MANY OTHERS, AND HOSTED ACCLAIMED PERFORMANCE FESTIVALS SUCH AS AMERICAN REALNESS AND THE QUEER NEW YORK INTERNATIONAL ARTS FESTIVAL. ABRONS' CUTTING-EDGE, AVANT-GARDE PRODUCTIONS REGULARLY GET RAVE REVIEWS IN THE PRESS AND ATTRACT AUDIENCE MEMBERS FROM ACROSS THE CITY AS WELL AS NATIONAL AND INTERNATIONAL ART ENTHUSIASTS. A THRIVING ARTIST-IN-RESIDENCE PROGRAM

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AND ARTS CLASSES FOR PARTICIPANTS OF ALL AGES AND SKILL LEVELS NURTURES THE NEXT GENERATION OF ARTISTS. THROUGH OUR LONG-ESTABLISHED COLLABORATION WITH THE NYC DEPARTMENT OF EDUCATION, WE ARE OFFERING HIGH QUALITY ARTS CLASSES BY PROFESSIONAL TEACHING ARTISTS AT 22 PUBLIC SCHOOLS ACROSS THE CITY.

TRANSITIONAL AND SUPPORTIVE HOUSING: OUR FOUR HOMELESS SHELTERS HAVE PIONEERED INNOVATIVE APPROACHES TO PROVIDING EFFECTIVE SERVICES THAT ARE CHARACTERIZED BY AN INDIVIDUALIZED APPROACH TO WORKING WITH OUR CLIENTS. OUR SHELTERS INCLUDE THE URBAN FAMILY CENTER, THE FIRST TO PROVIDE APARTMENT-STYLE SHELTER TO HOMELESS FAMILIES; HELEN'S HOUSE, WHICH OFFERS EFFICIENCY APARTMENTS AND SUPPORT SERVICES FOR SINGLE MOTHERS WITH YOUNG CHILDREN; THE THIRD STREET SHELTER FOR SINGLE WOMEN WITH MENTAL HEALTH DIAGNOSES; AND A SHELTER FOR SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN (ALSO ONE OF THE FIRST SHELTERS OF THIS KIND). IN ADDITION, WE OFFER A SUPPORTIVE HOUSING RESIDENCE WITH MENTAL HEALTH SERVICES FOR CLIENTS WITH A MENTAL HEALTH DIAGNOSIS.

UNFORTUNATELY, AS THE HOMELESS CRISIS HAS WORSENERED OVER THE PAST SEVERAL YEARS, IT HAS BECOME INCREASINGLY DIFFICULT TO HELP HOMELESS CLIENTS TRANSITION BACK TO PERMANENT HOUSING. NONETHELESS, THROUGH INNOVATIVE APPROACHES, INCLUDING THE PROVISION OF ONSITE EMPLOYMENT SERVICES, WE ARE COMMITTED TO HELPING HOMELESS INDIVIDUALS MOVE OUT OF THE SHELTER SYSTEM AND BUILD THE FOUNDATION FOR A MORE STABLE FUTURE. MORE INFORMATION ABOUT HENRY STREET'S HISTORY, PROGRAMS AND IMPACT, IS AVAILABLE ON [WWW.HENRYSTREET.ORG](http://WWW.HENRYSTREET.ORG).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM, A NORC (NATURALLY OCCURRING RETIREMENT COMMUNITY) IN THE



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VLADECK PUBLIC HOUSING COMPLEX, AND THE LARGEST MEALS-ON-WHEELS PROGRAM  
IN MANHATTAN.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

LEARNERS, PUBLIC HOUSING RESIDENTS, AND RESIDENTS FROM OUR HOMELESS  
SHELTERS. SPECIALIZED SERVICES FOR YOUNG PEOPLE INCLUDE INTENSIVE  
INTERNSHIP PROGRAMS FOR YOUTH WHO ARE NOT IN SCHOOL OR EMPLOYED, AND  
ONE OF THE CITY'S LARGEST SUMMER YOUTH EMPLOYMENT PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2: RICHARD AND ANNE ABRONS - FAMILY  
RELATIONSHIP

DALE J. BURCH AND MELISSA R. BURCH - FAMILY RELATIONSHIP

PILAR CRESPI ROBERT AND SEBASTIAN ECHAVARRIA - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WAS REVIEWED PRIOR TO  
FILING BY THE FINANCE COMMITTEE AND ANY ISSUES OR CONCERNS WERE DISCUSSED  
WITH THE CFO.

FORM 990, PART VI, SECTION B, LINE 12C: HENRY STREET SETTLEMENT MAINTAINS  
A CONFLICT OF INTEREST POLICY TO MONITOR TRANSACTIONS WITH RELATED PARTIES.  
CONFLICT OF INTEREST FORMS ARE SIGNED BY UPPER MANAGEMENT STAFF AND THOSE  
WITH AUTHORITY TO ENTER INTO PURCHASING AGREEMENTS OR MAKE DECISIONS ON BID  
PROCESSES. ANY POTENTIAL CONFLICTS OF INTEREST ARE LISTED, INCLUDING  
EMPLOYMENT WITH OR INTEREST HELD IN A COMPANY WITH WHOM HSS MAY DO  
BUSINESS.

THE SIGNED FORMS ARE OBTAINED BY THE EXECUTIVE OFFICE AND REVIEWED BY THE  
CFO.

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A LIST OF POTENTIAL CONFLICTS IS COMPILED BY THE CFO AND SHARED WITH THE CONTROLLER AND PURCHASING MANAGER.

THE LIST IS CROSS REFERENCED IN BID PROCESSES TO ENSURE THAT POTENTIAL CONFLICTS ARE MANAGED INDEPENDENTLY AND THAT THOSE IN CONFLICT ARE REMOVED FROM THE FINAL DECISION.

A COPY OF THE LIST IS ALSO SHARED WITH THE A/P MANAGER TO CROSS REFERENCE VENDORS WITH THE LIST OF POTENTIAL CONFLICT BUSINESS NAMES.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMPENSATION IS SET AND REVIEWED BY THE COMPENSATION COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF DIRECTORS. THE COMMITTEE MEETS ANNUALLY TO REVIEW COMPENSATION LEVELS FOR THE EXECUTIVE DIRECTOR BY ANALYZING SALARY FOR THE EXECUTIVE DIRECTOR AT OTHER COMPARABLE AGENCIES AND REVIEWS PRINTED MATERIALS FROM UMBRELLA AGENCIES FOR NONPROFIT SALARIES SUCH AS UNH AND NPCC. SALARY LEVELS ARE REVIEWED TO ENSURE WE ARE PAYING AN ADEQUATE BUT NOT EXCESSIVE SALARY, IN ADDITION TO BENEFITS. THIS REVIEW WAS LAST DONE ON JUNE 18, 2012.

FORM 990, PART VI, SECTION C, LINE 18: THESE DOCUMENTS ARE AVAILABLE ON HENRY STREET SETTLEMENT'S WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ADJUSTMENT TO PENSION FUNDED STATUS

1,177,079.

Name of the organization

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FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2012**  
**Open to Public**  
**Inspection**

Name of the organization

**HENRY STREET SETTLEMENT**

Employer identification number  
**13-1562242**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BOYS AND GIRLS REPUBLIC, INC. - 13-5562975 888 EAST 6TH STREET NEW YORK, NY 10002	YOUTH PROGRAMS	NEW YORK	501(C)(3)	7	HENRY STREET SETTLEMENT		X
HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC. - 13-4316332, 301 HENRY STREET, NEW YORK, NY 10002	HOUSEKEEPING SERVICES	NEW YORK	501(C)(3)	7	HENRY STREET SETTLEMENT		X
SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORP. - 47-0859350, 290 EAST THIRD STREET, NEW YORK, NY 10009	HOUSING PROGRAM	NEW YORK	501(C)(3)	PF	HENRY STREET SETTLEMENT		X
HENRY STREET HOUSING DEVELOPMENT FUND CORP. - 13-3485747, 309 HENRY STREET, NEW YORK, NY 10002	HOMELESS SHELTER	NEW YORK	501(C)(3)	PF	HENRY STREET SETTLEMENT		X

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

Schedule R (Form 990) 2012

232222  
05-01-12

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

[illegible]

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOYS AND GRILS REPUBLIC, INC. HENRY STREET HOUSEKEEPING ASSISTANCE	B	200,346.	COST
(2) SERVICES, INC. HENRY STREET SETTLEMENT HEALTH SERVICES,	D	1,037,086.	COST
(3) INC.	D	762,114.	COST
(4)			
(5)			
(6)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



<b>Part VII</b>	<b>Supplemental Information</b>
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
2	BUILDINGS BUILDING & IMPROVEMENTS * 990 PAGE 10 TOTAL	VARI	ESSL	.000	16	12,752,430.			12,752,430.	9,087,437.		300,270.
	BUILDINGS MACHINERY & EQUIPMENT					12,752,430.		0.	12,752,430.	9,087,437.	0.	300,270.
3	EQUIPMENT * 990 PAGE 10 TOTAL	VARI	ESSL	.000	16	3,856,326.			3,856,326.	3,566,143.		60,944.
	MACHINERY & EQUIPM					3,856,326.		0.	3,856,326.	3,566,143.	0.	60,944.
1	LAND * 990 PAGE 10 TOTAL	VARI	ESSL	.000	16	142,984.			142,984.			0.
	LAND					142,984.		0.	142,984.	0.	0.	0.
4	PROGRAM SERVICES CONSTRUCTION IN PROGRESS * 990 PAGE 10 TOTAL	VARI	ESSL	.000	16	195,628.			195,628.			0.
	PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR					195,628.		0.	195,628.	0.	0.	0.
						16,947,368.		0.	16,947,368.	12,653,580.	0.	361,214.