

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
GREYSTON FOUNDATION INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
21 PARK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
YONKERS, NY 10703

F Name and address of principal officer
MICHAEL BRADY
21 PARK AVENUE
YONKERS, NY 10703

D Employer identification number
13-3717310

E Telephone number
(914) 376-3900

G Gross receipts \$ 1,971,008

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW GREYSTON ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1993 **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	20
6 Total number of volunteers (estimate if necessary)	20
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,247,954	1,343,827
9 Program service revenue (Part VIII, line 2g)	580,855	534,424
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,507	8,033
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,346	40,350
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,806,970	1,926,634
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,599,293	1,435,653
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶503,806		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	506,919	850,888
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,106,212	2,286,541
19 Revenue less expenses Subtract line 18 from line 12	-299,242	-359,907

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,994,570	10,556,055
21 Total liabilities (Part X, line 26)	1,324,991	2,163,069
22 Net assets or fund balances Subtract line 21 from line 20	8,669,579	8,392,986

Part II Signature Block

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

Sign Here

Signature of officer
MICHAEL BRADY PRESIDENT
Type or print name and title

2017-11-10
Date

Paid Preparer Use Only

Print/Type preparer's name GARRETT M HIGGINS	Preparer's signature GARRETT M HIGGINS	Date 2017-11-10	Check <input type="checkbox"/> if self-employed	PTIN P00543209
Firm's name ▶ PKF O'CONNOR DAVIES LLP			Firm's EIN ▶ 27-1728945	
Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 105281633			Phone no (914) 381-8900	

Part III 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

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 818,668 including grants of \$) (Revenue \$ 534,424)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 818,668

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (NY), 18 (Own website, Another's website, Upon request, Other), 19, 20 (ANDY ROSENGARDEN 21 PARK AVENUE YONKERS, NY 10703 (914) 376-3900).

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 calendar year ending with or within the organization's tax year

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL BRADY PRESIDENT	12 00 33 00	X		X				0	310,760	6,560
(2) EDWARD FALKENBERG TREASURER	1 00 1 00	X		X				0	0	0
(3) DEBORAH STEWART CHAIR THRU 6/16, SECRETARY BEG 6/16	1 00 4 00	X		X				0	0	0
(4) KAREN KOICHEVAR CHAIR EFFECTIVE 6/16/16	3 00 1 00	X		X				0	0	0
(5) MARTIN BALL SECRETARY THRU 6/16/2016	1 00 3 00	X		X				0	0	0
(6) GREGG LERNER VICE CHAIR THRU 12/20/16	1 00 1 00	X		X				0	0	0
(7) KENNETH JENKINS DIRECTOR	1 00	X						0	0	0
(8) JOAN BINSTOCK DIRECTOR	1 00 1 00	X						0	0	0
(9) MICHELLE FRIEDMAN DIRECTOR	1 00	X						0	0	0
(10) SUSAN YOSS DIRECTOR	1 00 1 00	X						0	0	0
(11) DANIEL MAGNUS DIRECTOR	1 00	X						0	0	0
(12) GLORIA MIRRIONE DIRECTOR	1 00	X						0	0	0
(13) BRIAN FIELDING DIRECTOR	1 00	X						0	0	0
(14) BARRY WILNER DIRECTOR	1 00	X						0	0	0
(15) ANTHONY C BAILEY DIRECTOR	1 00	X						0	0	0
(16) JOSEPH ARMENTANO DIRECTOR	1 00 2 00	X						0	0	0
(17) NOEMI SANTANA DIRECTOR EFFECTIVE 6/16/16	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DIANE GREENWALD DIRECTOR THRU 6/16/16	1 00	X						0	0	0
(19) FRANCISCO LUGOVINA DIRECTOR THRU 6/16/16	1 00	X						0	0	0
(20) ARTHUR MURPHY DIRECTOR THRU 6/16/16	1 00	X						0	0	0
(21) ANDY ROSENGARDEN CHIEF FINANCIAL OFFICER	11 00 34 00			X				140,399	0	7,661
(22) PATRICK JAMES GM OF HEALTHY AND SUSTAINABLE COMMUNITIES	14 00 31 00					X		128,427	0	7,032
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								268,826	310,760	21,253

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BULBUL GUPTA 1180 AVENUE OF THE AMERICAS FL 20 NEW YORK, NY 10036	DEVELOPMENT CONSULTANT	100,250

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 ▶ 1

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	255,331				
	d Related organizations	1d					
	e Government grants (contributions)	1e	470,763				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	617,733				
	g Noncash contributions included in lines 1a-1f \$ _____		9,675				
	h Total. Add lines 1a-1f		1,343,827				
Program Service Revenue			Business Code				
	2a MANAGEMENT FEE INCOME		531110	534,424	534,424		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		534,424					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			8,033		8,033	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 255,331 of contributions reported on line 1c) See Part IV, line 18	a	19,700				
		b Less direct expenses	b	44,374			
		c Net income or (loss) from fundraising events			-24,674		-24,674
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a DEBT FORGIVENESS		900099	65,000		65,000		
b MISCELLANEOUS REVENUE		900099	24		24		
c _____							
d All other revenue							
e Total. Add lines 11a-11d			65,024				
12 Total revenue. See Instructions			1,926,634	534,424	0	48,383	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	148,000	55,882	62,114	30,004
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,141,866	430,062	472,291	239,513
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	72,210	28,518	38,343	5,349
10 Payroll taxes	73,577	7,509	51,905	14,163
11 Fees for services (non-employees)				
a Management				
b Legal	923		923	
c Accounting	25,000		25,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	309,174	49,972	82,704	176,498
12 Advertising and promotion				
13 Office expenses	151,040	61,983	62,779	26,278
14 Information technology				
15 Royalties				
16 Occupancy	34,572	15,732	18,840	
17 Travel	7,235	3,770	1,730	1,735
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,506	2,130	332	44
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,395	3,395		
23 Insurance	11,556	7,800	3,756	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STIPENDS	146,425	76,604	63,646	6,175
b WORKFORCE DEVELOPMENT T	69,202	36,204	30,080	2,918
c STAFF TRAINING & DEVELO	47,781	9,787	37,994	
d CLIENT ACTIVITIES	26,758	13,999	11,630	1,129
e All other expenses	15,321	15,321		
25 Total functional expenses. Add lines 1 through 24e	2,286,541	818,668	964,067	503,806
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	901	1	1,201
	2 Savings and temporary cash investments	132,629	2	20,846
	3 Pledges and grants receivable, net	116,740	3	82,312
	4 Accounts receivable, net	22,277	4	19,247
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	285,919	7	292,972
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,869	9	25,486
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	66,467		
	b Less accumulated depreciation	38,272		
		21,915	10c	28,195
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	7,092,864	12	7,605,441
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	2,288,456	15	2,480,355	
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,994,570	16	10,556,055	
Liabilities	17 Accounts payable and accrued expenses	154,837	17	221,581
	18 Grants payable		18	
	19 Deferred revenue	0	19	45,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	488,931	23	404,409
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	681,223	25	1,492,079
	26 Total liabilities. Add lines 17 through 25	1,324,991	26	2,163,069
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	8,669,579	27	8,392,986
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	8,669,579	33	8,392,986
	34 Total liabilities and net assets/fund balances	9,994,570	34	10,556,055

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,926,634
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,286,541
3	Revenue less expenses Subtract line 2 from line 1	3	-359,907
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,669,579
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	83,314
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,392,986

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-3717310

Name: GREYSTON FOUNDATION INC

Form 990 (2016)

Form 990, Part III, Line 4a:

TO PUT OUR PROGRAM ACCOMPLISHMENTS IN CONTEXT, IN THE 1980S, ROSHI BERNIE GLASSMAN, NOW AN INTERNATIONALLY-ACCLAIMED AMERICAN BUDDHIST SOCIAL ACTIVIST, RECOGNIZED THAT THE OPPORTUNITY OF EMPLOYMENT IS THE GATEWAY OUT OF POVERTY AND TOWARDS SELF-SUFFICIENCY. IN RESPONSE, IN 1982 HE OPENED GREYSTON BAKERY TO PROVIDE JOBS FOR ADULTS TYPICALLY EXCLUDED FROM MAINSTREAM EMPLOYMENT OPPORTUNITIES. HE DECLARED AN OPEN HIRING POLICY, WHICH OFFERS JOBS WITHOUT PRE-JUDGING APPLICANTS FROM THIS VISIONARY HIRING POLICY, A LARGER MISSION GREW. LOW-INCOME APARTMENTS WERE BUILT OR ACQUIRED FOR THE HOMELESS TO PROVIDE HOUSING FOR BAKERY WORKERS AND THEIR NEIGHBORS. SOON AFTER, THE GREYSTON EARLY LEARNING CENTER WAS FOUNDED TO ENSURE THAT A LACK OF HIGH-QUALITY, LOW COST EARLY EDUCATION WAS NEVER A BARRIER TO WORK FOR TENANTS AND BAKERY EMPLOYEES. AS THE AIDS EPIDEMIC SPREAD, GREYSTON RESPONDED BY OPENING ISSAN HOUSE -- HOUSING AND SUPPORTIVE SERVICES FOR PEOPLE LIVING WITH HIV/AIDS. GROWING AWARENESS OF HEALTH DISPARITIES FOR MINORITY COMMUNITIES AND GROWING CONCERNS ABOUT THE ENVIRONMENT PROMPTED THE CREATION OF THE COMMUNITY GARDENS AND ENVIRONMENTAL EDUCATION PROGRAM. IN 2008, GREYSTON LAUNCHED A WORKFORCE DEVELOPMENT PROGRAM PROVIDING COMPREHENSIVE HARD AND SOFT SKILLS JOB TRAINING AND JOB PLACEMENT SUPPORT. BUILDING ON OUR SUCCESSFUL HISTORY OF OPEN HIRING, GREYSTON LOOKS TO LAUNCH THE CENTER FOR OPEN HIRING IN 2018 TO FACILITATE THE WIDESPREAD ADOPTION OF OPEN HIRING WITHIN THE US AND BEYOND. MOST SIGNIFICANT ACTIVITIES AND HOW THEY ARE TIED INTO OUR MISSION THROUGHOUT ITS HISTORY, GREYSTON HAS BEEN A LEADER IN ADDRESSING SYSTEMIC POVERTY THROUGH BUSINESS INNOVATION AND SOCIAL INCLUSION. THIS LEADERSHIP CONTINUES TODAY. IN RECOGNITION OF OUR USE OF SOCIALLY ENGAGED ENTREPRENEURSHIP TO ADDRESS URBAN POVERTY, GREYSTON BECAME THE FIRST CERTIFIED BENEFIT CORPORATION IN NEW YORK STATE - A DESIGNATION BESTOWED UPON COMPANIES WHICH USE BUSINESS TO SOLVE SOCIAL AND ENVIRONMENTAL PROBLEMS. ADDITIONALLY, OUR 25,000 SQUARE FOOT BAKERY, LOCATED IN SOUTHWEST YONKERS, IS A LEED-CERTIFIED GREEN BUILDING. GREYSTON BAKERY PRODUCES MORE THAN 30,000 POUNDS OF BROWNIES DAILY AND OVER SEVEN MILLION POUNDS ANNUALLY. IN 2016, OPEN HIRING EMPLOYEES WORKED OVER 122,000 HOURS. IN ADDITION, 176 INDIVIDUALS WERE EMPLOYED THROUGH OPEN HIRING AND OVER 1,300 HOURS OF TRAINING WERE CONDUCTED. GREYSTON BAKERY IS CAPITALIZING ON ITS SUCCESS WITH KEY CUSTOMERS UNILEVER/BEN & JERRY'S, WHOLE FOODS MARKET AND DELTA AIRLINES BY EXPANDING DISTRIBUTION TO OTHER GROCERY AND FOODSERVICE CHANNELS IN 2017, WHICH WE EXPECT WILL LEAD TO MORE OPEN HIRING OPPORTUNITIES. THIS IS AN EXCITING TIME FOR THIS PIONEERING SOCIAL ENTERPRISE. BY PROVIDING A SAFE, STIMULATING, NURTURING AND EDUCATIONAL ENVIRONMENT FOR INFANTS, TODDLERS AND PRE-SCHOOLERS, THE GREYSTON EARLY LEARNING CENTER (THE PRINCIPAL SOCIAL PROGRAM OF THE RELATED GREYSTON FAMILY INN NOT-FOR-PROFIT ENTITY) ENABLES PARENTS OF YOUNG CHILDREN TO SEEK AND KEEP EMPLOYMENT. THE GREYSTON EARLY LEARNING CENTER COACHES AND SUPPORTS PARENTS AS THEY STRIVE TO ADVANCE THEIR LIVES WHILE PROVIDING FOR THEIR CHILDREN DURING THE MOST VULNERABLE AND IMPORTANT EARLY YEARS. TO HELP CHILDREN PREPARE FOR SCHOOL, THE CENTER USES THE CREATIVE CURRICULUM (ALIGNED WITH NEW YORK STATE'S PRE-KINDERGARTEN GUIDELINES AND COMMON CORE STANDARDS) TO ACCOMMODATE THE SCHEDULES OF WORKING PARENTS, THE CENTER ALSO OFFERS AFTER-SCHOOL HOMEWORK AND RECREATIONAL PROGRAMS OPERATING SINCE 1991, SINCE ITS FOUNDING THE GREYSTON EARLY LEARNING CENTER HAS SERVED OVER 2,000 CHILDREN, SUPPORTING THEM ON A PATHWAY TO BECOMING HEALTHY, SECURE, AND RESPONSIBLE MEMBERS OF OUR COMMUNITY. IN 2016, 140 CHILDREN WERE PROVIDED EARLY LEARNING AND AFTER-SCHOOL SERVICES, 78% OF THESE CHILDREN MET CREATIVE CURRICULUM MILESTONES AND 420 HOURS WERE DEDICATED TO PARENT-TEACHER CONFERENCES DURING THE YEAR. GREYSTON WORKFORCE DEVELOPMENT PROVIDES INDIVIDUALS WITH THE SKILLS AND RESOURCES REQUIRED TO ENTER AND THRIVE IN THE WORKFORCE BY OFFERING TRAINING, CAREER COUNSELLING, AND JOB PLACEMENT AS WELL AS JOB RETENTION SERVICES FOR MEMBERS OF THE COMMUNITY. IN ADDITION, GREYSTON OFFERS TRAINING TO YOUNG ADULTS, AGES 16-24. COURSES ARE DESIGNED TO BE RESPONSIVE TO THE CURRENT NEEDS OF EMPLOYERS AND, THUS, CHANGE FROM TIME TO TIME. CURRENT OFFERINGS INCLUDE BUILDING MAINTENANCE, CULINARY AND PASTRY ARTS, AND SECURITY GUARD TRAINING. PROGRAM GRADUATES RECEIVE CERTIFICATIONS REQUESTED BY EMPLOYERS - SUCH AS SERVSAFE LICENSING IN THE FOOD SECTOR. IN ADDITION TO SOFT SKILLS COACHING, RESUME PREPARATION, AND INTERVIEW PRACTICE SESSIONS, GREYSTON WORKFORCE DEVELOPMENT ALSO SUPPORTS SECONDARY STUDENTS THROUGH THE IN-SCHOOL-YOUTH PROGRAM. OPERATING SINCE 2009, GREYSTON WORKFORCE DEVELOPMENT HAS TRAINED OVER 600 PEOPLE AND PLACED MORE THAN 400 WITH LOCAL COMPANIES, AGENCIES, AND ORGANIZATIONS. IN 2016, THERE WERE 105 GRADUATES OF TRAINING PROGRAMS, OF WHICH 73% ACHIEVED EMPLOYMENT. GREYSTON COMMUNITY GARDENS, A COMMUNITY CENTER WITHOUT WALLS, MANAGES TEN LOCATIONS OF SAFE AND PRODUCTIVE GREEN SPACE IN A DENSE URBAN ENVIRONMENT, NURTURING A HEALTHY AND SUSTAINABLE COMMUNITY. OFFERING COMMUNITY BASED ENVIRONMENTAL EDUCATION, RUNNING THE ENVIRO-EARTH CLUB, AND CREATING SPECIAL COMMUNITY PROJECTS, GREYSTON COMMUNITY GARDENS SUPPORTS THE OVERALL GREYSTON MISSION OF CREATING THRIVING COMMUNITIES. CULTIVATING AN ETHOS OF PERSONAL RESPONSIBILITY, COMMUNITY PARTICIPATION, AND MUTUAL RESPECT, GREYSTON COMMUNITY GARDENS HARVESTS AND DISTRIBUTES OVER 14 TONS OF FRESH PRODUCE ANNUALLY. OPERATING SINCE 1995, GREYSTON COMMUNITY GARDENS ENGAGES OVER 1000 YONKERS CITIZENS ANNUALLY. IN 2016, 491 PLOTS WERE CULTIVATED BY COMMUNITY MEMBERS, WHICH PRODUCED 28,000 POUNDS OF PRODUCE THAT WAS DISTRIBUTED IN THE COMMUNITY. ISSAN HOUSE (THE PRINCIPAL PROGRAM OF THE RELATED GREYSTON HEALTH SERVICES NOT-FOR-PROFIT ENTITY) IS A 35-UNIT SUPPORTIVE CARE HOUSING FACILITY FOR FORMERLY HOMELESS PEOPLE LIVING WITH HIV/AIDS, 95% OF WHOM HAVE A DUAL DIAGNOSIS OF MENTAL ILLNESS AND DRUG AND ALCOHOL ADDICTION. ISSAN IS THE ONLY FACILITY OF ITS KIND IN WESTCHESTER COUNTY. INDIVIDUALS RESIDING AT ISSAN HOUSE HAVE A PERMANENT HOME AND ACCESS TO ONGOING SERVICES WHILE STRIVING TOWARD PERSONAL SELF-SUFFICIENCY. EACH YEAR, 40-50 TENANTS ARE PROVIDED WITH AN ARRAY OF SPECIALIZED SOCIAL SERVICES INCLUDING CASE MANAGEMENT, COUNSELING, BENEFITS ASSISTANCE, LIFE SKILLS TRAINING, ADVOCACY, APPOINTMENT ESCORTS, REFERRALS TO OTHER SERVICES, AND THREE NUTRITIOUS MEALS DAILY. IN 2016, 45 INDIVIDUALS WERE HOUSED WITH MULTIPLE CASE MANAGEMENT MEETINGS OFFERED DAILY.

SCHEDULE A
(Form 990 or 990EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREYSTON FOUNDATION INC

Employer identification number

13-3717310

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,413,648	1,053,955	1,171,428	1,247,954	1,343,827	6,230,812
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,413,648	1,053,955	1,171,428	1,247,954	1,343,827	6,230,812
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						391,312
6 Public support. Subtract line 5 from line 4						5,839,500

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	1,413,648	1,053,955	1,171,428	1,247,954	1,343,827	6,230,812
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,949	33,889	7,605	7,507	8,033	72,983
9 Net income from unrelated business activities, whether or not the business is regularly carried on		27,294	34,394			61,688
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	30,708	118,909	2,081	138	65,024	216,860
11 Total support. Add lines 7 through 10						6,582,343
12 Gross receipts from related activities, etc. (see instructions)					12	3,429,532

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	88.710 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	81.010 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER INCOME - 2012 AMOUNT \$ 30,708 2013 AMOUNT \$ 25,853 2015 AMOUNT \$ 138 2016 AMOUNT \$ 24 DEBT FORGIVENESS - 2016 AMOUNT \$ 65,000 DEV FEES RIVER VIEW LLC - 2013 AMOUNT \$ 75,000 GRANT ADMIN FEE - 2013 AMOUNT \$ 18,056 REFUNDS - 2014 AMOUNT \$ 2,081

Schedule A Form 990 of 990-E 2016

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
GREYSTON FOUNDATION INC

Employer identification number
13-3717310

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		23,655	16,526	7,129
c Leasehold improvements				
d Equipment		33,137	20,940	12,197
e Other		9,675	806	8,869
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				28,195

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) INVESTMENT IN RELATED ORGANIZATIONS	7,605,441	C
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	7,605,441	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,480,355
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	2,480,355

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CUMULATIVE LOSSES IN EXCESS OF INVESTMENTS IN LP	471,030
DUE TO AFFILIATES	1,021,049
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,492,079

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 740) Check here if the text of the footnote has been provided in Part XIII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	21,141,117
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	19,792,092	
e	Add lines 2a through 2d		2e	19,792,092
3	Subtract line 2e from line 1		3	1,349,025
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	577,609	
c	Add lines 4a and 4b		4c	577,609
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,926,634

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	20,966,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	19,029,267	
e	Add lines 2a through 2d		2e	19,029,267
3	Subtract line 2e from line 1		3	1,936,842
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	349,699	
c	Add lines 4a and 4b		4c	349,699
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	2,286,541

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 13-3717310

Name: GREYSTON FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS TAKEN IN ITS INCOME TAX RETURNS ONLY WHEN THOSE POSITIONS ARE BELIEVED TO BE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON REVIEW BY THE TAX AUTHORITIES. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE OR LOCAL INCOME TAX AUDITS FOR PERIODS PRIOR TO 2013.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	REVENUE ATTRIBUTABLE TO CONSOLIDATED ENTITIES 19,792,092

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON THE CONSOLIDATED FINANCIAL STATEMENTS 577,609

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ATTRIBUTABLE TO CONSOLIDATED ENTITIES 19,029,267

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON THE CONSOLIDATED FINANCIAL STATEMENTS 349,699

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GREYSTON FOUNDATION INC

Employer identification number
13-3717310

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ANNUAL BENEFIT/GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	275,031			275,031
2	Less Contributions	255,331			255,331
3	Gross income (line 1 minus line 2)	19,700			19,700
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	23,800			23,800
	7 Food and beverages				
	8 Entertainment	2,934			2,934
	9 Other direct expenses	17,640			17,640
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				44,374
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-24,674

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
------------------	-------------

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.

2015
Open to Public Inspection

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

Name of the organization GREYSTON FOUNDATION INC	Employer identification number 13-3717310
---	--

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL BRADY PRESIDENT	(i)	0	0	0	0	0	0	
	(ii)	235,760	75,000	0	0	6,560	317,320	

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	MICHAEL BRADY SERVES A DUAL ROLE AS CEO AND PRESIDENT OF GREYSTON FOUNDATION (AND AFFILIATED NOT-FOR-PROFIT ENTITIES), AS WELL AS PRESIDENT OF GREYSTON BAKERY, INC , THE FOR-PROFIT SOCIAL ENTERPRISE THAT IS WHOLLY-OWNED BY THE GREYSTON FOUNDATION. IN ORDER TO DETERMINE MR BRADY'S TOTAL SALARY, THE BOARD OF DIRECTORS APPOINTED A SUB-COMMITTEE OF DIRECTORS, WHO CONSIDERED COMPARABLE SALARIES FOR SIMILAR SIZED ORGANIZATIONS, DISCUSSIONS WITH OUTSIDE RECRUITERS AND OTHER FACTORS SUCH AS LEVEL OF EXPERIENCE AND AREAS OF RESPONSIBILITY. IN 2016, APPROXIMATELY 67% OF MR BRADY'S SALARY WAS ALLOCATED TO GREYSTON BAKERY, INC. BASED ON THE ESTIMATED TIME REQUIRED TO FULFILL HIS DUTIES WITH THIS ORGANIZATION. IN ADDITION, INCLUDED IN MR BRADY'S 2016 COMPENSATION IS A \$25,000 BONUS PAYMENT ASSOCIATED WITH THE PERFORMANCE OF HIS DUTIES AS PRESIDENT AND CEO OF GREYSTON FOUNDATION (AND AFFILIATED NOT-FOR-PROFITS) IN 2015, AND A \$50,000 BONUS PAYMENT ASSOCIATED WITH THE PERFORMANCE OF HIS DUTIES AS PRESIDENT OF GREYSTON BAKERY, INC IN 2015. THE REVIEW OF MR BRADY'S COMPENSATION IS CONDUCTED ANNUALLY, WITH THE FINAL RECOMMENDATIONS APPROVED AND DOCUMENTED BY THE ORGANIZATION'S BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
GREYSTON FOUNDATION INC

Employer identification number

13-3717310

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE I, BRIEF MISSION DESCRIPTION	FROM OUR ROOTS AS A SPIRITUALLY-MINDED ORGANIZATION, GREYSTON HAS GROWN INTO ONE OF THE COUNTRY'S LEADING SOCIAL ENTERPRISES WITH COMBINED REVENUES OF \$21 MILLION GREYSTON'S MISSION IS TO CREATE THRIVING COMMUNITIES THROUGH THE PRACTICE AND PROMOTION OF OPEN HIRING OPEN HIRINGTM FILLS JOBS WITHOUT JUDGING APPLICANTS OR ASKING ANY QUESTIONS, THEREBY CREATING OPPORTUNITIES FOR INDIVIDUALS WHO ARE OFTEN EXCLUDED FROM THE MAINSTREAM WORKFORCE FOR 35 YEARS, OUR UNIQUE BLEND OF OPEN HIRING AND COMMUNITY PROGRAMS HAS SUPPORTED INDIVIDUALS IN SOUTHWEST YONKERS SEARCHING FOR A WAY OUT OF POVERTY IN A COMMUNITY WHERE ONE-THIRD OF ADULTS LIVE BELOW THE POVERTY LINE AND ARE OFTEN DENIED THE OPPORTUNITY TO WORK, GREYSTON BAKERY HAS BEEN STEADFAST IN ITS COMMITMENT TO HIRING REGARDLESS OF EDUCATION, WORK EXPERIENCE, OR HISTORIES OF INCARCERATION, HOMELESSNESS, OR DRUG USE WHAT BEGAN AS A MODEST BAKERY HAS GROWN INTO AN OPEN HIRING MODEL THAT PROVIDES A CONTINUUM OF SUPPORT SERVICES TO MORE THAN 5,400 SOUTHWEST YONKERS RESIDENTS EACH YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	GREYSTON IS A SOCIAL ENTERPRISE DEDICATED TO SERVING THE COMMUNITY OF SOUTHWEST YONKERS, NY AND TO SCALING AND REPLICATING OUR CUTTING-EDGE OPEN HIRING MODEL ACROSS THE UNITED STATES AND BEYOND COMPRISED OF A PURPOSE-DRIVEN COMMERCIAL BAKERY COMBINED WITH A SYSTEM OF NOT-FOR-PROFIT ORGANIZATIONS THAT PROVIDE SERVICE AND SUPPORT TO OUR EMPLOYEES AND THEIR COMMUNITY, GREYSTON IS PROVING THAT BUSINESS CAN BE A POWERFUL FORCE FOR GOOD PROFITS FROM THE BAKERY COUPLED WITH SUPPLEMENTAL FUNDRAISING PROVIDE FINANCIAL SUPPORT FOR OUR PROGRAMS INCLUDING EARLY CHILDHOOD EDUCATION, WORKFORCE DEVELOPMENT, COMMUNITY GARDENS, HEALTH SERVICES AND HOUSING THE GREYSTON FOUNDATION, OUR 501(C)(3) NOT-FOR-PROFIT, PROVIDES SUPERVISION, OVERSIGHT, HUMAN RESOURCES, ACCOUNTING AND FINANCE, INFORMATION TECHNOLOGY, AND ADMINISTRATIVE SUPPORT FOR ALL OF THE NOT-FOR-PROFIT AND FOR-PROFIT ENTITIES UNDER THE GREYSTON UMBRELLA (GREYSTON BAKERY, GREYSTON HEALTH SERVICES, GREYSTON FAMILY INN AND RAVINE AVENUE PROPERTIES)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 3	THE FOUNDATION IS IN THE PROCESS OF DIVESTING THE MAJORITY OF ITS REAL ESTATE PORTFOLIO AND HAS DETERMINED THAT THE FOUNDATION WILL HAVE NO SIGNIFICANT CONTINUING INVOLVEMENT IN REAL ESTATE OPERATIONS AFTER THE DISPOSAL TRANSACTION AS A RESULT, PROPERTY AND EQUIPMENT AND RESULTS OF OPERATIONS OF ITS REAL ESTATE PORTFOLIO ARE PRESENTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS AS ASSETS AND LIABILITIES HELD FOR SALE AND DISCONTINUED OPERATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE PREPARER EMAILS A COPY OF A DRAFT VERSION OF FORM 990 TO THE CFO WHO, IN TURN, EMAILS THE DRAFT VERSION OF FORM 990 TO EACH BOARD MEMBER FOR REVIEW EACH BOARD MEMBER IS REQUESTED TO SUBMIT ANY COMMENTS TO THE CFO PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE ONCE ALL COMMENTS ARE RESOLVED, A FINAL VERSION OF FORM 990 IS EMAILED TO EACH BOARD MEMBER AND FILED WITH THE INTERNAL REVENUE SERVICE BY THE APPLICABLE DUE DATE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO ALL BOARD MEMBERS, OFFICERS, AND MANAGEMENT EMPLOYEES OF THE FOUNDATION ANYONE WHO BELIEVES THEY MAY HAVE A CONFLICT MUST DISCLOSE ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS, SUB-COMMITTEE, OR OTHER AUTHORIZED BODY AFTER DISCLOSURE OF THE CONFLICT AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE MEETING AND THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS, COMMITTEE OR AUTHORIZED BODY SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS IF THE BOARD OF DIRECTORS TAKES ACTION CONCERNING A FINANCIAL TRANSACTION OR ARRANGEMENT PREVIOUSLY REVIEWED BY A COMMITTEE OR AUTHORIZED BODY, THE BOARD SHALL MAKE ITS OWN DETERMINATION OR AFFIRM THE DETERMINATION OF THE COMMITTEE OR AUTHORIZED BODY AS TO WHETHER A CONFLICT OF INTEREST EXISTS THE MINUTES OF THE BOARD OF DIRECTORS, EACH COMMITTEE WITH BOARD DELEGATED POWERS AND EACH AUTHORIZED BODY OF THE FOUNDATION SHALL CONTAIN (I) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE DECISION OF THE BOARD OF DIRECTORS, COMMITTEE OR AUTHORIZED BODY AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED, AND (II) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE FINANCIAL TRANSACTION OR ARRANGEMENT, A SUMMARY OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED FINANCIAL TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH EACH DIRECTOR, OFFICER AND MANAGEMENT EMPLOYEE OF THE FOUNDATION, EACH MEMBER OF A COMMITTEE WITH POWERS DELEGATED BY THE BOARD OF DIRECTORS OF THE FOUNDATION, AND EACH MEMBER OF AN AUTHORIZED BODY OF THE FOUNDATION SHALL SIGN A STATEMENT ANNUALLY WHICH AFFIRMS THAT SUCH PERSON (I) HAS RECEIVED A COPY OF THE POLICY AND PROCEDURES ON CONFLICT OF INTEREST, (II) HAS READ AND UNDERSTANDS THE POLICY AND PROCEDURES, (III) HAS AGREED TO COMPLY WITH THE POLICY AND PROCEDURES, AND (IV) UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION, FORM 990, FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PAYROLL SERVICE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 47,579 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 47,579 CONSULTANTS PROGRAM SERVICE EXPENSES 49,972 MANAGEMENT AND GENERAL EXPENSES 35,125 FUNDRAISING EXPENSES 176,498 TOTAL EXPENSES 261,595

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN GAINS OF SUBSIDIARIES 512,577 EQUITY IN LOSSES OF LIMITED PARTNERSHIPS -113,170 EQUITY IN LOSSES OF LIMITED PARTNERSHIPS - DISCONTINUED OPERATIONS -316,093

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE OF THE GREYSTON FOUNDATION, INC ASSUMES, FOR ALL OF ITS RELATED TAX EXEMPT ORGANIZATIONS, RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTING FIRM THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
GREYSTON FOUNDATION INC

Employer identification number

13-3717310

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) GREYSTON HEALTH SERVICES INC 21 PARK AVENUE YONKERS, NY 10703 13-3668065	SUPPORT LOW-INCOME FAMILIES AND INDIVIDUALS	DE	501(C)(3)	7	GREYSTON FOUNDATION INC	Yes	
(2) MAITRI CENTER INC 21 PARK AVENUE YONKERS, NY 10703 13-3839615	SUPPORT LOW-INCOME FAMILIES AND INDIVIDUALS	NY	501(C)(3)	10	GREYSTON HEALTH SERVICES INC		No
(3) RAVINE AVENUE PROPERTIES 21 PARK AVENUE YONKERS, NY 10703 13-4110152	SUPPORT LOW-INCOME FAMILIES AND INDIVIDUALS	NY	501(C)(3)	10	GREYSTON FOUNDATION INC	Yes	
(4) GREYSTON FAMILY INN OF YONKERS INC 21 PARK AVENUE YONKERS, NY 10703 13-3407079	SUPPORT LOW-INCOME FAMILIES AND INDIVIDUALS	NY	501(C)(3)	10	GREYSTON FOUNDATION INC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BURNHAM BUILDING LIMITED PARTNERSHIP 21 PARK AVENUE YONKERS, NY 10703 13-3978427	LOW-INCOME HOUSING	NY	BURNHAM BUILDING INC	RELATED				No			No	
(2) ASHBOURNE LLC 21 PARK AVENUE YONKERS, NY 10703 47-0870195	LOW-INCOME HOUSING	NY	ASHBOURNE PLEASANTVILLE GP CORP	RELATED				No			No	
(3) 74 WARBURTON LIMITED PARTNERSHIP 21 PARK AVENUE YONKERS, NY 10703 13-3692815	LOW-INCOME HOUSING	NY	74 WARBURTON INC	RELATED				No			No	
(4) 62 WARBURTON LIMITED PARTNERSHIP 21 PARK AVENUE YONKERS, NY 10703 13-3866445	LOW-INCOME HOUSING	NY	62 WARBURTON INC	RELATED				No			No	
(5) 23 PARK AVENUE LIMITED PARTNERSHIP 21 PARK AVENUE YONKERS, NY 10703 13-3895618	LOW-INCOME HOUSING	NY	23 PARK AVENUE INC	RELATED				No			No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREYSTON FAMILY INN OF YONKERS INC	L	164,110	COST
(2) GREYSTON HEALTH SERVICES INC	L	142,404	COST

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference**Explanation**

Additional Data

Software ID:
Software Version:
EIN: 13-3717310
Name: GREYSTON FOUNDATION INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 104 ASHBURTON HOLDING CORPORATION 21 PARK AVENUE YONKERS, NY 10703 30-0007791	HOLDING COMPANY	NY	GREYSTON FOUNDATION INC	C	17,295,794	10,109,342	100 000 %	Yes	
(1) 104 ASHBURTON PROPERTY CORPORATION 21 PARK AVENUE YONKERS, NY 10703 30-0007785	REAL ESTATE	NY	104 ASHBURTON HOLDING CORP	C					No
(2) GREYSTON BAKERY INC 104 ALEXANDER STREET YONKERS, NY 10703 13-3456330	WHOLESALE BAKERY	NY	104 ASHBURTON HOLDING CORP	C					No
(3) BURNHAM BUILDING INC 21 PARK AVENUE YONKERS, NY 10703 13-3939361	GENERAL PARTNER BURNHAM BUILDING LP	NY	GREYSTON FOUNDATION INC	C	6,064		100 000 %	Yes	
(4) HUDSON STREET DEVELOPMENT CORP 21 PARK AVENUE YONKERS, NY 10703 13-4098731	GENERAL PARTNER PHILIPSBURGH HALL GP CORPORATION INC	NY	GREYSTON FOUNDATION INC	C		408,000	100 000 %	Yes	
(5) ASHBOURNE PLEASANTVILLE GP CORPORATION 21 PARK AVENUE YONKERS, NY 10703 47-0870195	GENERAL PARTNER IN ASHBOURNE LLC	NY	GREYSTON FOUNDATION INC	C			100 000 %	Yes	
(6) GREYSTON BROADWAY MANAGERS LLC 21 PARK AVENUE YONKERS, NY 10703 27-4098692	GENERAL PARTNERSHIP	NY	GREYSTON FOUNDATION INC	C			100 000 %	Yes	
(7) 62 WARBURTON INC 21 PARK AVENUE YONKERS, NY 10703 13-3866444	GENERAL PARTNER IN 62 WARBURTON LIMITED PARTNERSHIP	NY	GREYSTON FAMILY INN OF YONKERS INC	C					No
(8) 74 WARBURTON INC 21 PARK AVENUE YONKERS, NY 10703 13-3692814	GENERAL PARTNER IN 74 WARBURTON LIMITED PARTNERSHIP	NY	GREYSTON FAMILY INN OF YONKERS INC	C					No
(9) 23 PARK AVENUE INC 21 PARK AVENUE YONKERS, NY 10703 13-3895615	GENERAL PARTNER IN 23 PARK AVENUE LIMITED PARTNERSHIP INC	NY	GREYSTON HEALTH SERVICES INC	C					No