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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

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	C Name of organization HENRY STREET SETTLEMENT Doing Business As		D Employer identification number 13-1562242	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 265 HENRY STREET		E Telephone number (212) 766-9200	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10002		G Gross receipts \$ 49,610,885	
	F Name and address of principal officer JOSEPHINE LUME 265 HENRY STREET NEW YORK, NY 10002		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I 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				
J Website: WWW HENRY STREET ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation 1944	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	642
	6 Total number of volunteers (estimate if necessary)	6	2,299
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,649,419	30,534,059
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,604,307	1,613,824
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	497,522	1,654,416
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,031,065	33,988,902
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	141,005	200,346
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,360,419	20,481,818
	16a Professional fundraising fees (Part IX, column (A), line 11e)	41,272	200,604
	b Total fundraising expenses (Part IX, column (D), line 25) 739,380		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,972,645	10,882,209
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,515,341	31,764,977
19 Revenue less expenses Subtract line 18 from line 12	5,515,724	2,223,925	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	44,138,133	46,129,859
	22 Net assets or fund balances Subtract line 21 from line 20	11,609,383	10,472,604
		32,528,750	35,657,255

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

Sign Here	***** Signature of officer	2014-05-02 Date			
	JOSEPHINE LUME CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Pnnt/Type preparer's name FREDERICK H ROTHMAN	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01275277
	Firm's name LOEB & TROPER LLP	Firm's EIN 13-1517563		Phone no (212) 867-4000	
	Firm's address 655 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10017				

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 [checked]

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 [checked] 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 [checked] No

If "Yes," describe these changes on Schedule O

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

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

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

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

RECOGNIZING THE IMPORTANCE OF EDUCATION FOR FUTURE PROFESSIONAL SUCCESS, OUR EDUCATION AND EMPLOYMENT PROGRAMS ARE INTEGRATED TO ALLOW PARTICIPANTS TO ACCESS A FULL CONTINUUM OF SERVICES THAT SUPPORT EACH INDIVIDUAL'S EDUCATIONAL AND EMPLOYMENT NEEDS AND GOALS EDUCATION SERVICES ENCOMPASS A RANGE OF COMPREHENSIVE YOUTH PROGRAMS, SUCH EARLY CHILDHOOD EDUCATION AT TWO DAY CARE CENTERS, AFTER SCHOOL SERVICES AT FOUR PUBLIC SCHOOLS AND TWO YOUTH CENTERS, RECREATIONAL AND SUMMER CAMP PROGRAMMING, HIGH SCHOOL TRANSITION AND ADOLESCENT EDUCATION PROGRAMS, COLLEGE ACCESS AND RETENTION SERVICES, AND A PEER-TO-PEER HIV EDUCATION PROGRAM FOR YOUNG ADULTS EMPLOYMENT SERVICES ARE DESIGNED TO MEET THE NEEDS OF JOBSEEKERS OF ALL AGES, BACKGROUNDS, AND SKILL LEVELS, INCLUDING WALK-IN CLIENTS FROM THE COMMUNITY, ENGLISH LANGUAGE LEARNERS, PUBLIC HOUSING RESIDENTS, AND RESIDENTS FROM OUR HOMELESS SHELTERS SPECIALIZED SERVICES FOR YOUNG PEOPLE INCLUDE INTENSIVE INTERNSHIP PROGRAMS FOR YOUTH WHO ARE NOT IN SCHOOL OR EMPLOYED, AND ONE OF THE CITY'S LARGEST SUMMER YOUTH EMPLOYMENT PROGRAMS

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

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

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 27,313,513

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	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>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
MS JOSEPHINE LUME 265 HENRY STREET NEW YORK, NY (212) 766-9200

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	200,346	200,346		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	916,415	163,561	677,660	75,194
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	14,558,644	13,145,745	1,143,917	268,982
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,534,070	1,340,026	159,635	34,409
9	Other employee benefits	1,772,394	1,548,203	184,436	39,755
10	Payroll taxes	1,700,295	1,485,225	176,933	38,137
11	Fees for services (non-employees)				
a	Management				
b	Legal	45,685		45,685	
c	Accounting	168,600		168,600	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	200,604			200,604
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,901,761	2,641,574	260,187	
12	Advertising and promotion				
13	Office expenses	3,514,809	2,702,439	743,238	69,132
14	Information technology				
15	Royalties				
16	Occupancy	1,244,623	1,225,021	18,971	631
17	Travel	330,012	309,059	19,000	1,953
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	123,125	96,761	20,518	5,846
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	361,214	340,937	19,038	1,239
23	Insurance	532,815	514,100	17,508	1,207
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	FOOD	1,580,778	1,537,214	41,273	2,291
b	TRANSFER/HRA SETTLEMENT	63,302	63,302		
c	BAD DEBT	13,861		13,861	
d					
e	All other expenses	1,624		1,624	
25	Total functional expenses. Add lines 1 through 24e	31,764,977	27,313,513	3,712,084	739,380
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	4,725,308	1	3,934,942
	2 Savings and temporary cash investments	2,409,592	2	3,095,012
	3 Pledges and grants receivable, net	4,340,707	3	3,590,687
	4 Accounts receivable, net	5,642,076	4	6,860,013
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	328,394	9	222,621
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 16,947,368		
	b Less accumulated depreciation	10b 13,014,794	3,576,119	10c 3,932,574
	11 Investments—publicly traded securities	21,645,866	11	22,656,106
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,470,071	15	1,837,904
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,138,133	16	46,129,859	
Liabilities	17 Accounts payable and accrued expenses	7,369,466	17	5,511,951
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,239,917	25	4,960,653
	26 Total liabilities. Add lines 17 through 25	11,609,383	26	10,472,604
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	9,451,886	27	11,342,758
	28 Temporarily restricted net assets	10,008,445	28	11,246,078
	29 Permanently restricted net assets	13,068,419	29	13,068,419
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	32,528,750	33	35,657,255	
34 Total liabilities and net assets/fund balances	44,138,133	34	46,129,859	

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b 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		

Additional Data

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP T RUEGGER III CHAIRMAN	3 00 2 50	X		X				0	0	0
RICHARD S ABRONS VICE-CHAIR	1 00 0 00	X		X				0	0	0
DALE J BURCH PRESIDENT	3 00 2 50	X		X				0	0	0
ANNE ABRONS VICE PRESIDENT	1 00 0 00	X		X				0	0	0
FREDERIC S PAPERT VICE PRESIDENT	1 00 0 00	X		X				0	0	0
DOUGLAS L PAUL HONARY DIRECTOR	1 00 0 00	X		X				0	0	0
PILAR CRESPI ROBERT VICE PRESIDENT	1 00 0 00	X		X				0	0	0
MICHAEL A STEINBERG VICE PRESIDENT	1 00 0 00	X		X				0	0	0
SCOTT L SWID VICE PRESIDENT	1 00 0 00	X		X				0	0	0
JEFFREY H TUCKER VICE PRESIDENT	1 00 0 00	X		X				0	0	0
JANE R LOCKSHIN TREASURER	3 00 2 50	X		X				0	0	0
LAURIE WELTZ SECRETARY	1 00 0 00	X		X				0	0	0
ROBERT S HARRISON HONARY CHAIR	1 00 0 00	X						0	0	0
CHRISTOPHER C ANGELL HONARY PRESIDENT	1 00 0 00	X						0	0	0
GILBERT E AHYE DIRECTOR	1 00 0 00	X						0	0	0
MELISSA R BURCH DIRECTOR	1 00 0 00	X						0	0	0
MARGARET CHI DIRECTOR	1 00 0 00	X						0	0	0
CATHERINE CURLEY LEE DIRECTOR	1 00 0 00	X						0	0	0
SEBASTIAN ECHAVARRIA DIRECTOR	1 00 0 00	X						0	0	0
IAN D HIGHET DIRECTOR	1 00 0 00	X						0	0	0
SUE ANN SANTOS HOAHNG DIRECTOR	1 00 0 00	X						0	0	0
HENRIETTA C HO-ASJOE DIRECTOR	1 00 0 00	X						0	0	0
BRUCE JACKSON DIRECTOR	1 00 0 00	X						0	0	0
ROY M KORINS DIRECTOR	1 00 0 00	X						0	0	0
JOANNE MACK DIRECTOR	1 00 0 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT F MANCUSO DIRECTOR	1 00 0 00	X						0	0	0
ANGELA MARIANI DIRECTOR	1 00 0 00	X						0	0	0
KATHRYN B MEDINA DIRECTOR	1 00 0 00	X						0	0	0
EDWARD S PALLESEN DIRECTOR	1 00 0 00	X						0	0	0
ANNA PINHEIRO DIRECTOR	1 00 0 00	X						0	0	0
ISABEL R POTTER DIRECTOR	1 00 0 00	X						0	0	0
FRANCES L PRIMUS DIRECTOR	1 00 0 00	X						0	0	0
WILLIAM P RAYNER DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL D RYAN DIRECTOR	1 00 0 00	X						0	0	0
LESLEY SCHULHOF DIRECTOR	1 00 0 00	X						0	0	0
ILICIA P SILVERMAN DIRECTOR	1 00 0 00	X						0	0	0
HARRY SLATKIN DIRECTOR	1 00 0 00	X						0	0	0
NEIL S SUSLAK DIRECTOR	1 00 0 00	X						0	0	0
CJ WISE DIRECTOR	1 00 0 00	X						0	0	0
MICHAEL WOLKOWITZ DIRECTOR	1 00 0 00	X						0	0	0
JOHN MORNING DIRECTOR	1 00 0 00	X						0	0	0
SCOTT D FERGUSON DIRECTOR	1 00 0 00	X						0	0	0
RICHARD NEIMAN DIRECTOR	1 00 0 00	X						0	0	0
DAVID GARZA EXECUTIVE DIRECTOR	35 00 5 00			X				194,539	0	20,300
JOSEPHINE LUME CHIEF FINANCIAL OFFICER	35 00 5 00			X				161,579	0	16,981
DIANE RUBIN CHIEF PROGRAM OFFICER	35 00 0 00				X			152,731	0	19,372
LARRAINE AHTO CHIEF ADMINISTRATOR	35 00 0 00					X		134,056	0	12,078
FLORENCE SAMPERI DEPUTY CHIEF ADMINISTRATOR	35 00 0 00					X		130,212	0	10,852
GENIRIA ARMSTRONG CHIEF ADMINISTRATOR	35 00 0 00					X		115,975	0	20,845
DINA LOUIE NURSE	35 00 0 00					X		109,109	0	25,208

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREG RIDEOUT CHIEF PROGRAM OFFICER	35 00 0 00					X		111,820	0	13,128
KATHLEEN ZABOROWSKI GUPTA CHIEF ADMINISTRATOR	35 00 0 00						X	168,810	0	35,869

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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 described in **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 - Non-functionally integrated
- 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 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
11g(i)		
11g(ii)		
11g(iii)		

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	29,664,687	27,562,640	27,861,639	33,649,419	30,534,059	149,272,444
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	29,664,687	27,562,640	27,861,639	33,649,419	30,534,059	149,272,444
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						149,272,444

Section B. Total Support

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	95.310 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	94.020 %
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for 'Held at the End of the Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2b.

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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 XIII. Check here if the explanation has been provided in Part XIII

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

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

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

- a** Board designated or quasi-endowment
 - b** Permanent endowment 87 000 %
 - c** Temporarily restricted endowment 13 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

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, LINE 2	HENRY STREET SETTLEMENT AND AFFILIATES HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS PERIODS ENDING JUNE 30, 2010 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES
PART XI, LINE 2D - OTHER ADJUSTMENTS		PER BOYS & GIRLS REPUBLIC OF NEW YORK, INC 990 REVENUE 1,953,533 HENRY STREET SETTLEMENT HEALTH SERVICES, INC 225,853 PER HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC 990 REVENUE 2,514 RENTAL EXPENSE 708,602 PER HENRY STREET HOUSING DEVELOPMENT FUND CORP 990 REVENUE 62,346 PERE SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORP 990 REVENUE 207,215 PENSION FUNDED STATUS ADJUSTMENT 1,177,079
PART XI, LINE 4B - OTHER ADJUSTMENTS		INTERCOMPANY GRANTS 200,346
PART XII, LINE 2D - OTHER ADJUSTMENTS		BOYS AND GIRLS REPUBLIC OF NEW YORK, INC 838,737 HENRY STREET SETTLEMENT HEALTH SERVICES, INC 355,100 HENRY STREET HOUSING DEVELOPMENT FUND CORPORATION, INC 62,346 HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES, INC 110,324 SECOND HENRY STREET HOUSING DEVELOPMENT FUND CORPORATION, INC 443,418 RENTAL EXPENSE 708,602 HENRY STREET HOMECARE SERVICES 50
PART XII, LINE 4B - OTHER ADJUSTMENTS		GRANT TO BGR 200,346 TRANSFER/HRA SETTLEMENT 63,302

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2012

**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. Form 990-EZ filers are not required to complete this part.

▶ 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 email 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

(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	PLANNING AND IMPLEMENTATION OF ALL ASPECTS OF THE EVENT		No	654,589	70,204	584,385
SHAKIN BOREYKO CONSULTING 125 EAST 93RD STREET SUITE 3A NEW YORK, NY 10128	PROVIDE CAMPAIGN COUNSELING SERVICES		No	337,250	63,000	274,250
DANIEL ROSENTHAL 757 EAST 19TH STREET BROOKLYN, NY 11230	FUNDRAISING COUNSEL FOR THE CAPITAL CAMPAIGN		No	250,000	67,400	182,600
Total				1,241,839	200,604	1,041,235

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ART SHOW</u> (event type)	<u>SPRING GALA</u> (event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	1,166,449	594,124		1,760,573
	2 Less Contributions	928,466	538,924		1,467,390
	3 Gross income (line 1 minus line 2)	237,983	55,200		293,183
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	96,580	88,427		185,007
	8 Entertainment				
	9 Other direct expenses	33,700	57,420		91,120
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					17,056

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

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

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	HENRY STREET SETTLEMENT PAID \$66,000 TO INEZ WEINSTEIN SPECIAL EVENTS, INC FOR PROFESSIONAL FUNDRAISING SERVICES ALSO, HENRY STREET SETTLEMENT REIMBURSED INEZ WEINSTEIN SPECIAL EVENTS, INC FOR ALL OUT-PF-POCKET FUNDRAISING EXPENSES INCURRED IN THE AMOUNT OF \$4,204 SUCH ITEMS INCLUDED MESSENGERS, TELEPHONE CHARGES, PHOTOCOPYING, POSTAGE, OFFICE SUPPLIES, TRANSPORTATION, COMPUTER SERVICES, ADDITIONAL STAFFING AND OTHER MISC EXPENSES HENRY STREET SETTLEMENT PAID \$63,000 TO SHAKIN BOREYKO CONSULTING FOR PROFESSIONAL FUNDRAISING SERVICES SERVICES INCLUDED A FEASIBILITY STUDY AND CAPITAL CAMPAIGN COUNSELING SERVICES HENRY STREET SETTLEMENT PAID \$67,400 TO DANIEL ROSENTHAL FOR PROFESSIONAL FUNDRAISING SERVICES SERVICES INCLUDED CAPITAL CAMPAIGN COUNSELING SERVICES AND OTHER RELATED ANALYSIS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.

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

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

2012

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 of the expenses described above? If "No," complete Part III to explain

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

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

- | | |
|--|---|
| <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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		No
2		No
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID GARZA EXECUTIVE DIRECTOR	(i)	194,269	0	270	12,273	8,027	214,839	0
	(ii)	0	0	0	0	0	0	0
(2) JOSEPHINE LUME CHIEF FINANCIAL OFFICER	(i)	161,309	0	270	12,548	4,433	178,560	0
	(ii)	0	0	0	0	0	0	0
(3) DIANE RUBIN CHIEF PROGRAM OFFICER	(i)	151,957	0	774	8,285	11,087	172,103	0
	(ii)	0	0	0	0	0	0	0
(4) KATHLEEN ZABOROWSKI GUPTA CHIEF ADMINISTRATOR	(i)	168,170	0	640	26,376	9,493	204,679	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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	KATHLEEN ZABOROWSKI GUPTA \$47,901

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

2012

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 I, LINE 1	FOUNDED IN 1893 BY SOCIAL REFORMER LILLIAN WALD, HENRY STREET SETTLEMENT'S MISSION IS "TO OPEN DOORS OF OPPORTUNITY TO ENRICH LIVES AND ENHANCE HUMAN PROGRESS FOR LOWER EAST SIDE RESIDENTS AND OTHER NEW YORKERS THROUGH SOCIAL SERVICES, ARTS AND HEALTH CARE PROGRAMS " AS ONE OF THE NATION'S FIRST SETTLEMENT HOUSES, HENRY STREET'S APPROACH TO HUMAN SERVICES HAS ALWAYS BEEN PLACE-BASED AND PARTICIPANT-INCLUSIVE DESIGNED TO MEET THE FULL SPECTRUM OF HUMAN NEEDS AND EVOLVING TO EFFECTIVELY SERVE CHANGING COMMUNITY PRIORITIES THIS APPROACH, WHICH IS A RELEVANT TODAY AS IT WAS 120 YEARS AGO, IS REFLECTED IN ALL OF OUR PROGRAMS THAT REACH MORE THAN 50,000 PEOPLE EACH YEAR ACROSS 17 PROGRAM SITES AND THROUGH YOUTH, HEALTHCARE AND ARTS PROGRAMS IN 22 LOCAL SCHOOLS OUR COMMUNITY HENRY STREET OFFERS SERVICES ACROSS 17 PROGRAM LOCATIONS ON MANHATTAN'S LOWER EAST SIDE, WHICH IS ONE OF THE MOST DIVERSE AND DENSELY POPULATED NEIGHBORHOODS IN THE CITY OF THE MORE THAN 163,000 LES RESIDENTS, 33 8% ARE ASIAN, 24 6% HISPANIC, AND 6 9% AFRICAN-AMERICAN, WHICH MAKES IT THE FOURTH HIGHEST RACIALLY DIVERSE NY CITY COMMUNITY DISTRICT, ACCORDING TO 2010 CENSUS DATA THE NEIGHBORHOOD IS ALSO CHARACTERIZED BY PERSISTENT, OFTEN INTERGENERATIONAL, POVERTY, WITH MORE THAN 77,000 PEOPLE (47% OF THE POPULATION) RECEIVING INCOME SUPPORTS (INCLUDING MEDICAID) AND 29% HAVING HOUSEHOLD INCOMES UNDER \$19,000 THE AREA IS CHARACTERIZED BY A HIGH LEVEL OF INCOME DISPARITY, AND HAS ONE OF THE HIGHEST INCOME-DIVERSITY RATIOS IN NYC, ACCORDING TO THE FURMAN CENTER FOR REAL ESTATE AT NYU POOR EDUCATIONAL ACHIEVEMENT IS ANOTHER ISSUE, AS 31% OF ADULTS DO NOT HAVE A HIGH SCHOOL DIPLOMA IN THE CENSUS TRACTS THAT INCLUDE THE NEW YORK CITY HOUSING AUTHORITY (NYCHA) PUBLIC HOUSING COMPLEXES ON AVENUE D, WHERE HENRY STREET OPERATES YOUTH AND EMPLOYMENT PROGRAMS, ONLY 9% OF RESIDENTS HAVE RECEIVED A COLLEGE DIPLOMA IN ADDITION TO SERVING LOWER EAST SIDE RESIDENTS, HENRY STREET HAS INCREASINGLY BEEN SERVING NEW YORKERS FROM ALL FIVE BOROUGHES, ESPECIALLY THROUGH OUR EMPLOYMENT SERVICES AND ARTS PROGRAMS

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	<p>HENRY STREET SETTLEMENT'S MISSION IS TO OPEN DOORS OF OPPORTUNITY TO ENRICH LIVES AND ENHANCE HUMAN PROGRESS FOR LOWER EAST SIDE RESIDENTS AND OTHER NEW YORKERS THROUGH SOCIAL SERVICES, ARTS AND HEALTH CARE PROGRAMS. FOUNDED IN 1893 BY SOCIAL REFORMER LILLIAN WALD, HENRY STREET SETTLEMENT'S MISSION IS "TO OPEN DOORS OF OPPORTUNITY TO ENRICH LIVES AND ENHANCE HUMAN PROGRESS FOR LOWER EAST SIDE RESIDENTS AND OTHER NEW YORKERS THROUGH SOCIAL SERVICES, ARTS AND HEALTH CARE PROGRAMS." AS ONE OF THE NATION'S FIRST SETTLEMENT HOUSES, HENRY STREET'S APPROACH TO HUMAN SERVICES HAS ALWAYS BEEN PLACE-BASED AND PARTICIPANT-INCLUSIVE DESIGNED TO MEET THE FULL SPECTRUM OF HUMAN NEEDS AND EVOLVING TO EFFECTIVELY SERVE CHANGING COMMUNITY PRIORITIES. THIS APPROACH, WHICH IS RELEVANT TODAY AS IT WAS 120 YEARS AGO, IS REFLECTED IN ALL OF OUR PROGRAMS THAT REACH MORE THAN 50,000 PEOPLE EACH YEAR ACROSS 17 PROGRAM SITES AND THROUGH YOUTH, HEALTHCARE AND ARTS PROGRAMS IN 22 LOCAL SCHOOLS. OUR COMMUNITY HENRY STREET OFFERS SERVICES ACROSS 17 PROGRAM LOCATIONS ON MANHATTAN'S LOWER EAST SIDE, WHICH IS ONE OF THE MOST DIVERSE AND DENSELY POPULATED NEIGHBORHOODS IN THE CITY. OF THE MORE THAN 163,000 LES RESIDENTS, 33.8% ARE ASIAN, 24.6% HISPANIC, AND 6.9% AFRICAN-AMERICAN, WHICH MAKES IT THE FOURTH HIGHEST RACIALLY DIVERSE NY CITY COMMUNITY DISTRICT, ACCORDING TO 2010 CENSUS DATA. THE NEIGHBORHOOD IS ALSO CHARACTERIZED BY PERSISTENT, OFTEN INTERGENERATIONAL, POVERTY, WITH MORE THAN 77,000 PEOPLE (47% OF THE POPULATION) RECEIVING INCOME SUPPORTS (INCLUDING MEDICAID) AND 29% HAVING HOUSEHOLD INCOMES UNDER \$19,000. THE AREA IS CHARACTERIZED BY A HIGH LEVEL OF INCOME DISPARITY, AND HAS ONE OF THE HIGHEST INCOME-DIVERSITY RATIOS IN NYC, ACCORDING TO THE FURMAN CENTER FOR REAL ESTATE AT NYU. POOR EDUCATIONAL ACHIEVEMENT IS ANOTHER ISSUE, AS 31% OF ADULTS DO NOT HAVE A HIGH SCHOOL DIPLOMA. IN THE CENSUS TRACTS THAT INCLUDE THE NEW YORK CITY HOUSING AUTHORITY (NYCHA) PUBLIC HOUSING COMPLEXES ON AVENUE D, WHERE HENRY STREET OPERATES YOUTH AND EMPLOYMENT PROGRAMS, ONLY 9% OF RESIDENTS HAVE RECEIVED A COLLEGE DIPLOMA. IN ADDITION TO SERVING LOWER EAST SIDE RESIDENTS, HENRY STREET HAS INCREASINGLY BEEN SERVING NEW YORKERS FROM ALL FIVE BOROUGHES, ESPECIALLY THROUGH OUR EMPLOYMENT SERVICES AND ARTS PROGRAMS. OUR PROGRAMS HENRY STREET'S SERVICES BUILD ON OUR CLIENTS' STRENGTHS AND INTERESTS, AND ADDRESS THE NEEDS OF INDIVIDUALS OF ALL AGES, FROM BABIES TO SENIOR CITIZENS. THESE PROGRAMS ARE DESIGNED TO FOCUS ON A RANGE OF CHALLENGES, INCLUDING SOCIAL ISOLATION, LACK OF HOUSING AND FOOD, UNEMPLOYMENT, LACK OF HEALTHCARE, UNDERTREATED AND UNTREATED MEDICAL AND PSYCHOLOGICAL DISORDERS, POOR EDUCATIONAL ACHIEVEMENT, AND INSUFFICIENT ACCESS TO AFFORDABLE ARTS EXPERIENCES AND CREATIVE EXPRESSION. OUR PROGRAMS ARE OFFERED IN FOUR AREAS -- HEALTH AND WELLNESS, EDUCATION AND EMPLOYMENT, TRANSITIONAL AND SUPPORTIVE HOUSING, AND THE ARTS TO CREATE A HOLISTIC NETWORK OF SUPPORT SERVICES THAT BENEFIT INDIVIDUALS, FAMILIES, AND COMMUNITIES. HEALTH AND WELLNESS: GUIDED BY THE OVERALL PRINCIPLES OF HOPE, GROWTH, CHANGE, AND RECOVERY, OUR HEALTH AND WELLNESS SERVICES PROVIDE ACCESS TO AFFORDABLE AND HIGH QUALITY MENTAL AND PRIMARY HEALTH CARE FOR ALL COMMUNITY MEMBERS, INCLUDING HOMEBOUND SENIORS. SERVICES INCLUDE THE NEIGHBORHOOD RESOURCE CENTER. WHILE OUR CONTINUUM OF SERVICES CAN BE ENTERED THROUGH ANY OF OUR PROGRAMS (SEE ABOVE), OUR NEIGHBORHOOD RESOURCE CENTER (NRC) FUNCTIONS AS A MAIN ENTRY POINT WHERE ARE CONNECTED TO THE SERVICES AND BENEFITS THEY NEED. THE NRC PROVIDES HEALTH INSURANCE ENROLLMENT, CRISIS MANAGEMENT (SUCH AS EVICTION PREVENTION OR ASSISTANCE WITH RESOLVING HOUSING ISSUES), HELP WITH ESTABLISHING FINANCIAL STABILITY BY SECURING BENEFITS AND ACCESSING FINANCIAL AND LEGAL COUNSELING, AND LINKAGE TO THE OTHER SERVICES AVAILABLE THROUGHOUT THE SETTLEMENT, SUCH AS MENTAL HEALTH AND PRIMARY HEALTH SERVICES, CHILD CARE, AND EMPLOYMENT SERVICES. THE NRC ALSO OFFERS PARENTING SUPPORT AND CLASSES. OUR COMMUNITY CONSULTATION CENTER HOUSES A STATE-LICENSED MENTAL HEALTH CLINIC AND A PRIMARY HEALTH CLINIC, OFFERS MENTAL HEALTH SERVICES FOR CHILDREN AT THREE LOCAL SCHOOLS, AND PROVIDES VOCATIONAL TRAINING AND HIV FAMILY SERVICES, INCLUDING A SUPPORTIVE HOUSING RESIDENCE FOR FAMILIES IMPACTED BY HIV. THE PROS PROGRAM (PERSONALIZED RECOVERY ORIENTED SERVICES) IS A COMPREHENSIVE PROGRAM FOR INDIVIDUALS WITH A DIAGNOSIS OF SEVERE MENTAL ILLNESS, PROVIDING SUPPORT AND CLINICAL INTERVENTION TO HELP CLIENTS PURSUE AND ATTAIN LIFE GOALS. SENIOR SERVICES HAVE BEEN CORE TO OUR MISSION, INCLUDING THE GOOD COMPANIONS SENIOR CENTER, WHICH WAS SELECTED AS THE SITE FOR A NATIONAL PILOT TO ESTABLISH NUTRITION PROGRAMS FOR SENIORS (1967), VLADECK CARES, ONE OF THE FIRST NATURALLY OCCURRING RETIREMENT COMMUNITIES (NORCS) OFFERING CASE MANAGEMENT AND HEALTH SERVICES IN A PUBLIC HOUSING PROJECT (1994), AND ONE OF THE LARGEST MEALS ON WHEELS (MOW) HOME-DELIVERY PROGRAMS.</p>

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	<p>IN NEW YORK CITY (2009), DELIVERING MEALS AND PROVIDING CRUCIAL CONTACT TO HOMEBOUND SENIORS WE ALSO OFFER A CITYWIDE SENIOR COMPANIONS VOLUNTEER PROGRAM THAT PAIRS ABLE-BODIED SENIORS WITH THEIR FRAIL AND HOMEBOUND PEERS TO OFFER COMPANIONSHIP AND HELP THE SENIORS WE SERVE ARE OFTEN ISOLATED DUE TO LOW INCOME AND A LIMITED ABILITY TO SPEAK ENGLISH (MANY WERE BORN OUTSIDE THE US, ESPECIALLY CHINA) THEREFORE, WE OFFER MULTILINGUAL SERVICES THAT EMPHASIZE HEALTH AND WELLNESS AND OPPORTUNITIES TO SOCIALIZE AND BE PART OF A SUPPORTIVE COMMUNITY THIS INCLUDES OUR CONGREGATE MEAL PROGRAM AND RECREATIONAL ACTIVITIES AT OUR SENIOR CENTER AND THE SENIOR COMPANIONS PROGRAM EDUCATION & EMPLOYMENT RECOGNIZING THE IMPORTANCE OF EDUCATION FOR FUTURE PROFESSIONAL SUCCESS, OUR EDUCATION AND EMPLOYMENT PROGRAMS ARE INTEGRATED TO ALLOW PARTICIPANTS TO ACCESS, AT ANY POINT DURING THEIR ENGAGEMENT, A FULL CONTINUUM OF SERVICES THAT SUPPORT EACH INDIVIDUALS EDUCATIONAL AND EMPLOYMENT NEEDS AND GOALS EDUCATION OUR EDUCATION SERVICES ENCOMPASS A RANGE OF COMPREHENSIVE YOUTH PROGRAMS DESIGNED TO SUPPORT A YOUNG PERSONS HEALTHY DEVELOPMENT AT ALL STAGES TO HELP THEM BECOME CONFIDENT, COMPASSIONATE, AND MATURE ADULTS EARLY CHILDHOOD EDUCATION ACKNOWLEDGING THE IMPORTANCE OF HIGH QUALITY SERVICES TO BUILD THE COGNITIVE AND SOCIAL SKILLS NECESSARY FOR FUTURE SUCCESS IN SCHOOL, OUR DAY CARE AND EARLY CHILDHOOD EDUCATION PROGRAMS PROVIDE CHILDREN AGES 2-4 WITH A SAFE AND STIMULATING ENVIRONMENT FOR LEARNING SERVICES ARE OFFERED AT TWO DAY CARE CENTERS, INCLUDING OUR URBAN FAMILY CENTER FOR HOMELESS FAMILIES AFTER-SCHOOL PROGRAMS TO ENCOURAGE POSITIVE SOCIAL INTERACTION, ACADEMIC GROWTH, AND COMMUNITY ENGAGEMENT, OUR AFTERSCHOOL PROGRAMS ARE AVAILABLE AT FOUR PUBLIC SCHOOL LOCATIONS (PS 20, PS110, PS134, AND THE CORLEARS EDUCATIONAL MIDDLE SCHOOL COMPLEX) AND OUR TWO YOUTH CENTERS (AT 301 HENRY STREET AND THE BOYS AND GIRLS REPUBLIC) SERVICES INCLUDE HOMEWORK HELP, SPORTS AND RECREATIONAL ACTIVITIES, AND THE ARTS ADOLESCENT EDUCATIONAL SERVICES TO HELP YOUNG PEOPLE ATTAIN A HIGHER EDUCATION AND THEREFORE IMPROVE THEIR CHANCES IN AN INCREASINGLY COMPETITIVE JOB MARKET, WE OFFER HIGH SCHOOL COMPLETION SUPPORT AND THE EXPANDED HORIZONS COLLEGE PREPARATION AND RETENTION PROGRAM, INCLUDING SAT PREPARATION, TUTORING, COLLEGE TRIPS, COLLEGE COUNSELING, ASSISTANCE WITH APPLICATIONS AND OBTAINING FINANCIAL AID, AND SUPPORT SERVICES FOR STUDENTS TO HELP THEM GO TO COLLEGE AND GRADUATE MOST EXPANDED HORIZONS PARTICIPANTS ARE THE FIRST IN THEIR FAMILIES TO PURSUE A COLLEGE EDUCATION WE ALSO OFFER A PEER-LED HIV EDUCATION AND PREVENTION PROGRAM, PROJECT PROTECT, TO HELP YOUNG GAY MEN OF COLOR GAIN STABILITY AND OFFER PEER-LED WORKSHOPS AND STREET OUTREACH EMPLOYMENT SERVICES HENRY STREET HAS DISTINGUISHED ITSELF IN THE WORKFORCE DEVELOPMENT FIELD, OFFERING A COMPREHENSIVE RANGE OF SERVICES FOR PEOPLE OF ALL BACKGROUNDS AND SKILLS LEVELS AT FIVE LOWER EAST SIDE LOCATIONS OUR EMPLOYMENT PROGRAMS INCLUDE WALK-IN SERVICES FOR EVERYONE IN THE COMMUNITY WHO NEEDS HELP FINDING A JOB, SERVICES FOR ENGLISH LANGUAGE LEARNERS, OUR JOBS PLUS PROGRAM FOR PUBLIC HOUSING RESIDENTS (ONE OF NINE PILOT PROGRAMS IN THE CITY), AND A PROGRAM FOR SHELTER RESIDENTS WHO RECEIVE ONSITE EMPLOYMENT SERVICES FOR YOUNG PEOPLE WE OFFER A RANGE OF SPECIALIZED SERVICES THIS INCLUDES INTENSIVE INTERNSHIP PROGRAMS FOR YOUNG PEOPLE AGES 18-24 WHO ARE NOT IN SCHOOL OR EMPLOYED, AND ONE OF THE CITY'S LARGEST SUMMER YOUTH EMPLOYMENT PROGRAMS OUR EMPLOYMENT DIVISION ALSO HAS A SPECIAL FOCUS ON DEVELOPING JOBS IN FIELDS THAT HAVE GROWING JOB POTENTIAL, SUCH AS HOSPITALITY, OFFICE/ ADMINISTRATION, RETAIL, AND MAINTENANCE OUR EMPLOYMENT PROGRAMS HAVE CONSISTENTLY BEEN RECOGNIZED AS HIGHLY EFFECTIVE BY CORPORATE, GOVERNMENT AND PRIVATE SUPPORTERS -- MOST RECENTLY IN AN ARTICLE IN THE NON-PROFIT QUARTERLY THAT IDENTIFIED HENRY STREET AS ONE OF "THE NATION"</p>

Identifier	Return Reference	Explanation
	FORM 990, PART III, LINE 1 (CONTINUED)	<p> "THE NATION'S BEST LOCALLY-FOCUSED JOB TRAINING NONPROFITS " VISUAL AND PERFORMING ARTS FROM ITS BEGINNINGS, HENRY STREET SUPPORTED THE ARTS AS A VITAL COMPONENT OF A WELL-BALANCED LIFE. OUR HISTORIC PLAYHOUSE WAS BUILT IN 1915, AND, SINCE THEN, SOME OF THE MOST ADVENTUROUS ARTISTS OF THE PAST CENTURY HAVE TRAINED, TAUGHT OR PERFORMED HERE INCLUDING JOHN CAGE, DIZZY GILLESPIE, AND MARTHA GRAHAM. ADJACENT TO THE PLAYHOUSE, THE ABRONS ARTS CENTER WAS COMPLETED IN 1975 AS A MULTI-DISCIPLINARY COMMUNITY ARTS CENTER. OVER THE LAST SEVEN YEARS, THE ARTS CENTER HAS AGAIN EXPERIENCED A RENAISSANCE AND REVITALIZATION, EMBRACING ARTISTIC EXPERIMENTATION AND ARTISTS LIKE JOEY ARIAS, JUSTIN BOND, AND MIGUEL GUTIERREZ, AMONG MANY OTHERS, AND HOSTED ACCLAIMED PERFORMANCE FESTIVALS SUCH AS AMERICAN REALNESS AND THE QUEER NEW YORK INTERNATIONAL ARTS FESTIVAL. ABRONS' CUTTING-EDGE, AVANT-GARDE PRODUCTIONS REGULARLY GET RAVE REVIEWS IN THE PRESS AND ATTRACT AUDIENCE MEMBERS FROM ACROSS THE CITY AS WELL AS NATIONAL AND INTERNATIONAL ART ENTHUSIASTS. A THRIVING ARTIST-IN-RESIDENCE PROGRAM AND ARTS CLASSES FOR PARTICIPANTS OF ALL AGES AND SKILL LEVELS NURTURES THE NEXT GENERATION OF ARTISTS. THROUGH OUR LONG-ESTABLISHED COLLABORATION WITH THE NYC DEPARTMENT OF EDUCATION, WE ARE OFFERING HIGH QUALITY ARTS CLASSES BY PROFESSIONAL TEACHING ARTISTS AT 22 PUBLIC SCHOOLS ACROSS THE CITY. TRANSITIONAL AND SUPPORTIVE HOUSING: OUR FOUR HOMELESS SHELTERS HAVE PIONEERED INNOVATIVE APPROACHES TO PROVIDING EFFECTIVE SERVICES THAT ARE CHARACTERIZED BY AN INDIVIDUALIZED APPROACH TO WORKING WITH OUR CLIENTS. OUR SHELTERS INCLUDE THE URBAN FAMILY CENTER, THE FIRST TO PROVIDE APARTMENT-STYLE SHELTER TO HOMELESS FAMILIES, HELEN'S HOUSE, WHICH OFFERS EFFICIENCY APARTMENTS AND SUPPORT SERVICES FOR SINGLE MOTHERS WITH YOUNG CHILDREN, THE THIRD STREET SHELTER FOR SINGLE WOMEN WITH MENTAL HEALTH DIAGNOSES, AND A SHELTER FOR SURVIVORS OF DOMESTIC VIOLENCE AND THEIR CHILDREN (ALSO ONE OF THE FIRST SHELTERS OF THIS KIND). IN ADDITION, WE OFFER A SUPPORTIVE HOUSING RESIDENCE WITH MENTAL HEALTH SERVICES FOR CLIENTS WITH A MENTAL HEALTH DIAGNOSIS. UNFORTUNATELY, AS THE HOMELESS CRISIS HAS WORSENERED OVER THE PAST SEVERAL YEARS, IT HAS BECOME INCREASINGLY DIFFICULT TO HELP HOMELESS CLIENTS TRANSITION BACK TO PERMANENT HOUSING. NONETHELESS, THROUGH INNOVATIVE APPROACHES, INCLUDING THE PROVISION OF ONSITE EMPLOYMENT SERVICES, WE ARE COMMITTED TO HELPING HOMELESS INDIVIDUALS MOVE OUT OF THE SHELTER SYSTEM AND BUILD THE FOUNDATION FOR A MORE STABLE FUTURE. MORE INFORMATION ABOUT HENRY STREET'S HISTORY, PROGRAMS AND IMPACT, IS AVAILABLE ON WWW.HENRYSTREET.ORG </p>

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 JUNE 18, 2012.

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ADJUSTMENT TO PENSION FUNDED STATUS 1,177,079

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) 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
(2) 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
(3) 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
(4) 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
(5) 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" to 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" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HENRY STREET HOMECARE SERVICES INC 265 HENRY STREET NEW YORK, NY 10002 13-4072588	HOMECARE SERVICES	NY	N/A	C			100.000 %		No

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

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

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 or **(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** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

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

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q	Yes	
1r		No
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOYS AND GRILS REPUBLIC INC	B	200,346	COST
(2) HENRY STREET HOUSEKEEPING ASSISTANCE SERVICES INC	D	1,037,086	COST
(3) HENRY STREET SETTLEMENT HEALTH SERVICES INC	D	762,114	COST

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

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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