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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)**

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

OMB No 1545-0047  
**2011**  
**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012**

<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 HENRY STREET SETTLEMENT  Doing Business As  Number and street (or P O box if mail is not delivered to street address) Room/suite 265 HENRY STREET  City or town, state or country, and ZIP + 4 NEW YORK, NY 10002	<b>D</b> Employer identification number 13-1562242  <b>E</b> Telephone number (212) 766-9200  <b>G</b> Gross receipts \$ 51,457,188
<b>F</b> Name and address of principal officer JOSEPHINE LUME 265 HENRY STREET NEW YORK, NY 10002		<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: ▶ WWW.HENRYSTREET.ORG		
<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 1944 <b>M</b> State of legal domicile NY

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities <u>TO PROVIDE COMMUNITY SERVICES INCLUDING SOCIAL, ART, YOUTH, AND EMPLOYMENT TRAINING PROGRAMS</u>		
<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>	43
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	43
<b>5</b>	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	648
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1,935
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0
<b>8</b>	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>Prior Year</b>	
<b>9</b>		27,861,639	
<b>10</b>		1,488,502	
<b>11</b>		1,333,213	
<b>12</b>		374,117	
		<b>Current Year</b>	
		31,057,471	
		36,031,065	
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 482,042 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12	356,700	
<b>14</b>		141,005	
<b>15</b>		0	
<b>16a</b>		19,118,458	
<b>16b</b>		19,360,419	
<b>17</b>	0		
<b>18</b>	41,272		
<b>19</b>	10,415,629		
		29,890,787	
		30,515,341	
		1,166,684	
		5,515,724	
<b>20</b>	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20	<b>Beginning of Current Year</b>	
<b>21</b>		40,562,288	
<b>22</b>		44,138,133	
		<b>End of Year</b>	
		9,944,753	
		11,609,383	
		30,617,535	
		32,528,750	

**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	2013-05-07 Date
	JOSEPHINE LUME CHIEF FINANCIAL OFFICER Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ FREDERICK H ROTHMAN	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01275277
	Firm's name (or yours if self-employed), address, and ZIP + 4 LOEB & TROPER LLP 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017			EIN ▶ 13-1517563 Phone no ▶ (212) 867-4000

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

**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 and section 4947(a)(1) trusts 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 \$ 17,053,799 including grants of \$ 141,005 ) (Revenue \$ 347,012 )

SOCIAL SERVICE PROGRAMS INCLUDE SERVICES FOR SHELTERS AND TRANSITIONAL HOUSING FOR LOW INCOME FAMILIES AND BATTERED WOMEN, SERVICES TO SENIORS INCLUDING FOOD PROGRAMS AND ACTIVITIES FOR HEALTH AND WELLNESS, AND PROGRAMS FOR MENTAL HEALTH AND WELLNESS

**4b** (Code ) (Expenses \$ 5,065,254 including grants of \$ ) (Revenue \$ 231,645 )

PROGRAMS PROVIDE SERVICES TO YOUTH SUCH AS AFTER SCHOOL ACTIVITIES, DAYCARE PROGRAMS, YOUTH FEEDING PROGRAMS, SUMMER YOUTH CAMPS, SCHOLARSHIP PROGRAMS, ADOLESCENT AND EMPLOYMENT TRAINING PROGRAMS, AND COLLEGE PREPARATION

**4c** (Code ) (Expenses \$ 2,590,879 including grants of \$ ) (Revenue \$ 949,506 )

ARTS CENTER PROGRAMS INCLUDE CLASSES IN ARTS, MUSIC, THEATER, DANCE, PERFORMANCES AND ART EDUCATION PROGRAMS IN PUBLIC SCHOOLS SUMMER ARTS CAMP PROGRAMS ARE ALSO PROVIDED

(Code ) (Expenses \$ 1,935,904 including grants of \$ ) (Revenue \$ 76,144 )

EMPLOYMENT TRAINING PROVIDES JOB DEVELOPMENT SKILLS AND JOB PLACEMENT FOR LOW INCOME INDIVIDUALS

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 1,935,904 including grants of \$ ) (Revenue \$ 76,144 )

**4e Total program service expenses** \$ 26,645,836

**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> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
<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>		No
<b>4 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>		No
<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>		No
<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> <input checked="" type="checkbox"/>		No
<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> <input checked="" type="checkbox"/>		No
<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> <input checked="" type="checkbox"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21, 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> <input checked="" type="checkbox"/>		No
<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> <input checked="" type="checkbox"/>	Yes	
<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> <input checked="" type="checkbox"/>	Yes	
<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> <input checked="" type="checkbox"/>		No
<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> <input checked="" type="checkbox"/>		No
<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> <input checked="" type="checkbox"/>		No
<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> <input checked="" type="checkbox"/>	Yes	
<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> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
<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, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<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, Part I.</i>		No
<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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
<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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
<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> <input checked="" type="checkbox"/>	Yes	
<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> <input checked="" type="checkbox"/>	Yes	
<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> <input checked="" type="checkbox"/>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
<b>20b</b>		

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

<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>	Yes	
<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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>	Yes	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<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 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>		No
<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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35a</b> Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	<b>35a</b>	Yes	
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>		No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign country information, prohibited tax shelter transactions, deductible contributions, and charitable trusts.

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

Check if Schedule O contains a response 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>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<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? . . . . .	Yes	
<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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Did the organization have members or stockholders? . . . . .		No
<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? . . . . .		No
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<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 . . . . .		No

**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? . . . . .		No
<b>10b</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>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	Yes	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	Yes	
<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>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . .	Yes	
	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? . . . . .		No
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  NY
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request
- 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. See Additional Data Table.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
 MS JOSEPHINE LUME  
 265 HENRY STREET  
 NEW YORK, NY 10002  
 (212) 766-9200



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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

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 16

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like LOEB AND TROPER LLP and TANDEM OTTER PRODUCTIONS.

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

**Part VIII Statement of Revenue**

			(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>1a</b>	Federated campaigns . . . . . <b>1a</b>						
	<b>b</b>	Membership dues . . . . . <b>1b</b>						
	<b>c</b>	Fundraising events . . . . . <b>1c</b>	1,815,175					
	<b>d</b>	Related organizations . . . . . <b>1d</b>						
	<b>e</b>	Government grants (contributions) <b>1e</b>	21,323,792					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	10,510,452					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	33,649,419					
<b>Program Service Revenue</b>	<b>2a</b>	PROGRAM SERVICE FEES	624100	1,604,307	1,604,307			
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	_____						
	<b>e</b>	_____						
	<b>f</b>	All other program service revenue						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		1,604,307				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		311,848		311,848		
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶						
	<b>5</b>	Royalties . . . . . ▶						
	<b>6a</b>	Gross rents	(i) Real	670,569				
			(ii) Personal					
			<b>b</b>	Less rental expenses	621,955			
			<b>c</b>	Rental income or (loss)	48,614			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . . ▶		48,614		48,614		
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	14,709,678				
			(ii) Other					
			<b>b</b>	Less cost or other basis and sales expenses	14,524,004			
			<b>c</b>	Gain or (loss)	185,674			
	<b>d</b>	<b>Net gain or (loss)</b> . . . . . ▶		185,674		185,674		
	<b>8a</b>	Gross income from fundraising events (not including \$ 1,815,175 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>		287,874					
<b>b</b>	Less direct expenses . . . . . <b>b</b>	280,164						
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . ▶		7,710		7,710			
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .							
<b>a</b>								
<b>b</b>	Less direct expenses . . . . . <b>b</b>							
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . ▶							
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .							
<b>a</b>								
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>							
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . ▶							
Miscellaneous Revenue		Business Code						
<b>11a</b>	_____							
<b>b</b>	_____							
<b>c</b>	_____							
<b>d</b>	All other revenue . . . . .		223,493		223,493			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		223,493					
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		36,031,065	1,604,307	0	777,339		

**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) but are not required to complete columns (B), (C), and (D)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	141,005	141,005		
<b>2</b>	Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	912,949	174,590	669,211	69,148
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	14,161,713	12,567,358	1,401,618	192,737
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	889,295	817,889	56,470	14,936
<b>9</b>	Other employee benefits . . . . .	1,914,448	1,760,727	121,568	32,153
<b>10</b>	Payroll taxes . . . . .	1,482,014	1,363,013	94,110	24,891
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	47,433		47,433	
<b>c</b>	Accounting . . . . .	189,424		189,424	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .	41,272			41,272
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	3,552,554	3,322,064	208,822	21,668
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	2,991,163	2,401,372	511,872	77,919
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	1,008,326	987,087	20,600	639
<b>17</b>	Travel . . . . .	339,303	329,181	8,881	1,241
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	100,378	87,965	9,169	3,244
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	386,221	365,004	20,407	810
<b>23</b>	Insurance . . . . .	459,287	442,862	15,765	660
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	FOOD	1,487,122	1,475,217	11,181	724
<b>b</b>	PROGRAM PARTICIPANT PAY	387,563	387,071	492	0
<b>c</b>	BAD DEBT	18,755	18,755	0	0
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses	5,116	4,676	440	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	30,515,341	26,645,836	3,387,463	482,042
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,266,923	<b>1</b>	4,725,308
	<b>2</b> Savings and temporary cash investments . . . . .	2,244,301	<b>2</b>	2,409,592
	<b>3</b> Pledges and grants receivable, net . . . . .	1,070,795	<b>3</b>	4,340,707
	<b>4</b> Accounts receivable, net . . . . .	4,998,408	<b>4</b>	5,642,076
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	644,488	<b>9</b>	328,394
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	16,246,205		
	<b>b</b> Less accumulated depreciation . . . . .	12,670,086	<b>10c</b>	3,576,119
	<b>11</b> Investments—publicly traded securities . . . . .	22,980,702	<b>11</b>	21,645,866
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,419,301	<b>15</b>	1,470,071
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	40,562,288	<b>16</b>	44,138,133	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,619,801	<b>17</b>	7,369,466
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	5,324,952	<b>25</b>	4,239,917
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	9,944,753	<b>26</b>	11,609,383
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	11,582,884	<b>27</b>	9,451,886
	<b>28</b> Temporarily restricted net assets . . . . .	5,966,232	<b>28</b>	10,008,445
	<b>29</b> Permanently restricted net assets . . . . .	13,068,419	<b>29</b>	13,068,419
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	30,617,535	<b>33</b>	32,528,750	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	40,562,288	<b>34</b>	44,138,133	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	36,031,065
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	30,515,341
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	5,515,724
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	30,617,535
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-3,604,509
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	32,528,750

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 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	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
<b>3a</b>	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?	Yes	
<b>b</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	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HENRY STREET SETTLEMENT

Employer identification number

13-1562242

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,803,002	29,664,687	27,562,640	27,861,639	33,649,419	142,541,387
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	23,803,002	29,664,687	27,562,640	27,861,639	33,649,419	142,541,387
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						142,541,387

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	23,803,002	29,664,687	27,562,640	27,861,639	33,649,419	142,541,387
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,787,152	1,197,308	1,379,000	1,145,974	982,417	6,491,851
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	1,002,417	201,765	201,981	2,344	7,710	1,416,217
<b>10</b> Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	143,974	104,609	406,963	272,046	223,493	1,151,085
<b>11 Total support</b> (Add lines 7 through 10)						151,600,540
<b>12</b> Gross receipts from related activities, etc (See instructions)					<b>12</b>	7,676,357

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

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

<b>14</b> Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	94.020 %
<b>15</b> Public Support Percentage for 2010 Schedule A, Part II, line 14	<b>15</b>	92.490 %

**16a 33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2011.** 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 **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2010.** 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 **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 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 2011 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>
-------------------------------------

<b>Explanation</b>
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SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

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 170(h)(4)(B)(ii)?

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 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 XIV

**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 XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

**b** If "Yes," explain the arrangement in Part XIV

**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
<b>1a</b> Beginning of year balance . . . . .	15,610,912	14,636,468	14,025,094	15,547,156	
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .	-189,979	1,282,469	840,455	-1,303,653	
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	351,802	308,025	229,081	218,409	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	15,069,131	15,610,912	14,636,468	14,025,094	

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment  86 000 %
- c** Term endowment  14 000 %

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

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV 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
<b>1a</b> Land . . . . .		142,984		142,984
<b>b</b> Buildings . . . . .		11,277,768	9,386,743	1,891,025
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		4,035,023	3,283,343	751,680
<b>e</b> Other . . . . .		790,430		790,430
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				3,576,119



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	36,031,065
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	30,515,341
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	5,515,724
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-837,535
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-2,766,974
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	-3,604,509
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	1,911,215

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	40,049,075
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	-837,535
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,884,337
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	3,112,213
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	4,159,015
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	35,890,060
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	141,005
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	141,005
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	36,031,065

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	35,763,300
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,884,337
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	3,504,627
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	5,388,964
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	30,374,336
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	141,005
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	141,005
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	30,515,341

**Part XIV 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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, 2009 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		ADJUSTMENT TO PENSION FUNDED STATUS -2,766,974 RELATED ENTITIES CHANGE IN NET ASSETS
PART XII, LINE 2D - OTHER ADJUSTMENTS		BOYS & GIRLS REPUBLIC OF NEW YORK, INC REVENUE PER BGR 990 698,794 HENRY STREET SETTLEMENT HEALTH SERVICES, INC 278,564 HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC REVENUE PER HSHAS 990 1,243,304 RENTAL EXPENSE 621,955 HENRY STREET HOUSING DEVELOPMENT FUND CORP PER HSHDFC 990 62,346 SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORP PER SHSHDFC 990 207,250
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTERCOMPANY GRANT 141,005
PART XIII, LINE 2D - OTHER ADJUSTMENTS		BOYS AND GIRLS REPUBLIC OF NEW YORK, INC 770,535 HENRY STREET SETTLEMENT HEALTH SERVICES, INC 351,616 HENRY STREET HOUSING DEVELOPMENT FUND CORPORATION, INC 62,346 HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC 1,243,304 SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORPORATION, INC 443,802 RENTAL EXPENSE 621,955 HENRY STREET HOMECARE SERVICES 11,069
PART XIII, LINE 4B - OTHER ADJUSTMENTS		HSS GRANT TO BOYS AND GIRLS REPUBLIC OF NEW YORK, INC 138,901 HSS GRANT TO HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC 2,104

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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HENRY STREET SETTLEMENT

Employer identification number  
13-1562242

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** 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. Form 990-EZ filers are not required to complete this table.

(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 AVENUE SOUTH NEW YORK, NY 10003	FUNDRAISER		No	976,654	62,421	914,233
SHAKIN BOREYKO CONSULTING 125 EAST 93RD STREET SUITE 3A NEW YORK, NY 10128	FUNDRAISER		No	0	55,500	-55,500
<b>Total</b>				976,654	117,921	858,733

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

NY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<b>ART SHOW</b> (event type)	<b>SPRING GALA</b> (event type)	(total number)	(Add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	1,260,395	842,654		2,103,049
	<b>2</b> Less Charitable contributions . . . . .	1,093,395	721,780		1,815,175
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	167,000	120,874		287,874
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Non-cash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .	96,033	72,377		168,410
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	43,836	67,918		111,754
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				( 280,164 )
<b>11</b> Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶				7,710	

**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))
<b>Revenue</b>	<b>1</b> Gross revenue . . . . .				
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				( )	
<b>8</b> Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

**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

<b>a</b> The organization's facility	<b>13a</b>	
<b>b</b> An outside facility	<b>13b</b>	

**14** Provide 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
- 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	HENRY STREET SETTLEMENT PAID \$58,000 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 \$4,421 SUCH ITEMS INCLUDED MESSENGERS, TELEPHONE CHARGES, PHOTOCOPYING, POSTAGE, OFFICE SUPPLIES, TRANSPORTATION, COMPUTER SERVICES, ADDITIONAL STAFFING AND OTHER MISC EXPENSES HENRY STREET SETTLEMENT PAID \$55,500 TO SHAKIN BOREYKO CONSULTING FOR PROFESSIONAL FUNDRAISING SERVICES SERVICES INCLUDED A FEASIBILITY STUDY AND CAPITAL CAMPAIGN COUNSELING SERVICES



**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.

Use Schedule I-1 (Form 990) 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
(1) SCHOLARSHIPS	77	47,700			
(2) GENERAL SUPPORT	3	37,850			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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)

**Compensation Information**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> 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 501(c)(3) and 501(c)(4) organizations only 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 Regs. 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
<b>1b</b>		No
<b>2</b>		No
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID GARZA	(i)	177,053	0	270	11,457	2,589	191,369	0
	(ii)	0	0	0	0	0	0	0
(2) JOSEPHINE LUME	(i)	152,582	0	270	12,308	6,000	171,160	0
	(ii)	0	0	0	0	0	0	0
(3) LARRAINE AHTO	(i)	156,144	0	3,708	7,997	8,585	176,434	0
	(ii)	0	0	0	0	0	0	0
(4) KATHLEEN ZABOROWSKI GUPTA	(i)	152,512	0	1,188	29,799	11,242	194,741	0
	(ii)	0	0	0	0	0	0	0
(5) DIANE RUBIN	(i)	146,484	0	774	7,344	3,589	158,191	0
	(ii)	0	0	0	0	0	0	0
(6) FLORENCE SAMPERI	(i)	151,809	0	3,708	7,738	7,585	170,840	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	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	LELA CHARNEY \$38,920 KATHLEEN ZABOROWSKI GUPTA \$6,843

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

**2011**

**Open to Public Inspection**

Name of the organization  
HENRY STREET SETTLEMENT

**Employer identification number**

13-1562242

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	<p>OUR HISTORY AND MISSION HENRY STREET SETTLEMENT WAS FOUNDED IN 1893, AND FOR 120 YEARS WE HAVE BEEN AT THE VANGUARD OF COMMUNITY SERVICE PROVIDERS FROM FUNDING THE FIRST PUBLIC SCHOOL NURSE IN THE NATION (1902) TO PARTICIPATING IN NEW YORKS FIRST ENERGY DEMONSTRATION PROJECT TO MAKE LANDMARK HISTORIC BUILDINGS ENERGY EFFICIENT (2012), OUR TRADITION OF INNOVATION AND IMPACT CONTINUES TO THIS DAY OUR 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 MORE INFORMATION ABOUT OUR HISTORY AND MISSION, AS WELL AS OUR PROGRAMMATIC IMPACT, IS AVAILABLE ON OUR WEBSITE, WWW.HENRYSTREET.ORG OUR COMMUNITY THE NEED HENRY STREET ADDRESSES IS POVERTY IN NEW YORK CITY AND ITS MULTIFACETED IMPACT ON COMMUNITY RESIDENTS, INCLUDING BUT NOT LIMITED TO THOSE IN OUR LOCAL LOWER EAST SIDE (LES) AREA OUR COMPREHENSIVE SOCIAL SERVICES AND ARTS PROGRAMS ADDRESS ISSUES INCLUDING HUNGER AND HOMELESSNESS, LACK OF EMPLOYMENT AND EMPLOYABLE SKILLS, DOMESTIC ABUSE, POOR ACADEMIC ACCESS AND ACHIEVEMENT, IMPAIRED SOCIAL AND EMOTIONAL FUNCTIONING, MEDICAL AND PSYCHOLOGICAL DISORDERS, AND INSUFFICIENT ACCESS TO AFFORDABLE AND FREE HIGH-QUALITY ARTS PROGRAMS CURRENT PROGRAMS AND ACCOMPLISHMENTS LOCATED ACROSS 17 LOWER EAST SIDE SITES, HENRY STREET SETTLEMENTS CONTINUUM-OF-SERVICES ADDRESSES THE MYRIAD NEEDS OF DIVERSE INDIVIDUALS OF ALL AGES, AND EMPOWERS THEM TO DETERMINE THEIR FUTURES IN THE PAST FISCAL YEAR (FY 12), HENRY STREET WELCOMED 58,040 NEW YORKERS THROUGH THE MANY OPEN DOORS OF FOUR PROGRAM AREAS -YOUTH AND WORKFORCE DEVELOPMENT SERVED 6,727 PEOPLE IN FY 12 AT OUR EARLY CHILDHOOD EDUCATION CENTERS, 169 CHILDREN AGES 2 TO 4, INCLUDING HOMELESS CHILDREN, DEVELOPED SKILLS NEEDED TO ENTER KINDERGARTEN, 687 CHILDREN AGES 5 TO 13 BENEFITED FROM ACADEMIC AND BEHAVIORAL GUIDANCE IN AFTER-SCHOOL PROGRAMS, OUR EXPANDED HORIZONS COLLEGE AND RETENTION PROGRAM PREPARED 596 YOUNG PEOPLE FOR COLLEGE, INCLUDING 135 HIGH SCHOOL SENIORS - 99% (134) OF WHOM WERE ACCEPTED INTO COLLEGE, AND 1,197 PEOPLE AGES 14 TO 21 GAINED JOB READINESS SKILLS AND VALUABLE WORK EXPERIENCE IN OUR SUMMER YOUTH EMPLOYMENT PROGRAM OPEN TO COMMUNITY MEMBERS AGES 17 TO 60-PLUS, HENRY STREETS WORKFORCE DEVELOPMENT CENTER PROVIDED 3,016 INDIVIDUALS WITH SKILLS AND OPPORTUNITIES FOR EMPLOYMENT AND SELF-SUFFICIENCY, AND PLACED 640 PEOPLE IN MEANINGFUL EMPLOYMENT -HEALTH AND WELLNESS HELPED 10,082 PEOPLE OF ALL AGES, FROM YOUNG CHILDREN TO THE ELDERLY, OVER THE PAST YEAR OUR STATE-LICENSED MENTAL HEALTH AND PRIMARY HEALTH CLINIC ENABLED 531 INDIVIDUALS TO IMPROVE THEIR MENTAL HEALTH, OUR NEIGHBORHOOD RESOURCE CENTER, A COMMUNITY WALK-IN PROGRAM, HELPED 3,627 PEOPLE RECEIVE FREE OR LOW-COST HEALTH INSURANCE, AND PROVIDED CASE MANAGEMENT, LEGAL AND FINANCIAL COUNSELING AS WELL AS PARENT SUPPORT TO MORE THAN 700 LOW-INCOME HOUSEHOLDS, AND SENIOR SERVICES HELPED 1,802 LOW-INCOME ELDERLY INDIVIDUALS TO LIVE HEALTHIER, LESS ISOLATED LIVES BY PROVIDING OVER 387,113 NUTRITIOUS MEALS TO SENIORS THROUGH OUR MEALS-ON-WHEELS PROGRAM AND THE GOOD COMPANIONS SENIOR CENTER, THE ONLY CENTER IN THE AREA WITH A SUNDAY MEAL PROGRAM - TRANSITIONAL AND SUPPORTIVE HOUSING OPERATES FOUR SHELTERS, WHICH SERVED 1,572 HOMELESS INDIVIDUALS LAST YEAR, FROM NEWBORNS AND THEIR YOUNG MOTHERS TO THE ELDERLY, AND ENCOMPASSING FAMILIES, SINGLE WOMEN, AND SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN OUR STAFF PROVIDED 472 HOMELESS FAMILIES AND 203 WOMEN WITH A SAFE, SUPPORTIVE PLACE TO STAY, AND HELPED 122 RESIDENTS TO FIND PERMANENT HOMES -VISUAL AND PERFORMING ARTS PRESENTED 29,567 PEOPLE OF ALL AGES WITH 276 FREE OR LOW-COST PERFORMANCES AT OUR VIBRANT ABRONS ARTS CENTER, AND OUR ARTS-IN-EDUCATION PROGRAM HELPED 5,010 PEOPLE ADVANCE THEIR UNDERSTANDING AND APPRECIATION OF THE ARTS THROUGH A COLLABORATION WITH NEW YORK CITY PUBLIC SCHOOLS THE ABRONS ALSO OFFERED 111 DIFFERENT CLASSES IN THE VISUAL AND PERFORMING ARTS, AS WELL AS 172 PRIVATE MUSIC LESSONS EVALUATION AND RESPONSIBILITY LIKE MANY OTHER NON-PROFITS, OVER THE PAST YEAR HENRY STREET SETTLEMENT FELT THE IMPACT OF THE ONGOING ECONOMIC CLIMATE HOWEVER, WE HAVE ALSO REMAINED FINANCIALLY STABLE IN THE FACE OF THIS VOLATILITY OUR ADMINISTRATIVE DEPARTMENTS STRUCTURE ALLOWS US TO RUN EFFECTIVELY AND EFFICIENTLY, WITH 89% OF INCOME GOING TO PROGRAMS AND ONLY 11% TO ADMINISTRATIVE EXPENSES OUR OVERALL ORGANIZATIONAL INTEGRITY AND FISCAL RESPONSIBILITY IS ALSO REFLECTED IN OUR CONTINUED BETTER BUSINESS BUREAU CHARITY ACCREDITATION</p>

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
HENRY STREET SETTLEMENT

**Employer identification number**  
13-1562242

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

(a) Name, address, and EIN 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(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 organization	
						Yes	No
<b>(1)</b> BOYS AND GIRLS REPUBLIC INC 888 EAST 6TH STREET NEW YORK, NY 10002 13-5562975	YOUTH PROGRAMS	NY	501(C)(3)	7	HENRY STREET SETTLEMENT		No
<b>(2)</b> HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES INC 301 HENRY STREET NEW YORK, NY 10002 13-4316332	HOUSEKEEPING SERVICES	NY	501(C)(3)	7	HENRY STREET SETTLEMENT		No
<b>(3)</b> SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORP 290 EAST THIRD STREET NEW YORK, NY 10009 47-0859350	HOUSING PROGRAM	NY	501(C)(3)	PF	HENRY STREET SETTLEMENT		No
<b>(4)</b> HENRY STREET HOUSING DEVELOPMENT FUND CORP 309 HENRY STREET NEW YORK, NY 10002 13-3485747	HOMELESS SHELTER	NY	501(C)(3)	PF	HENRY STREET SETTLEMENT		No
<b>(5)</b> HENRY STREET SETTLEMENT HEALTH SERVICES 40 MONTGOMERY STREET NEW YORK, NY 10002 51-0499391	HEALTH SERVICES	NY	501(C)(3)	9	HENRY STREET SETTLEMENT		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HENRY STREET RESTAURANT CORP 265 HENRY STREET NEW YORK, NY 10002 13-4112638	RESTAURANT	NY	N/A	C			100.000 %
(2) HENRY STREET HOMECARE SERVICES INC 265 HENRY STREET NEW YORK, NY 10002 13-4072588	HOMECARE SERVICES	NY	N/A	C			100.000 %

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>		No
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

**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-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

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

**Identifier****Return Reference****Explanation****Schedule R (Form 990) 2011**

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 13-1562242  
**Name:** HENRY STREET SETTLEMENT

## Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

### 4d. Other program services

(Code ) (Expenses \$ 1,935,904 including grants of \$ ) (Revenue \$ 76,144 )

EMPLOYMENT TRAINING PROVIDES JOB DEVELOPMENT SKILLS AND JOB PLACEMENT FOR LOW INCOME INDIVIDUALS

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(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			
PHILIP T RUEGGER III CHAIRMAN	1 00	X		X				0	0	0
RICHARD S ABRONS VICE-CHAIR	1 00	X		X				0	0	0
DALE J BURCH PRESIDENT	1 00	X		X				0	0	0
ANNE ABRONS VICE PRESIDENT	1 00	X		X				0	0	0
FREDERIC S PAPERT VICE PRESIDENT	1 00	X		X				0	0	0
DOUGLAS L PAUL VICE PRESIDENT	1 00	X		X				0	0	0
PILAR CRESPI ROBERT VICE PRESIDENT	1 00	X		X				0	0	0
MICHAEL A STEINBERG VICE PRESIDENT	1 00	X		X				0	0	0
SCOTT L SWID VICE PRESIDENT	1 00	X		X				0	0	0
JEFFREY H TUCKER VICE PRESIDENT	1 00	X		X				0	0	0
JANE R LOCKSHIN TREASURER	1 00	X		X				0	0	0
LAURIE WELTZ SECRETARY	1 00	X		X				0	0	0
GILBERT E AHYE DIRECTOR	1 00	X						0	0	0
EULIE H BAYNE DIRECTOR	1 00	X						0	0	0
MELISSA R BURCH DIRECTOR	1 00	X						0	0	0
MARGARET CHI DIRECTOR	1 00	X						0	0	0
CATHERINE CURLEY DIRECTOR	1 00	X						0	0	0
SEBASTIAN ECHAVARRIA DIRECTOR	1 00	X						0	0	0
IAN D HIGHET DIRECTOR	1 00	X						0	0	0
SUE ANN SANTOS HOAHNG DIRECTOR	1 00	X						0	0	0
HENRIETTA C HO-ASJOE DIRECTOR	1 00	X						0	0	0
BRUCE JACKSON DIRECTOR	1 00	X						0	0	0
ROY M KORINS DIRECTOR	1 00	X						0	0	0
JOANNE MACK DIRECTOR	1 00	X						0	0	0
ROBERT F MANCUSO DIRECTOR	1 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(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			
ANGELA MARIANI DIRECTOR	1 00	X						0	0	0
KATHRYN B MEDINA DIRECTOR	1 00	X						0	0	0
EDWARD S PALLESEN DIRECTOR	1 00	X						0	0	0
ANNA PINHEIRO DIRECTOR	1 00	X						0	0	0
ISABEL R POTTER DIRECTOR	1 00	X						0	0	0
FRANCES L PRIMUS DIRECTOR	1 00	X						0	0	0
WILLIAM P RAYNER DIRECTOR	1 00	X						0	0	0
MICHAEL D RYAN DIRECTOR	1 00	X						0	0	0
LESLEY SCHULHOF DIRECTOR	1 00	X						0	0	0
ILICIA P SILVERMAN DIRECTOR	1 00	X						0	0	0
HARRY SLATKIN DIRECTOR	1 00	X						0	0	0
NEIL S SUSLAK DIRECTOR	1 00	X						0	0	0
CJ WISE DIRECTOR	1 00	X						0	0	0
MICHAEL WOLKOWITZ DIRECTOR	1 00	X						0	0	0
ROBERT S HARRISON HONARY CHAIR	1 00	X						0	0	0
JOHN MORNING HONARY CHAIR	1 00	X						0	0	0
CHRISTOPHER C ANGELL HONARY PRESIDENT	1 00	X						0	0	0
SCOTT D FERGUSON DIRECTOR	1 00	X						0	0	0
DAVID GARZA EXECUTIVE DIRECTOR	31 00			X				177,323	0	8,787
JOSEPHINE LUME CHIEF FINANCIAL OFFICER	31 00			X				152,852	0	8,350
LARRAINE AHTO CHIEF ADMINISTRATOR	35 00				X			159,852	0	9,797
KATHLEEN ZABOROWSKI GUPTA CHIEF ADMINISTRATOR	35 00				X			153,700	0	15,073
DIANE RUBIN CHIEF PROGRAM OFFICER	34 00					X		147,258	0	11,012
FLORENCE SAMPERI DEPUTY CHIEF ADMINISTRATOR	35 00					X		155,517	0	8,797
JOSEPH PENNETTI IT MANAGER	35 00					X		106,477	0	24,465

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(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			
GENIRIA ARMSTRONG CHIEF ADMINISTRATOR	35 00					X		115,375	0	8,087
LELA CHARNEY PROGRAM DIRECTOR	35 00					X		136,177	0	10,748

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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. 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.

Identifier	Return Reference	Explanation
	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 MAY 25, 2011.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THESE DOCUMENTS ARE AVAILABLE ON HENRY STREET SETTLEMENTS WEBSITE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
HOURS DEVOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	DAVID GARZA - 5 JOSEPHINE LUME - 5 PHILIP T RUEGGER III - 5 DALE J BURCH - 5 JANE R LOCKSHIN - 5

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -837,535 ADJUSTMENT TO PENSION FUNDED STATUS -2,766,974 RELATED ENTITIES CHANGE IN NET ASSETS TOTAL TO FORM 990, PART XI, LINE 5 -3,604,509

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR