## <sub>Form</sub> **99**0

#### Return of Organization Exempt From Income Tax

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

OMB No. 1546-0047

Department of the Tressury

Do not enter Social Security numbers on this form as it may be made public.

Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014 C Name of organization D Employer Identification number Check if applicable ]Address |change GREENWICH HISTORICAL SOCIETY, Name change 06-6036049 Doing Business As India: Number and street (or P.O. box if mail is not delivered to street address). Room/suite E Telephone number Tema asso (203)869-6899 39 STRICKLAND RD Amended return City or town, state or province, country, and ZIP or foreign postal code 1,911,583. Applice: COS COB, CT 06807 H(a) is this a group return canding F Name and address of principal officer.BRUCE DIXON ∃Yes [X]No for subordinates? 9 MAHER AVENUE, GREENWICH, CT 06830 H(b) Are all subordinates included? Yes No Tax-exampt status: X 501(c)(3) 501(c) ( }◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.HSTG.ORG H(c) Group exemption number 🕨 K Form of organization: X Corporation Trust Association Other 🏲 1, Year of formation: 1931 M State of legal domicile: CT Part I Summary Briefly describe the organization's mission or most significant activities: GREENWICH HISTORICAL SOCIETY Activities & Governance INSPIRES PEOPLE OF ALL AGES TO MAKE PERSONAL CONNECTIONS WITH THE Check this box 🕨 📖 if the organization discontinued its operations or disposed of more than 25% of its net assets. 29 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 26 0 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, line 34 ...... Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,140,894 870,586. Revenue 73,135. 210,709. 85,883. Program service revenue (Part VIII, line 2g) 528,952. 10 Investment income (Part VIII, column (A), tines 3, 4, and 7d) 248,233. 232,738. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .718,159. 1,672,971 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... Grants and similar amounts paid (Part IX, column (A), lines 1-3) О. 0. ٥. 14 Benefits paid to or for members (Part IX, column (A), line 4) 797,052. 738.425 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising tees (Part IX, column (A), line 11e) b Total fundralsing expenses (Part IX, column (D), line 25) 718,110. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ...... 671,106. ,515,162. 409,531. 16 Total expenses. Add tines 13-17 (must equal Part IX, column (A), tine 25) 263,440. 202,997. 19 Revenue less expenses. Subtract line 16 rem tine 12 Baginning of Current Year End of Year 12,357,820. 12,650,731. 20 Total assets (Part X, line 16) 62,383. 52,150. Total liabilities (Part X, line 26) 12,295,437. 12,598,581. Net assets or fund balances. Subtract line 21 from line 20 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 tree, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Bush Signature of officer Date Sign BRUCE DIXON, TREASURER Here Type or print name and title Paid Preparer Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

l Yeş

	990 (2013) GREENWICH HISTORICAL SOCIETY, INC.	06-6036049	Page 2
Pa	Statement of Program Service Accomplishments		•
	Check if Schedule O contains a response or note to any line in this Part III		🗀
1	Briefly describe the organization's mission:		
	THE GREENWICH HISTORICAL SOCIETY INSPIRES PEOPLE TO MAKE	E PERSONAL	
	CONNECTIONS WITH THE PAST. WE USE STORIES AND OBJECTS		CH THE
	TO ILLUMINATE THE AMERICAN EXPERIENCE.	(=1.5	
2	Old the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No.
	If "Yes," describe these new services on Schedule O.		TT 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	["Tv	Ψw.
•	if "Yes," describe these changes on Schedule O.	1163	C37140
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
7			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	rs, the total expanses, a	and
		70	224
~a	(Code: ) (Expenses \$ 848,710. Including grants of \$ ) (Revenue (1) EDUCATION - WE PROVIDED HISTORY AND ART EDUCATION PI	MS/J/,	220.
	THE CONNECTICUT STATE CURRICULA FOR GRADES K - 12.	COGRAMO DASE	D ON
	THE CONNECTICOT STATE CORRECTED FOR GRADES R = 12.		
	(2) EVETETONO C DUDITO DOCUME. ME PROVIDER ADDROUTE		
	(2) EXHIBITIONS & PUBLIC PROGRAMS - WE PROVIDED APPROXIMATE TO THE PROVIDED APPROXIMAT	MATELY 12,000	Ų
	ADULTS AND FAMILIES WITH OPPORTUNITIES TO EXPLORE GREEN	VICH AND	
	AMERICA'S HISTORY THROUGH OUR NATIONAL HISTORIC LANDMAR	ROSH-HOLLE	<u>Y</u>
	HOUSE, OUR CHANGING EXHIBITIONS AND OUR PUBLIC PROGRAMS	, INCLUDING	
	TOURS, LECTURES, WORKSHOPS AND EVENTS.		
	(3) COLLECTIONS - WE ARE STEWARDS OF THE NATIONAL HISTORY	RIC LANDMARK	
	BUSH-HOLLEY HOUSE AND WE CARE FOR AND PROVIDE ACCESS TO	HISTORIC	
	COLLECTIONS.		
4b	(Code;) (Expenses \$ including grants of \$) (Revenue	#S	
	,		
4c	(Code:) (Expenses \$   Including grants of \$   (Revenue		<del></del>
	tour 1 fewbares a tour output 1 few series	•>	
	· · · · · · · · · · · · · · · · · · ·		
	<u> </u>	<del></del>	
		<del></del> ,	
		· ••	
		<u></u> .	
4d	Other program services (Describe in Schedule O.)	<del> </del>	
	(Expenses \$ including grants of \$ ) (Revanue \$		
<b>4e</b>	Total program service expenses ► 848,710.		
332002		Form 99	10 (2013)

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)?			
	]f "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule 8, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on bahalf of or in opposition to candidates for		İ	ŀ
	public office? If "Yes," complete Schedule C, Part I	3	L	<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect	!	l	
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		Ι.	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Parl II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part ill	8	X	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account fiability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	L	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, (X, or X			
	as applicable.	0 00 0 00 0 0 00 0 00 0 0 00 0 00 0		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	118	X	
þ	Did the organization report an amount for investments - other securities in Part X, fine 12 that is 5% or more of its total			
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	116	<u> </u>	
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 167 if "Yes," complete Schedule D, Part VIII	11c		Х
ď	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 <sup>9</sup> If "Yes," complete Schedule D, Part IX	11d	Х	
۰	Did the organization report an amount for other liabilities in Part X, tine 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	The organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u>.                                    </u>	Х
13	Is the organization a school described in section 179(b)(1)(A)(i)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	145		χ.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Old the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Dxd the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	!	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Pert VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
		Form	990 ¢	2013)

		<i></i>	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part (X,		İ	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		ļ
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 20027 if "Yes," enswer lines 24b through 24d and complete			
	Schedule K. II "No", go to line 25a	24a	L	LX.
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tex-exempt bonde?	24c		i
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? if "Yes," complete Schedule L, Part i	25€		Х
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualitied person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	1	1	
	complete Schedule L, Part II	26	<b>i</b>	Х
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	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	N.		903
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a	[	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28ь		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	i I	Х
31				
	If "Yes," complete Schedule N, Part I	31		Х
32				
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, Ilne 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to fine 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)? # "Yes," complete Schedule R, Pert V, line 2	35ь		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		$\Box$	
	If "Yes," complete Schedule Ri, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		x
38	Dkd the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- <del>**</del>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	

	Check if Schedule O contains a response or note to any line in this Part V					Г
1æ	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	١	51	1888	Yes	No
ь		1a 1b		-84		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	remoté		400		
	(gambling) winnings to prize winners?	Герган	m'e delitinië	30,200	i ja se	SERV
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ϊ	ľ	1c		0 (000)
	filed for the calendar year ending with or within the year covered by this return	28	26			Mi
ъ	if at least one is reported on line 2a, dld the organization file all required federal employment tex reto	<u>. 26</u>		<b>-</b> """"	985968	₹ X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	anist		2b	1033	
Эв	Did the organization have unrelated business gross income of \$1,000 or more during the year?	re/		2.00	dina.	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3a	╅	+^
4a	At any time during the calendar year, did the organization have an interest in, or a signeture or other	e outbou	ida anas a	35	╂╍╌	+
	financial account in a toreign country (such as a bank account, securities account, or other financial	autho	nty Over, a	_ء ا	1	<sub>x</sub>
ь	If 'Yes," enter the name of the foreign country:	accou	m)7	4B	: pace	₩.
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	A			100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	MCCON	nts.	<b>***</b>		\$200 V
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	 2		<u>6a</u>	┼	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	асполу	·····	56	$\vdash$	<del>  </del>
ва	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			<u>\$c</u>	<u> </u>	╀
	any contributions that were not tax deductible as charitable contributions?	ne orga	anization solicit			٦
ъ	if 'Yes,' did the organization include with every solicitation an express statement that such contribu	•2	!n	6a	┼	<u> </u>
_				۱	1	1
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			65 ::::::::::::::::::::::::::::::::::::	10000	100000
B	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and se			03%	NÇ:	<b>1</b> 1111
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvices p	rovided to the payor?		X	╁
-	Did the organization sell, exchange, or otherwise dispose of langible personal property for which it w	<b></b>		7ъ	-	<del> </del> ^
•	to file Form 8282?	ras req	uired	۱_		١.,
d	if 'Yes,' Indicate the number of Forms 8282 feed during the year	7d		7¢	<u> </u>   2000000	X
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	[ [6 ]		354		
ſ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conte	AMBITAC 	it's	7e	ļ	<del>i -</del>
Q	If the organization received a contribution of qualified intellectual property, old the organization file Fo	raci7	00 : : : : : 10	71	<del> </del>	<del>├</del> ──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	omn oa	se as required?	7g		⊢
8	Sponsoring organizations maintaining donor advised funds and section 509(a) (3) supporting organizations. D	ation III	e a rom 1098-07	7h	30.7	 
	organization, or a denor advised fund maintained by a sponsoring organization, have excess business holdings at	30 tng \$1	appening	iiisik	33497	
8	Sponsoring organizations maintaining donor advised funds.	апу сып	a county tite year?	<b>8</b>	(1787)	  20022
	Did the organization make any taxable distributions under section 4966?			******		1200
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	· · · · · · · · · · · · · · · · · · ·		92		├
	Section 601(c)(7) organizations. Enter:		• • • • • • • • • • • • • • • • • • • •	<u>9b</u>	180000	33333
		1 1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b	<del></del>		836	
1	Section 501(c)(12) organizations. Enter:	100				
	Gross income from mambers or shareholders	المما				
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	11a				
	demonstration of the state of t					
2.	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fieu of Form	115	- <del>-</del> -	*****	8844	84432
	If IVan bester the service of any			12a	3032290	**3·13
	Section 50?(c)(29) qualified nonprofit health insurance issuers.	126				
	is the organization ficensed to issue qualified health plans in more than one state?		<u> </u>		32233	
-	Note. See the instructions for additional information the organization must report on Schedule O.		······	13a	0.0098	 
			1	(0.0		
	Enter the amount of reserves the organization is required to maintain by the states in which the	٠,,, ١				W
. '	organization is licensed to issue qualified health plans	13b		ķm)	30N	
ori Geri	Old the propolation specific the proposed for indeed to the indeed to th	13e				0000
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	]	Х
U	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 O		14b	{	

GREENWICH HISTORICAL SOCIETY, INC. Form 990 (2013). 06-6036049 Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part V  $\mathbf{X}$ Section A. Governing Body and Management 18 If there are material differences in voting rights among mambers of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule Q. b Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ 1b 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? Х 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? Х 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Х 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? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Х 88 b Each committee with authority to act on behalf of the governing body? X ďВ 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 Х Section B. Policies (This Section B requests information about policies not required by the internal Revenue Code.) Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b. If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. MX 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? Х 13 Did the organization have a written document retention and destruction policy? 14  $\overline{\mathbf{x}}$ 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability deta, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Exit the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation. in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filled **>CT** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other (explain in Schedule O) 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GREENWICH HISTORICAL SOCIETY INC. - (203)869-6899

06807

332006 10-29-10

39 STRICKLAND ROAD, COS COB, CT

Form 990 (2013)

Form 990 (2013) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the catendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five surrent highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Check this box if neither the organiza	(B)	Ĭ			C)	100	ta CL	(D)	(E)	(F)
Name and Title	Average	l		Pos	ilion			Reportable	Reportable compansation from related	Estimated
	hours per	box	c, unle	sp pe	ивор	than Is bot	h an	compensation		amount of
	week	_	GET AT	ed p d	Greet T	or/true	10 <del>0</del> )	from		other
	(list any	NSEE or director	ı				l	the	organizations	compensation
	hours for related	8	2			8	l	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	į	Institutional trusted		,	Highest compass employee	ľ			organization
	below	15	ş	<u>.</u>	Кеу епформ	88	<u>.</u> ا		·	and related organizations
	line)	Individual	륲	85	ş	i i	<u>1</u>	i		Organizations
(1) DAVIDDE E, STRACEBRIN	4.00	↾		Ť	<del>  -</del>		_		<u>-</u>	
CHAIR/BOARD NEMBER		X		X				l o.	0.	0
(2) DAVID G ORMSBY	4.00				_		Т			
BOARD MEMBER		X	l				•	0.	0.	0.
(3) REGINA PITARO GABELLI	4.00	1	Г				<del></del> -			
BOARD MEMBER		X					:	0.	0.	0.
(4) FRASER BENNETT BEEDE	4.00	<u> </u>		Н	$\vdash$					
BOARD NEMBER		x						O.	0.	0
(5) DAVID BROWNWOOD	4.00				_	Н		<u>-</u> . **	<del></del>	
SECRETARY/BOARD MEMBER		X		x				0.	0.	0.
(6) JESSICA S. GUFF	4.00		i			ΗÍ				
BOARD MEMBER		x		l				0.	0.	0.
(7) GRAY HAMPTON	4.00			~			Ti		<del>- ''</del>	
BOARD MEMBER	· <del></del> -	х		ļ				o.	0.	0.
(8) CARL H. HEWITT	4.00	<del> </del>		$\neg$						
BOARD NEMBER		Х						0.	0.	0.
(9) ARIS G. CRIST, AIA	4.00	-	<del>'' i</del>			Ħ				
BOARD KEMBER		x		- 1			-	0.	0.	0.
(10) ALEASE FIGHER TALLMAN	4.00		Н	┪	_		一			
BOARD MEMBER		x						0.	0.1	0.
(11) ROBERT HINNAN GETZ	4.00			— <del>f</del>	$\neg$	一			·	
BOARD MEMBER		X			ı		Ī	0.	0.	0.
(12) BRUCE DIXON	4.00			$\dashv$	一	寸	$\dashv$			
VICE CHAIR/TREASURER/BOARD		x		$\mathbf{x}$				0.	0.	0.
(13) SUZAMNS C FRANK	4.00			╗		$\dashv$	$\dashv$			<u>~</u> •
BOARD MEMBER		x		- 1			- 1	٥.	0.	0.
(14) ELLEN T. REID	4.00			$\dashv$	<b>─</b>	ᆉ	┪		<u></u>	
BOARD NEMBER		x	l	1	-	- 1	ſ	0.	٥.	0.
(15) DEBORAH G ROYCE	4.00		$\dashv$	$\dashv$	$\dashv$	─†				····
BOARD MEMBER		х			- 1			0.	0.	0
(16) MYRNA HAFT	4.00	<del></del> -		+	ऻ	$\dashv$	+		<del></del>	
BOARD MEMBER		X					- [	0.	0.	0.
(17) M.E. KJAERNESTED	4.00		$\dashv$	$\dashv$	$\dashv$		$\dashv$	<u></u> _	<u>~·</u>	<u>-</u>
BOARD NEMBER		$\mathbf{x}$	ļ	-	ļ		ļ	0.1	0.	0.
332007 10-29-13		1								<del></del>

Form **990** (2013)

2	Total number of independent contractors (including but not limited to those listed above) who received more than
	\$100,000 of compensation from the organization >
	SEP DADO VII COCOTON A CONSTNUADION CURESC

Form 990 (2013)

Form 990 GREENWIC	H HISTO	RI	CA.	L	SO	CI,	EΤ	Y, INC.	<u>06-6</u> 03	6049
Part VII Section A. Officers, Directors, Tr	ustees, Key E	ilb <u>i</u>	oyee	es, a	ınd l	Higt	1491	Compensated Employ	(ees (continued)	
(A) Name and title	(B) Average hours	(C) Position (check all that apply)				,		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (lkst any hours for related organizations below line)	Adviced in piece or director	Postflational Masters	Officer	Kayemployee	Highest compensated employed	former	from the organization (W-2/1099-MtiSC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
27) CATHERINE TOMPKINS COARD NEMBER	4.00	x	ļ					0.	0.	C
28) LYNN WHEAT	4.00	<del>                                     </del>				ļ	ļ	T -	i <u>-</u>	<u></u> `
OOARD HENBER		Х		<u> </u>				0.	0.	(
(29) BETBY VITTON	4.00						Г			
HOARD MEMBER	<u> </u>	X				ļ.,,	ļ	0.	0.	(
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otal to Part VII, Section A, fine 1c	<u></u>							<u> </u>		

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sactions 512 - 514 Related or Total revenue Unrelated exempt function business revenus revenua Contributions, Giffs, Grants and Other Similar Amounts Federated campaigns 58,738. Membership dues 16 100,800. Fundralsing events Related organizations 10 33,899. Government grants (contributions) f All other contributions, gifts, grants, and 677,149 similar amounts not included above 9 Noncash contributions included in times 1s-1f; \$ h Total. Add lines 1a-1f 870.586 Business Code 2 m EDUCATION PROGRAMS 60,146 900099 Program Service Revenue 60,146. ь MUSEUM & PUBLICATION S 900099 19,074. 19,074 e FACILITY RENTAL 900099 6,663. 6,663 f All other program service revenue ...... 85,883. Total. Add lines 2a:20 Investment income (including dividends, interest, and other similar amounts) 550,277. 550,277. 4 Income from investment of tax-exempt bond proceeds Royalties ...... (I) Real 82,930. 6 a Gross rents 0 b Less: rental expenses ........ c Rental Income or (loss) ..... 82,930. 82,930. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis 21,293 and sales expenses ........ -32.-21,293. c Gain or (toss) -21,325d Net gain or (loss) ..... 8 a Gross income from fundraising events (not Other Revenue including \$ 100,800. of contributions reported on line 1c). See a 321,907 Part IV, line 18 ь 172.099 b Less: direct expenses 149,808. Net income or (loss) from fundraising events 149,808. 9 a Gross income from garning activities. See Part IV, Ilne 19 ..... b Less: direct expenses ...... Net income or (loss) from gaming activities. 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11 a d. All other revenue. e Total. Add lines 11a-11d 718,159. Total revenue. See instructions. 892009 10-29-13 Form 990 (2013)

# Form 990 (2013) GREENWICH HIS Part 1X Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a response include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	nse or note to any line le (A) Total expenses	this Part (X (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				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	<del></del>	<u> </u>		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, fines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	667,154.	331,783.	146,847.	100 534
7	persons described in section 4958(c)(3)(8)  Other salaries and wages	007,134.	331,703.	140,047.	188,524.
8	Pension plan accreals and contributions (include				<u>-</u>
۰	section 401(k) and 403(b) employer contributions)	19,571.	8,632.	5,604.	5 225
9	Other employee benefits	62,205.	20,174.	19,465.	5,335. 22,566.
10	Payroll taxes	48,122.	24,002.		13,530.
11	Fees for services (non-employees):	10,122,	21/002.	10,000	<u> </u>
a	Management				
ь.	Legal				
-	Accounting	· · · · · · · · · · · · · · · · · · ·			
d	Lobbying				
a	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		***************************************	200000000000000000000000000000000000000	
	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list tine 1 ig expanses on Sch (C.)				
12	Advertising and promotion	7,205.	7,205.		
13	Office expenses		·		··-
14	Information technology	•		i	
15	Royalties				
16	Occupancy		·		
17	Travel	3,024.	2,549.	414.	61.
18	Payments of travel or entertainment expenses	· <del>-</del> · ·-··			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	852.	412.	325.	115.
20	Interest				
21	Payments to affillates				
22	Depreciation, depletion, and amortization	55,080.		55,080.	
23	Insurance	46,413.	7,637.	38,776.	
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 0.)				
a	PROFESSIONAL FEES	59,919.	43,923.	15,836.	160.
Þ	HOSPITALITY	58,811.	38,999.	5,885.	13,927.
C	MAINTENANCE-BUILDING	57,019.		57,019.	
đ	PRINTING & PHOTCOPYING	56,329.	34,549.	14,899.	6,881.
	All other expensesSEE_SCH_O	373,458.	328,845.	-25,239.	69,852.
25	Total lunctional expenses. Add tines 1 through 24e	1,515,162.	848,710.	345,501.	320,951.
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  following SOP 98-2 (ASC 958-720)			<u> </u>	

Check if Schedule O contains a response or note to any line in this Part X ........ (A) (B) Beginning of year End of year 323,234. 456,322. Cash - non-interest-bearing 1 151,133. 50,305. 2 Savings and temporary cash investments 2 3 Piedges and grants receivable, net 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 eponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ...... Notes and loans receivable, net 7 5,861. Inventories for sale or use 6,539. 8 33,855. 17,299. Prepaid expenses and deterred charges 10a Land, buildings, and equipment: cost or other 2,936,829. 1,098,458. 1,864,301. 1,838,371. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 5,591,716. 5,099,659. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 4,746,011. 4,823,945. 15 Other assets. See Part IV, line 11 15 12,650,731. 12,357,820. Total assets. Add lines 1 through 15 (must equal line 34) 16 18 52,150. 62,383. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other llabifities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule Di Total liabilities. Add lines 17 through 25 62,383. Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 7,597,<u>533.</u> 7,586,773. 27 Unrestricted net assets 1,173,506. 1,465,890. 28 Temporarily restricted net assets 3,535,158. 3,535,158. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗀 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 12,295,437. 12,598,581. 33 Total net assets or fund balances 33 12,357,820. 12,650,731. Total liabilities and net assets/fund balances

Form 990 (2013) GREENWICH HISTORICAL SOCIETY, INC.	06-6	036049	Page 12
Pert XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI		U=(#J=1-1	
		· · ·	
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,718	7,159.
2 Total expenses (must equal Part IX, column (A), line 25)			,162.
3 Revenue less expenses. Subtract line 2 from line 1	· · · · · · · · · · · · · · · · · · ·		,997.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		12,295	,437.
5 Net unrealized gains (losses) on investments			,147.
6 Donated services and use of facilities	-		
7 Investment expenses	7		
8 Prior period adjustments	8		
9 Other changes in net assets or fund balances (explain in Schedule O)			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
column (B))	. 10	12,598	,581.
Part XII Financial Statements and Reporting		,	-
Check if Schedule O contains a response or note to any line in this Part XII			🔀
			Yeş No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			30.00
If the organization changed its method of accounting from a prior year or checked "Other," explain in Sched	ule Q.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ved on a		
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	• • • • • • • • • • • • • • • • • • • •	25	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,		
review, or compilation of its financial statements and selection of an independent accountant?	<b>.</b>	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in S			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			9400
Act and OMB Circular A 133?	-	38 ]	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired audit		$\neg \vdash$
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зъ	
			90 (2013)

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

GREENWICH HISTORICAL SOCIETY, INC.

2013 Opens to Publific

OMB No. 1545-0047

Name of the organization

Employer identification number

06-6036049

Part 1	Reason	for Public Cha	rity Status (All organiz	zations mu	at complet	e this par	t.) See ins	tructions.				
The organ			because it is: (For lines									
1 🗀	A church, co	envention of churchs	s, or association of chur	ches desc	ribed in se	ction 170	)(b)(1)(A)(i)	<b>}.</b>				
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🔲			Ital service organization			170(6)(1)	(A)fiii).					
4	•		operated in conjunction					(b)(1)(A)(li	n. Enter	the hospital	's nan	te.
	city, and sta		•		•				•			•
5 🗆	-		benefit of a college or up	niversity o	wheel or or	perated by	/ a govern	mental uni	t describ	ed in		
		(b)(1)(A)(iv), (Comp.					<b>4</b>					
6			nent or governmental uni	t describe	d in sectio	n 170(b)(	DIAIM.					
7 🗔			-					or from the	ceneral	oublic desc	ribedi	in.
	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.)											
в	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
s X			eives: (1) more than 33			rom conft	ibutions a	nemberski	o fees a	end orosa rer	etote	from
•			nctions - subject to certa									
			taxable income (less sect							•		
		509(a)(2), (Complet		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24 HOIN 60	31100000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		and vario	D, 101	
10			perated exclusively to te	et for oub	lic safety. S	see sectio	m 509(a)(4	4).				
11 🗀			perated exclusively for the		-				out the	ourooses o	í ona	or
	_	_	ations described in secti		. ,			•	'			
			organization and compl				-,		-,(-,			
	а 🔲 Туре		_		nctionally l			avT 🔲 I	e (1) - No	n-functional	v Inter	orated
e			at the organization is not		_	_						_
		-	than one or more publicly		_		_			-		
f			tten determination from		-				(-)(-)		4-7 ( <b>-</b> 7-	
		rganization, check t										
g		•	organization accepted ar	-				owing oers	cns?		·······	
			firectly controls, either al							ł.	Yes	No
		-	upported organization?	_		-			-			
			n described in (i) above?									
			person described in (i) o									
ħ			about the supported or									
				g	(-)-							
(i) Name	of supported	(II) EIN	All Type of executed as	fivà is line d	organization	(v) Diri vo	u notify the	(vi) Is	the	(vii) Ameunt	41.004	****
	nization	(11) 5114	(iii) Type of organization (described on lines 1-9		sted in your		ion in col.	organizatio (i) organiza	n in cal.	1	. от наса ре <b>ц</b>	relary
V19=	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		above or IRC section	governing	document?	(i) of you	r support?	U.S.	.?	""	pois	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
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Total												
	anerwork Re	duction Act Notice	, see the Instructions f	OT		V 5 7 7 5 X 4 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	**************************************	Schedul	e A (Eoc	m 990 or 99	Ω-F7	2013

332021

Form 990 or 990-EZ.

# 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 tine 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.)

Se	ction A. Public Support						
Care	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(6) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					i	
3	The value of services or facilities	i					
	furnished by a governmental unit to						
	the organization without charge					_	
4	Total. Add lines 1 through 3					•	
5	The portion of total contributions			300000000000000000000000000000000000000			
	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,						
	පේෂණා (f)						
6	Public support. Subtract line 6 from the 4						
	ction B. Total Support		(*************************************	PO 2710-7121263846		***************************************	
	ndar year (or liscal year treginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties	}					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on			l i			
10	Other Income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)				-		_
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ox year as a section	n 501(c)(3)	
	organization, check this box and stop	here			·		▶ 🔲
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2013 (	ine 6, column (f) di	ivided by line 11, d	olumn (f))	15.1111.4111.111.1111.111.11	14	%
	Public support percentage from 2012					15 }	%
16a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies	as a publicly supp	orteci organization	ı <u></u>			⊁□□
b	33 1/3% support test - 2012. If the o	on bib noitazinagu	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check this	xod:
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - <b>2013.</b> If the org	anization did not d	sheck a box on line	13, 16a, or 16b, a	ınd kne 14 ks 10% o	т тоте,
	and if the organization meets the 'fac					_	ation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		▶□
ь	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not d	sheck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 16	)% or
	more, and if the organization meets the	ne "facts-and-circu	mslances' test, ci	heck this box and :	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances* test.	The organization o	gualifies as a publix	cly supported orga	ıntzation	▶ 🛄
18	Private foundation. If the organization	n did not check a '	<u>box on line 13, 16</u>	a, 16b, 17a, or 17b	s, check this box a	nd see Instructions	▶□
					Sche	dule A (Form 990 c	r 990-EZ) 2013

(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

Se	ction A. Public Support	Account, prease com	Design Fait (1).				<del></del>
	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	,,=			1-7-1-11-	, , , , , , , , ,	
	membership fees received. (Do not	ļ					
	include any "unusual grants.")	1053813.	2235957.	1561934.	1140894.	870,586.	6863184.
	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	71,242.	55,327.	58,653.	73,135.		337,577.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513				<u> </u>		
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge		:				
6	Total. Add lines 1 through 5	1125055.	2291284.	1620587.	1214029.	949,806.	7200761.
7a	Amounts included on lines 1, 2, and						
b	3 reneived from disqualified persons  Amounts included on lines 2 and 3 received from other than disquarted persons that					 	0.
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add Enes 7a and 7b						0.
	Public support (\$-birstles 7c ton ins 8)						7200761.
Sec	ction B. Total Support						
	ndar year (or lissat year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 8	1125055.	2291284.	1620587.	1214029.	949,806.	7200761.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,647.	104,706.	231,993.	276,848.	639,806.	1309000.
ь	Unrelated business taxable income						
	(loss section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	55,647.	104,706.	231,993.	276,848.	639,806.	1309000.
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 garn or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support, (Add 33cs 9, 10c, 11, and 12.)	1180702.	2395990.	1852580.	1490877.	1589612.	8509761.
	First five years, if the Form 990 is for	the organization's	first, second, third	i, fourth, or lifth ta	x year as a section		
	check this box and stop here						<u>•</u>
	Public support percentage for 2013 (li			olumn (f))	· <del></del> ·	15	84.62 %
						16 i	90.24 %
	tion D. Computation of Inves						
	Investment income percentage for 20			e 13, column (f)		17	15.38 %
	Investment income percentage from 2					18	9.76 %
	33 1/3% support tests - 2013. If the					3 1/3%, and tine 1	
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2012. If the	of stop here. The	organization quali	les as a publicly s	supported organiza	etion	►X
	line 18 is not more than 33 1/3%, che-	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization .	
40000	Private foundation, If the organization	i axe dot cueck & g	20x on line 14, 198	, of 190, check th	us pox and see ins	trucijons and	

Schedule A	A (Form 990 or 990 EZ) 2013 GREENWICH HISTORICAL SOCIETY, INC. 06-6036049	У Раде <del>(</del>
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line	e 12.
	Also complete this part for any additional information. (See instructions).	
	,	
	L Jacketti at a	
	10.000	
	<u> </u>	
• • • • • • • • • • • • • • • • • • • •		
	·	
	. —————————————————————————————————————	
		••
	·	

#### SCHEDULE D

(Form 990)

### Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11s, 11b, 11c, 11d, 11s, 11f, 12s, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047 Open to Public. Inspection

Department of the Treasury Internal Revenue Service

Nam	GREENWICH HISTORIC	AT SOCIETY INC	Employer identification numbe 06~6036049
Pai	Organizations Maintaining Donor Advise		
	organization answered "Yes" to Form 990, Part IV, line		or recognize complete in the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		<del></del>
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	"	
5	Did the organization inform all denors and denor advisors in v	willno that the assets held in donor edwise	ed funda
	are the organization's property, subject to the organization's		
8	Did the organization inform all grantees, donors, and donor as		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Par	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Pa	ort IV. line 7.
\$	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		TOTAL TRACTION OF THE PROPERTY
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form o	of a conservation essement on the fact
	day of the tax year.		a solidariam sadditam on the kell
	•		Held at the End of the Yax Year
8	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, relative	assed, extinguished, or terminated by the	organization during the tax
	year >	and a series of the series of the	organization doining die tax
	Number of states where properly subject to conservation eas	ement is located >	
	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, a		
	Amount of expenses incurred in monitoring, inspecting, and e		
	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(8)(ii)?		
9	In Part XIII, describe how the organization reports conservation	o easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes the	ne organization's accounting for
	conservation easements.		
	IR Organizations Maintaining Collections of	Art, Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
fa	if the organization elected, as permitted under SFAS 116 (ASC	3 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other smillar assets held for public exhi		
	the text of the footnote to its financial statements that describ		, , ,
ь	If the organization elected, as permitted under SFAS 116 (AS)	C 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$ 4,823,945.
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial o	gain, provide
	the following amounts required to be reported under SFAS 11		w · , p:
	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	Assets included in Form 990, Part X		
HA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2013

Sche	dule D (Form 990) 2013 GREENWI	CH HISTORI	CAL SOCIET	Y, INC		(	06-60	36049	Page 2
Pa	Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, o	or Othe	r Simila	ar Asse	ts(contin	ued)
3	Using the organization's acquisition, access								
	(check all that apply):		-	_		_			
а	X Public exhibition	d	Loan or exc	hange progra	ams				
ь	X Scholarly research	e							
c	X Preservation for future generations								
4	Provide a description of the organization's c	o/lections and explain	n how they further t	he organizati	on's exer	not purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			, $\Box$	] Yeş	X No
<b>39</b> 20	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organization	enswered '	'Yes' to i	Form 990.	, Part (V,	line 8, or	
1a	is the organization an agent, trustee, custod	lan or other intermed	liary for contribution	s or other as	sels not	included			
	on Form 990, Part X?	·····						Yes	No
ь	If "Yes," explain the arrangement in Part XIII								
								Amount	
C	Beginning balance				<b></b>	1c			
	Additions during the year								
	Distributions during the year								
f									
2a	Did the organization include an amount on F							Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.								
Pei	t 🗸 🤄 Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line 10	D.			
		(a) Current year	(b) Prior year	(c) Two year	rs back 🤱	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	5,099,659.	4,823,653,	4,816	0,880.	3,0	06,883.	2,	595,928.
b	Contributions		761.		5,051.	1,6	55,493.		436,456.
c	Net investment earnings, gains, and losses	650,392.	561,692.	3(	0,482.	3	35,673.		98,469.
đ	Grants or scholarships	<u> </u>		2:	1,760.		41,000.		27,330.
•	Other expenditures for facilities								
	and programs	158,335,	286,447.	i		2	28,169,		151,300,
f	Administrative expenses							<b> </b>	
9	End of year balance	5,591,716.	5,099,659.	4,82	3,653.	4,8	10,880.	3,1	006,883.
2	Provide the estimated percentage of the cur-	rent year end balance	e (line 1g, column (a	i)) held as:					
a	Board designated or quasi-endowment		96						
	Permanent endowment	96	_						
٥	Temporarily restricted endowment	96							
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.							
3в	Are there endowment funds not in the posse	ssion of the organiza	stion that are held a	nd administe	red for th	e organiz	allon		
	by:	_							Yes No
	(I) unrelated organizations					<b>.</b>		3a(i)	X
	(ii) related organizations							3a(ii)	X
Þ	If "Yes" to 3a(h), are the related organizations	s listed as required or	n Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Par	Land, Buildings, and Equipm	ent.	_						
	Complete if the organization answere	d "Yes" to Form 990,	Pert IV, line 11a. S	ee Form 990	Part X, I	ne 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Ac	cumulate	d T	(d) Book	value
		besis (investra	nent) basis	(other)	dep	reciation			
18	Land		65	2,539.		91111111111		652	,539.
b	Buildings			1,483.		72,85	50.		,633.
c	Lessehold improvements								
	Equipment		73	2,807.	7	25,60	1.80	7	,199.
	Other								0.
Total	Add lines 1a through 1e. (Column (d) must e	quel Form 990, Part	X, cotumn (B), tine 1	0(c).)			<b></b>	1,838	3,371.

Part VII Investments - Other Securities.	-		-	0-0036049 Page
Complete if the organization answered "Yes" to (a) Description of security or category (including name of security)	(b) Book value			a al africa y and all a house
ASI. Flores alab de disealure	(b) Book value	(c) Method (	or valuation: Cost of e	nd-of-year market value
(2) Closely-held equity Interests	<u></u>	-		
(3) Other			<del></del>	
(A) TIFF INVESTMENTS	5,591,716.	END OF	WWAD MADED	m 115.1.11m
(B)	3,391,710.	END-OF-	YEAR MARKE	T VALUE
(C)				
(D)	· <del></del> -			
(E)				
(F)	·			<del></del>
(G)		]	····	,
	, <u>-</u>		<del> </del>	
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)	5,591,716.			
Part VIII Investments - Program Related.	5,5,1,100	[23042:0000mm.c.cov5	20022	
Complete if the organization answered "Yes" to	Earn 600 Bod IV line 5	Ida Saa Farm 00:	0 Dest V Kee 52	
(a) Description of investment	(b) Book value	(c) Melhod o	o, Part A, title 15. If valuation: Cost or er	nd-of-year market value
(1)		(a) manage		TO VI JOSE MIGHEL TRICE
(2)				<del></del> .
(3)	··			<del>-</del>
(4)				
(5)				
(6)				
(7)	<u> </u>		<del></del> : -	
(8)			·	
(9)				
Total. (Col. (b) must equal Form 990, Part X. col. (8) line 13.)				
Part X Other Assets.				······································
Complete If the organization answered "Yes" to	Form 990, Part IV, line 1	1d. See Form 996	0, Part X, fine 15.	
(a) De	ecription			(b) Book value
(1) HISTORIC LAND AND BUILDING	S			4,823,945
(2)				
(3)				
(4)				
<u>(5)</u>				· · · · ·
(8)				
(7)				
(8)				
(9)	-n			ļ. <u>— -</u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.}		<u></u>	4,823,945.
Part X Other Liabilities.				
Complete if the organization answered "Yes" to			rm 990, Part X, line 25	5.
(a) Description of liability		b) Sook value		
(1) Federal income taxes				
(2)	<u> </u>			
(3)				
(4)		<u>.</u> .		
(5)	<u></u>			
(6)				
(7)	j			

Total. (Column (b) must equal Form 990, Part X, col. (B) tine 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 748). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

#### SCHEDULE G

(Form 998 or 980-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities 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.

OMB No. 1545-0047

Department of the Treasury Interrol Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization					<u></u>	Employer ide	ntification number
GREENWI	CH HISTORICAL SOC	ETY	, I	NC.		06-6036	049
Fundraising Activities required to complete this pa	<ul> <li>Complete if the organization answert.</li> </ul>	ered "Y	es' to	o Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
1 Indicate whether the organization rai a	e 🦳 Solicita	tion of tion af	non-g	overnment grants mmeal grants	-		
2 a Did the organization have a written	art VII) or entity in connection with p lividuals or entities (fundraisers) pure	rofess	lonal t	lundræsing services?	}	Yes	
(i) Name and address of individual or entity (fundralser)	(ii) Activity	have c	Did saser ustody droi of utions?	(iv) Gross receipts from activity	to (or	Amount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
u. , <u></u> ,							
						<b></b>	
						· · · · · · · · · · · · · · · · · · ·	
	- <del> </del>						
						-	
	<u></u>					· <b>-</b> · ·	
	, <u>a.</u>						
3 List all states in which the organizatio	n is registered or licensed to solicit		<b>▶</b> utlons	or has been notified	l nt és e	xempt from re	gistration
or licensing.							
		<del></del>					
LHA For Paperwork Reduction Act Noti	co the instructions for East	900 00	990-5			Ja & Carre C	90 or 980-EZ) 2013

ě	azt		te organization answered	d 'Yes' to Form 990, Pa	art IV, line 18, or reported	d more than \$15,000
		of fundraising event contributions and gr	(a) Event #1 ANTIQUARIUS & SPECIAL EV	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
좕			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	422,707.			422,707.
	2	Less: Contributions	100,800.			100,800.
	3	Gross income (line 1 minus line 2)	321,907.			321,907.
	4	Cash prizes				_
BS.	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment Other direct expenses				<del> </del> .
	_	Direct expense summary. Add lines 4 through			· · · · · · · · · · · · · · · · · · ·	
N-190	11	Net income summary. Subtract line 10 from li	ле 3, co!umn (d)		<b>.</b>	321,907.
3.2		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	990, Part IV, line 19, or	reported more than	
_	Г	\$15,000 on Form 990-22, line 68.		(b) Pull tabs/instant	<del> </del>	(d) Total garning (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (e))
Peç.						
	1	Gross revenue			<del> </del>	ļ <u> </u>
388	2	Cash prizes				
Expenses	3	Noncesh prizes				7-14
Direct	4	Rent/lac#ity costs				<u> </u>
	5	Other direct expenses		·		X.21X.00.200 XX XX XX XX XX XX
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary, Subtract line 7	from line 1, column (d)	<u> </u>	<b>&gt;</b>	<u> </u>
9	ទៃ ដ	er the state(s) in which the organization operate organization licensed to operate gaming act	tivities in each of these s	fates?		Yes No
		re any of the organization's gaming licenses re (es," explain:			year?	Yes No
		-12-13				rm 990 or 990-E7: 2012

Sci		<u>6036</u>		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	□ No
12				
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1		
	The organization's facility	1.2		
	the extended facility.	138		%
"	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► JINGWEI LI, FINANCE MANAGER			
	Address ➤ 39 STRICKLAND ROAD - COS COB, CT 06807			
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	□ No
ь	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount			
	of garning 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			
	<u>.                                      </u>			
	Director/officer Employee Independent contractor			
47	3. Encoderation of the first of			
	Mandatory distributions:			
•	is the organization required under state law to make charitable distributions from the gaming proceeds to	_		_
	retain the state gaming license?	∟'	Yes	L No
Ó	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
. 2014 2 44	organization's own exempt activities during the tax year 🕨 \$			
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I	nes 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			
	THE COLUMN TWO IS NOT THE COLUMN TWO IS NOT			
		-		
332083	09-12-13 Schedule G (Form	990 o	r 890-	EZ) 2013
	=			,

#### SCHEDULEJ (Form 990)

#### Compensation Information

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

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

Attach to Form 990. See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GREENWICH HISTORICAL SOCIETY, INC.

Employer identification number 06-6036049

e	art i Questions Regarding Compensation				
				Yes	No
1a	<ul> <li>Check the appropriate box(es) if the organization provided any of the follow</li> </ul>	ing to or for a person listed in Form 990,		200	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information	ation regarding these items.	Mini		m
	First-class or charter travel  X Hous	ng allowance or residence for personal use			33
	Travel for companions	ents for business use of personal residence			
	Tax indemnification and gross-up payments Health	or social club dues or initiation fees			
	Discretionary spending account	nal services (e.g., maid, chauffeur, chef)	X		
ь	If any of the boxes on line 1a are checked, did the organization follow a with	ten policy regarding payment or	M		
	reimbursement or provision of all of the expenses described above? If "No,		15	<u> </u>	X
2	·	· ·			
	trustees, and officers, including the CEO/Executive Director, regarding the	-	2	******	X
	and the state of t		200000	2000	9000000
3	Indicate which, if any, of the following the filing organization used to establi	sh the compensation of the proprietion's	889		
_	GEO/Executive Director. Check all that apply. Do not check any boxes for n				
	establish compensation of the CEO/Executive Director, but explain in Part I	-			W.
		n employment contract			
	Carry Carry	ensation survey or study		87	480
	<u> </u>	ival by the board or compensation committee			
	TAL Appro	was by the board of compensation continues			
4	During the year, did any person listed in Form 990, Part VII, Section A, line	to with second to the files	M		
•	· · · · · · · · · · · · · · · · · · ·	ia, with respect to the hing			
_	organization or a related organization:		284%		2000:0 <b>Y</b>
			4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirem	·	<u>4b</u>		·X
C	Participate in, or receive payment from, an equity-based compensation arra	-	4c		aniin Anii
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amo	white for each flew to Hatt III.	2000		
	A-1	- 4		22	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines.				# 3 5 6 6 6 7 6 6 6 6 6 6 7 6 6 7 6 7 6 7 6 7
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organiza	tion pay or accrue any compensation			
_	contingent on the revenues of:		000000	0.00000000	·······································
8	The organization?		5a		X
Þ	Any related organization?		5b		<u>~</u>
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII. Section A, line 1a, old the organization and the section of the secti	tion pay or accrue any compensation			
_	contingent on the net earnings of:			800000000000000000000000000000000000000	· · ·
	The organization?		58		X
В	Any related organization?		8b	\$60.002.0	X Notes
-	If "Yes" to tine 6a or 6b, describe in Part III.				
•	For persons bated in Form 990, Part VII, Section A, line 1a, did the organiza		830		
_	not described in lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant		kan:		ry:0
	initial contract exception described in Regulations section 53.4958-4(a)(3)?		8	্ত্ৰুকু <del>ত্</del> তিক	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption	n procedure described in	awi		CHUN
	Regulations section 53.4958-6(c)?		- 5		

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

Schedule J (Form 990) 2013

Page 2

Schedule J (Form 990) 2013 GREENWICH HISTORICAL SOCIETY, INC. 06-6036049

[Part ] 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 890, Part VII.

Note. The sum of columns (B)(I)-[iii) for each listed individual must equal the total emount of Form 890, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

				;			
	(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Componsation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deterred compensation	Deneira		reported as deferred in prior Form 990
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9	(4)						
j)							
9	(ii)			<del> </del>			
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9	(0)						
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	J.						
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(5)	0						
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532112 08-19-13

Schedule J (Form 990) 2013

#### SCHEDULE O

(Form 990'or 990-EZ)

0LE 0 201.E71

Department of the Treasusy Internal Revenue Service

#### Supplemental information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 980 or 900-EZ) and its instructions is at www.irs.gov/form990.

2013 2013 Open to Public Physicalism

Name of the organization

GREENWICH HISTORICAL SOCIETY, INC.

Employer identification number 06-6036049

PAST. WE USE STORIES AND OBJECTS FROM GREENWICH TO ILLUMINATE THE

AMERICAN EXPERIENCE. OUR CORE PROGRAMS ARE EXHIBITIONS AND PUBLIC

PROGRAMS, INCLUDING THE BUSH-HOLLEY HOUSE MUSEUM; EDUCATION PROGRAMS

AND RESOURCES FOR STUDENTS AND TEACHERS; RESEARCH, PRESERVATION AND

HISTORIC BUILDINGS DOCUMENTATION THROUGH OUR RESEARCH LIBRARY AND

ARCHIVES; AND THE DISSEMINATION OF INFORMATION THROUGH COMMUNICATIONS,

SUCH AS OUR WEBSITE AND PUBLICATIONS. OUR TARGET AUDIENCE IS FROM

GREENWICH, CT AND NEIGHBORING COMMUNITIES IN FAIRFIELD AND WESTCHESTER

COUNTIES.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE AUDIT COMMITTEE REVIEWS THE 990 IN DETAIL. THE 990 IS MADE AVAILABLE TO BOARD MEMBERS FOR COMMENT PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: NEW BOARD MEMBERS ARE PROVIDED THE CODE OF ETHICS AS A

STANDARD PART OF BOARD ORIENTATION. TIME IS USUALLY ALOTTED ANNUALLY AT

BOARD MEETINGS FOR THE CHAIRMAN TO REMIND ALL BOARD MEMBERS OF THE CODE OF

ETHICS. ALL STAFF RECEIVE A COPY OF THE PERSONNEL MANUAL AS A CONDITION OF

EMPLOYMENT. STAFF MEMBERS MUST REQUEST PERMISSION FROM THE EXECUTIVE

DIRECTOR FOR OUTSIDE EMPLOYMENT OR SERVICE. WE HAVE NEVER HAD AN ISSUE

ARISE THAT REQUIRED ENFORCEMENT FOR BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY
UHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedute O (Form 990 or 990-EZ) (2013)
69-68-13

GREENWICH HISTORICAL SOCIETY, INC.

Employer identification number 06-6036049

THE EXECUTIVE COMMITTEE IN EXECUTIVE SESSION. PERFORMANCE IS EVALUATED AND APPROPRIATE SALARY IS DETERMINED WITHIN THE SALARY SCALE ESTABLISHED BY AN OUTSIDE CONSULTANT (CURRENTLY BASSETT CONSULTING GROUP, INC.). A RECORD OF THE SALARY DECISION IS PREPARED BY THE CHAIRMAN FOR THE PERSONNEL FILE.

IN TWO OF THE LAST FOUR YEARS, THE BOARD OR SELECTED MEMBERS OF THE BOARD
WERE ASKED TO EVALUATE THE PERFORMANCE OF THE EXECUTIVE DIRECTOR USING
EVALUATION MATERIAL AND FORMS FURNISHED BY BOARDSOURCE. ONE YEAR THE LONG
FORM WAS USED AND ONE YEAR THE SHORT FORM.

IN ONE OF THE INTERVENING YEARS THE BOARD WAS ASKED TO DO A SELF ASSESSMENT AND AN INFORMAL PERFORMANCE EVALUATION WAS DONE. IN THE FISCAL YEAR 2009-2010 THE FINANCIAL SITUATION PRECLUDED ANY SALARY INCREASES AND NO EVALUATION WAS MADE.

THE COMPENSATION FOR ALL OTHER EMPLOYEES IS DETERMINED BY THE EXECUTIVE

DIRECTOR AND IS SET WITHIN THE FRAMEWORK OF A SALARY SCALE ESTABLISHED BY

AN OUTSIDE CONSULTING GROUP THAT IS UPDATED AND REVIEWED EVERY 3 - 4 YEARS

BY THE EXECUTIVE COMMITTEE OF THE BOARD. THE EXECUTIVE DIRECTOR PROVIDES

WRITTEN JOB DESCRIPTIONS, PERFORMANCE STANDARDS AND, FOR KEY POSITIONS,

ANNUAL GOALS FOR EACH KEY POSITION. THE EXECUTIVE DIRECTOR CONDUCTS AN

ANNUAL FORMAL PERFORMANCE REVIEW OF ALL KEY STAFF AND PROVIDES THE

EXECUTIVE COMMITTEE WITH A WRITTEN REPORT INDICATING CHANGES TO GRADE

LEVELS, JOB FUNCTIONS AND COMPENSATION. THE TOTAL SALARY BUDGET IS SUBJECT

TO FINAL BUDGET APPROVAL BY THE BOARD OF TRUSTEES. THE EXECUTIVE DIRECTOR

DELEGATES THE PERFORMANCE REVIEW OF SOME PART-TIME STAFF TO THE APPROPRIATE

SUPERVISOR FOR

Schedule O (Form 990 or 990 EZ) (2013)	Page 1
Name of the organization  GREENWICH HISTORICAL SOCIETY, INC.	Employer identification number 06-6036049
FORM 990, PART VI, SECTION C, LINE 18:	
EXPLANATION: FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION	ON GUIDESTAR AND
UPON REQUEST, EXCLUSIVE OF NAMES AND ADDRESSES OF DONORS.	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: GOVERNING DOCUMENTS ARE ACCESSIBLE TO ALL BO	ARD MEMBERS IN A
SHARED ONLINE FILE AND PRINTED OUT UPON REQUEST.	
THE CONFLICT OF INTEREST POLICY IS ACCESSIBLE TO ALL STAP	F AND BOARD
MEMBERS IN A SHARED ONLINE FILE AND PRINTED OUT UPON REQU	EST.
FINANCIAL STATEMENTS ARE ACCESSIBLE TO ALL STAFF AND BOAR	D MEMBERS IN A
SHARED ONLINE FILE AND DISTRIBUTED AT FINANCE COMMITTEE A	ND BOARD MEETINGS.
	·
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE.	S:
SRAPHIC DESIGN:	
PROGRAM SERVICE EXPENSES	48,223.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,330.
TOTAL EXPENSES	49,553.
	<del></del> -
JTILITIES & PHONE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	44,275.
UNDRAISING EXPENSES	0.
COTAL EXPENSES	44,275.
<u> </u>	
POSTAGE:	
9-04-13 Sched	ule O (Form 990 or 990-EZ) (2013)

Name of the organization  GREENWICH HISTORICAL SOCIETY, INC.	Employer Identification numbe 06-6036049
PROGRAM SERVICE EXPENSES	31,381
MANAGEMENT AND GENERAL EXPENSES	7,151
FUNDRAISING EXPENSES	2,132
TOTAL EXPENSES	40,664
MAINTENANCE- GROUNDS:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	40,439
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	40,439
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	7,165
MANAGEMENT AND GENERAL EXPENSES	26,755.
FUNDRAISING EXPENSES	1,688.
TOTAL EXPENSES	35,608.
FABRICATION:	
PROGRAM SERVICE EXPENSES	22,124.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	22,124.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	7,710.
MANAGEMENT AND GENERAL EXPENSES	12,817.
FUNDRAISING EXPENSES	8.
POTAL EXPENSES	20,535.

Name of the organization	Page 2 Employer identification number
GREENWICH HISTORICAL SOCIETY, INC.	06-6036049
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	13,715.
MANAGEMENT AND GENERAL EXPENSES	3,456.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,171.
HONORARIA:	
PROGRAM SERVICE EXPENSES	15,710.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,710.
RENTALS:	
PROGRAM SERVICE EXPENSES	14,736.
MANAGEMENT AND GENERAL EXPENSES	39.
FUNDRAISING EXPENSES	0.
IOTAL EXPENSES	14,775.
EXHIBITION DESIGN:	
PROGRAM SERVICE EXPENSES	13,542.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	13,542.
4AINTENANCE-EQUIPMENT:	
PROGRAM SERVICE EXPENSES	0.
ANNAGEMENT AND GENERAL EXPENSES	
90410 43 80210 758707 1498 2013 05060 CREENWICH HISTO	Schedule O (Form 990 or 990-EZ) (2013)

SECURITY:

332212

Schedule O (Form 990 or 990-EZ) (2013)

# - 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Business or activity to which link form relates

990

OM8 No. 1545-0172

Neme(s) shown on return

See separate instructions. > Attach to your tax return. Identifying number

	EENWICH HISTORICAL			RM 990 P.			06-6036049
	Election To Expense Certain Pro		19 Note: If you have any if	sted property, c	omplete Part		
	Maximum amount (see Instructions)						500,000.
	Total cost of section 179 property pl						
	Threshold cost of section 179 prope						2,000,000.
	Reduction in limitation. Subtract line						
<u>5 r</u>	Dollar limitation for tax year, Subtract line it from	line 1. If Zero or tess, enter	<ol> <li>If married filing separately, se</li> </ol>	e inalcuctions		5	
<u>6</u>	(d) Description of	property	(b) Cost (bush	ness use only)	(c) Electe	d cost	
	·						
	<u> </u>						
	Listed property. Enter the amount fro						
8 1	Fotal elected cost of section 179 pro	perty. Add amounts	in column (c), lines 6 and	17		📙	
9 1	Fentative deduction. Enter the small	er of line 5 or line 8				9	
10 (	Carryover of disallowed deduction fro	om line 13 of your 20	12 Form 4562			10	
	Business income limitation. Enter the						
	Section 179 expense deduction. Add						
	Carryover of disallowed deduction to						
Note	c Do not use Part II or Part III below	for listed property. In	stead, use Part V.				I-6
	Special Depreciation Allow		_	de listed prope	tv.)		
14 5	Special depreciation allowance for qu						
					_	44	
	Property subject to section 168(f)(1)						····
	Other depreciation (including ACRS)						48,913.
	MACRS Depreciation (Do		madit VSan instructions	1		16	40,313.
58.554		ner molose nerec by	Section A	4			<del></del>
17 2	AACDS deductions for secretary	dia annina in basses				1	6 167
	MACRS deductions for assets placed					<b>17</b>	6,167.
10 11	you are electing to group any assets placed in a	ervice during the tax year in	to one or more peneral asset eco a During 2013 Tex Year	ounts, chack here	<b>-</b> _		
	Section B - Asse	(b) Month and	(c) Sasis for degreciation	T T	кат меркеса Т	июв <b>буз</b> а Г	
	(a) Classification of property	year places In service	only - see instructions)	(d) Recovery period	(e) Convention	(f) Mathod	(д) Пергосіційня делисіол
<u>19a</u>	3 year property						
_ ₺	5 year property			<u> </u>			
C	7-year property						
_d	10-year property				1		
		_ 80000000000			<del>                                     </del>	<b></b> -	
_ e	15-year property		· <del></del>		-		
_ <u>e</u> f	15 year property 20 year property						
f	20 year property			25 vrs.		S/L	
f . 9	20-year property 25-year property			25 yrs. 27.5 yrs.	MM	S/L S/I	
f	20 year property			27.5 yrs.	MM	S/L	
f 9_ h	20-year property 25-year property Residential rental property	/		27.5 yrs. 27.5 yrs.	ММ	S/L S/L	
f . 9	20-year property 25-year property	/		27.5 yrs.	MM MM	S/L S/L S/L	
f 9_ h	20-year property 25-year property Residential rental property Nonresidential real property	<i>j j j</i>	Juring 2013 Tay Year U	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L	Pam
f 9_ h:	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	<i>j j j</i>	During 2013 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L setion Sys	item
f 9 h:	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	/ / / Placed in Service	During 2013 Tex Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MM MM MM	S/L S/L S/L S/L setion Sys	item
f g h i	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	/ / / Placed in Service	During 2013 Tex Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L Setion Sys S/L S/L	tem
f g h i 20a b c	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year	/ / / / Placed in Service	During 2013 Tax Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MM MM MM	S/L S/L S/L S/L setion Sys	item
f g h i 20a b c	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summery (See instructions.	/ / / / Placed in Service	During 2013 Tex Year U	27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L	item
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f 9 h i i 200a b c Pau E 22 T E 23 F	20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 40-year Summary (See instructions, isted property. Enter amount from lighted property. Enter amount from lighted property. Enter amount from lighted property in the appropriate limits of assets shown above and placed is certion of the basis attributable to se	/ // // // // // // // // // // // // /	e 19 and 20 in column (g Interships and S corpora current year, enter the	27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 40 yrs.	MM MM MM ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	

Part V :- Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

	Section A	Depreciation	on and Other I	ntorm	rtion (C	aution: {	See the	natruc	tions for li	mits for p	oasseng	er auton	oob//es.)	<u> </u>	
24a	Do you have svidence to s	ud ent traggu	sinass/investme	nt use cl	?bemis	Y	es 🗀	∐No	24b (f "Y	es," is th	e evide:	nce writt	en?	] Yes [	או
	(a) Type of property (list vehicles first )	(b) Date placed in service	(c) Business/ invastment use percentag	s ot	(d) Cost or her basis	(Aug	(e) de for depa desavieve des oak	siment.	(f) Recovery period	Mei	g) thod/ ention	Depre	h) clation ection	sectf	(i) cted on 179 ost
	Special depreciation alk used more than 50% in				•			_	-		25				
	Property used more tha													•42421255	<u> </u>
	· •		91	_						_ · _		Γ			
			94									<u> </u>			
		: :	94	_											
27	Property used 50% or le	ess in a guair	tied business (	IS <del>e</del> :		•				•		•		•	
			9/	<u>,                                     </u>						S/L -		ŀ			
			94	,						S/L -	· · · · <del>-</del>				
		: :	96	<u>,                                    </u>						S/L -					
28	Add amounts in column	(h), lines 25	through 27. En	ter hen	e and or	line 21,	, page 1				28				
	Add amounts in column												29		
	uplete this section for ve our employees, first ans		by a sole propr	istor, p	3 - Infor artner, c	mation other	on Use 'more th	of Veh an 5%	owner, c	or related	i person				S
to y	our employees, first ans	wer the gues	by a sole propr ations in Section	istor, p n C to s	B - Infor artner, c see if yo	mation or other " u meet a	on Use 'more th in excep b)	of Veh an 5% Nion to	owner," completing	or related e sint gn (c	i person ection fo	or those	vehicles	s. (*	 (}
to y <sub>1</sub>	our employees, first ans 	wer the ques miles driven do	by a sole propr ations in Sectlo uring the	istor, p n C to s	B - Infor artner, c see If yo	mation or other " u meet a	on Use 'more th in excep	of Veh an 5% Nion to	owner," c	or related ng this e	i person ection fo	or those	vehicles	s. (*	
to yo 	our employees, first ans Total business/investment i year (do not include coma	wer the ques miles driven di nuting miles)	by a sole propr ations in Sectlo uring line	istor, p n C to s	B - Infor artner, c see if yo	mation or other " u meet a	on Use 'more th in excep b)	of Veh an 5% Nion to	owner," completing	or related e sint gn (c	i person ection fo	or those	vehicles	s. (*	 (}
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30 31 32 33 34	Total business/investment in year (do not include commuting miles of Total other personal (not driven	miles driven de nuting miles) driven during neommuting the year. e for persona	by a sole proprior in Sections in Sections in Sections in Sections in Sections in Section in Sectio	tetor, p. n C to s (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	3 - Infor artner, c see if yo a)	mation wother " u meet a (I Ve)	on Use 'more th in excep b) ikits	of Veh an 5% otion to	owner," c completi (c) shicle	or related ng this e (o Ven	d person ection fo f) icts	e Van	vehicles	( Vet	) icie
30 31 32 33 34 35	Total business/investment in year (do not include commuting miles of Total other personal (not driven	wer the questimiles driven during miles) driven during neommuting the year.  The for personation personation is the year.  The for personation personation is the year.	by a sole proprior in Sections in Sections in Sections in Sections in Sections in Section in Sectio	tetor, p. n C to s (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	3 - Infor artner, c see if yo a)	mation wother " u meet a (I Ve)	on Use 'more th in excep b) ikits	of Veh an 5% otion to	owner," c completi (c) shicle	or related ng this e (o Ven	d person ection fo f) icts	e Van	vehicles	( Vet	) icie
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37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		_
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.	1880	
æ	art # Amortization		
	(a) (b) (c) (d) (e)	(f)	

(a) Description of costs	(b) Outs amorteanus Degins	(c) Amortizabio amount	(d) Code section	(e) Amerizati period or pace		(f) Amortization for this year
Amortization of costs that begins during	g your 2013 tex year	Y <u>-</u>				
						"-
	: :	•				
Amortization of costs that began before	your 2013 tax year				43	
Total. Add amounts in column (f). See t	he instructions for v	where to report			44	

318262 12-19-13

Form 4562 (2013)