

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
GRAHAM WINDHAM

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
ONE PIERREPONT PLAZA SUITE 901

City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 11201

D Employer identification number
13-2926426

E Telephone number
(212) 529-6445

F Name and address of principal officer:
JESS DANNHAUSER
ONE PIERREPONT PLAZA SUITE 901
BROOKLYN, NY 11201

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)

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

J Website: WWW.GRAHAM-WINDHAM.ORG

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1806

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
IN FULL PARTNERSHIP WITH FAMILIES AND COMMUNITIES, GRAHAM WINDHAM STRIVES TO MAKE A LIFE-ALTERING DIFFERENCE WITH CHILDREN, YOUTH AND FAMILIES WHO ARE OVERCOMING SOME OF LIFE'S MOST DIFFICULT CHALLENGES AND OBSTACLES, BY HELPING TO BUILD A STRONG FOUNDATION FOR LIFE: A SAFE, LOVING, PERMANENT FAMILY AND THE OPPORTUNITY AND PREPARATION TO THRIVE IN SCHOOL AND IN THE WORLD.

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)	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	28
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	828
6 Total number of volunteers (estimate if necessary)	204
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)	54,549,687	57,442,519
9 Program service revenue (Part VIII, line 2g)	95,646	95,646
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,506,298	651,947
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-131,672	-103,507
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	56,019,959	58,086,605
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)	36,400,163	36,195,246
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	175,000
b Total fundraising expenses (Part IX, column (D), line 25) 917,164		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	18,704,418	19,534,898
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	55,104,581	55,905,144
19 Revenue less expenses. Subtract line 18 from line 12	915,378	2,181,461

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	38,392,820	41,220,739
21 Total liabilities (Part X, line 26)	20,231,093	20,559,829
22 Net assets or fund balances. Subtract line 21 from line 20	18,161,727	20,660,910

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: _____ Date: 2020-07-14
JESS DANNHAUSER PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: 2020-07-06
Firm's name: PKF O'CONNOR DAVIES LLP Firm's EIN: 27-1728945
Firm's address: 665 FIFTH AVENUE Phone no. (212) 286-2600
NEW YORK, NY 10022

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

IN FULL PARTNERSHIP WITH FAMILIES AND COMMUNITIES, GRAHAM WINDHAM STRIVES TO MAKE A LIFE-ALTERING DIFFERENCE WITH CHILDREN, YOUTH AND FAMILIES WHO ARE OVERCOMING SOME OF LIFE'S MOST DIFFICULT CHALLENGES AND OBSTACLES, BY HELPING TO BUILD A STRONG FOUNDATION FOR LIFE: A SAFE, LOVING, PERMANENT FAMILY AND THE OPPORTUNITY AND PREPARATION TO THRIVE IN SCHOOL AND IN THE WORLD.

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 [X] 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 [X] 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 \$ 21,105,583 including grants of \$) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 11,589,247 including grants of \$) (Revenue \$ 95,646)

See Additional Data

4c (Code:) (Expenses \$ 10,458,993 including grants of \$) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 5,553,582 including grants of \$) (Revenue \$)

- THROUGH OUR FAMILY SUCCESS INITIATIVE, FAMILY COACHES HELP PARENTS DEVELOP THEIR PARENTING SKILL SETS AND CONNECT WITH A SUPPORTIVE COMMUNITY. FAMILY COACHES MEET ONE-ON-ONE TO PROVIDE INDIVIDUALIZED SUPPORT TO PARENTS IN INTENSELY STRESSFUL SITUATIONS, INCLUDING STRUGGLES WITH HOMELESSNESS, DOMESTIC VIOLENCE, MENTAL HEALTH CHALLENGES, SUBSTANCE ABUSE, AND POVERTY. PARENTS ARE WORKING TOWARDS REUNIFYING WITH CHILDREN WHO ARE IN FOSTER CARE OR DEVELOPING NEW STRATEGIES TO KEEP THEIR FAMILIES SAFE AND INTACT. FAMILY COACHES ALSO LEAD NETWORK SUPPORT GROUPS, VISIT COACHING, PARENTING JOURNEY GROUPS, AND BABY AND ME DEVELOPMENTAL PLAYGROUPS WHERE PARENTS DEVELOP SKILLS AND PROVIDE AND RECEIVE PEER SUPPORT. - OUR GRAHAM SLAM COACHING PROGRAM HELPS OLDER YOUTH AND YOUNG ADULTS 16 TO 24 YEARS OLD, MANY OF WHOM ARE OR HAVE BEEN IN FOSTER CARE, FINISH HIGH SCHOOL, ACHIEVE POST-SECONDARY SUCCESS AND VOCATIONAL TRAINING, AND ENTER A PATHWAY TO CAREER SUCCESS. IN FY19, 346 YOUNG PEOPLE PARTICIPATED IN THE GRAHAM SLAM PROGRAM. THIS PROGRAM HAS DEMONSTRATED STRONG RESULTS WITH 92% OF 21 YEAR OLDS IN GRAHAM SLAM HAVING GRADUATED HIGH SCHOOL, COMPARED WITH 22% OF OLDER YOUTH IN FOSTER CARE IN NEW YORK CITY WHO AGED OUT OF CARE. - OUR PUBLIC SCHOOL AND PUBLIC HOUSING-BASED AFTERSCHOOL PROGRAMS AND SUMMER CAMPS SUPPORT AND ENGAGED 825 CHILDREN, YOUTH AND THEIR FAMILIES THROUGH A COMBINATION OF RECREATIONAL PROGRAMMING, THE ARTS, ATHLETICS, TUTORING, AND HOMEWORK HELP.- IN PARTNERSHIP WITH PS/MS 123 IN HARLEM, OUR COMMUNITY SCHOOL PROVIDES SUCCESS MENTORS TO ENGAGE FAMILIES AND IMPROVE SCHOOL ATTENDANCE; AND WE HAVE PARTNERED TO SUPPORT AN EXTENDED LEARNING DAY AND PROVIDE SCHOOL-BASED MENTAL HEALTH THERAPY. THIS PARTNERSHIP WITH A PREVIOUSLY LOW-PERFORMING SCHOOL HAS RESULTED IN AN INCREASE IN STUDENT ATTENDANCE AND FAMILY PARTICIPATION AND A DROP IN CHRONIC ABSENTEEISM.- WE LAUNCHED A NEW DEMONSTRATION PROJECT, THE HUNTS POINT O.U.R. PLACE FAMILY ENRICHMENT CENTER, WHICH WELCOMES FAMILIES INTO A SUPPORTIVE ENVIRONMENT THAT STRENGTHENS CONNECTIONS BETWEEN NEIGHBORS, PROVIDES OPPORTUNITIES FOR PEOPLE TO VOLUNTEER THEIR TIME AND GIVE BACK, TO LEARN ABOUT AND ACCESS CONCRETE SUPPORTS, AND TO MAKE AND INFLUENCE THE CHANGES THEY WANT TO SEE IN THEIR COMMUNITY. THE GOALS OF THE FAMILY ENRICHMENT CENTER IS TO HELP STRENGTHEN FAMILIES AND COMMUNITY BONDS, HELP RESIDENTS CONNECT TO RESOURCES THAT HELP AVERT CRISES, AND TO INCREASE COMMUNITY LEADERSHIP OPPORTUNITIES THAT INFLUENCE POLITICAL DECISION-MAKING.

4d Other program services (Describe in Schedule O.) (Expenses \$ 5,553,582 including grants of \$) (Revenue \$)

4e Total program service expenses 48,707,405

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	828		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 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 5 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: BASIL WEBSTER CO GRAHAM WINDHAM ONE PIERREPONT PLAZA SUITE 901 BROOKLYN, NY 11201 (212) 529-6445

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	2,149,765			
	d Related organizations	1d				
	e Government grants (contributions)	1e	49,393,795			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,898,959			
	g Noncash contributions included in lines 1a - 1f: \$ _____		341,318			
	h Total. Add lines 1a-1f		57,442,519			
Program Service Revenue	2a REVENUE FROM UFSD NO. 10	Business Code				
		900099	95,646	95,646		
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		95,646				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		368,018		368,018	
	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	804,534			
		(ii) Other				
		b Less: cost or other basis and sales expenses	520,605			
		c Gain or (loss)	283,929			
	d Net gain or (loss)		283,929		283,929	
	8a Gross income from fundraising events (not including \$ 2,149,765 of contributions reported on line 1c). See Part IV, line 18	a		115,500		
		b Less: direct expenses		317,456		
c Net income or (loss) from fundraising events			-201,956		-201,956	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a RESEARCH PROJECT PARTICIPANT FEES	900099	42,087		42,087		
b INSURANCE REFUND	900099	38,781		38,781		
c MISCELLANEOUS INCOME	900099	15,895		15,895		
d All other revenue		1,686		1,686		
e Total. Add lines 11a-11d		98,449				
12 Total revenue. See Instructions		58,086,605	95,646	0	548,440	

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	1,652,538	1,445,344	190,766	16,428
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	26,231,415	22,707,941	3,247,828	275,646
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,365,410	1,194,215	157,621	13,574
9 Other employee benefits	4,245,606	3,713,294	490,106	42,206
10 Payroll taxes	2,700,277	2,335,669	329,948	34,660
11 Fees for services (non-employees):				
a Management				
b Legal	334,633	130,032	55,960	148,641
c Accounting	111,900	43,482	18,713	49,705
d Lobbying				
e Professional fundraising services. See Part IV, line 17	175,000			175,000
f Investment management fees	19,255		19,255	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,460,439	2,185,364	261,854	13,221
12 Advertising and promotion				
13 Office expenses	1,218,791	927,904	273,794	17,093
14 Information technology	471,865	357,482	113,850	533
15 Royalties				
16 Occupancy	2,233,965	1,587,560	599,962	46,443
17 Travel	469,987	465,067	4,079	841
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	306,191	251,361	50,760	4,070
20 Interest	110,732	22,385	87,744	603
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	503,361	371,025	122,948	9,388
23 Insurance	738,787	657,823	74,550	6,414
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 FOSTER PAYMENTS	6,331,375	6,331,375		
b REPAIR AND MAINTENANCE	1,549,884	1,467,330	77,659	4,895
c ALLOWANCES/RECREATION	1,035,814	1,002,257		33,557
d CLOTHING	553,894	553,894		
e All other expenses	1,084,025	956,601	103,178	24,246
25 Total functional expenses. Add lines 1 through 24e	55,905,144	48,707,405	6,280,575	917,164
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	2,484,596	1	4,197,347
	2 Savings and temporary cash investments	386,063	2	490,194
	3 Pledges and grants receivable, net	1,368,681	3	4,336,935
	4 Accounts receivable, net	15,342,448	4	13,117,749
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	478,504	9	560,772
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,593,819		
	b Less: accumulated depreciation	15,109,708		
	11 Investments—publicly traded securities	13,855,575	11	14,816,177
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	500,963	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	186,493	15	217,454
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,392,820	16	41,220,739	
Liabilities	17 Accounts payable and accrued expenses	9,556,524	17	9,170,961
	18 Grants payable		18	
	19 Deferred revenue	613,365	19	592,404
	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	2,002,466	23	1,780,431
	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	8,058,738	25	9,016,033
	26 Total liabilities. Add lines 17 through 25	20,231,093	26	20,559,829
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,549,885	27	14,393,596
	28 Temporarily restricted net assets	1,297,841	28	4,897,125
	29 Permanently restricted net assets	1,314,001	29	1,370,189
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,161,727	33	20,660,910	
34 Total liabilities and net assets/fund balances	38,392,820	34	41,220,739	

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	58,086,605
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,905,144
3	Revenue less expenses. Subtract line 2 from line 1	3	2,181,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,161,727
5	Net unrealized gains (losses) on investments	5	317,722
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,660,910

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-2926426

Name: GRAHAM WINDHAM

Form 990 (2018)

Form 990, Part III, Line 4a:

- OUR FOSTER CARE PROGRAM PROVIDED CASE PLANNING TO 817 CHILDREN TO ENSURE THEIR SAFETY AND WELL-BEING; TO SUPPORT PARENTS AND HELP THEM DEVELOP PARENTING SKILLS; AND, WHEN PARENTS COULD NOT PROVIDE FOR THEIR CHILDREN'S SAFETY, SOUGHT AN ALTERNATIVE LOVING, PERMANENT FAMILY. WE PROVIDED: FAMILY FOSTER CARE, TREATMENT FAMILY FOSTER CARE, ADOPTION, FOSTER PARENT SUPPORT, AND EDUCATIONAL ADVOCACY. WE WORK CLOSELY WITH THE BIRTH PARENTS OF CHILDREN IN OUR CARE TO STRENGTHEN THEIR CAPACITY, AND OVERCOME BARRIERS THAT WOULD OTHERWISE PREVENT REUNIFICATION. OUR CASE PLANNERS USE THE EVIDENCE-SUPPORTED MODELS SOLUTION-BASED CASEWORK AND MOTIVATIONAL INTERVIEWING, ENGAGE FAMILIES IN THE INFANT HOME VISITING PROGRAM ATTACHMENT AND BIO-BEHAVIORAL CATCH-UP (ABC), AND IDENTIFY MENTAL HEALTH CONCERNS AND PARTNER WITH OUR MENTAL HEALTH CLINIC WITH THE PARTNERING FOR SUCCESS COGNITIVE BEHAVIOR THERAPY PLUS MODEL. AS A RESULT OF THESE INTERVENTIONS, THE PROGRAM WAS ABLE TO SUCCESSFULLY REUNITE 122 CHILDREN WITH THEIR FAMILIES, AND COMPLETED 46 ADOPTIONS AND LEGAL GUARDIANSHIP PLACEMENTS DURING THE REPORTING PERIOD. WE WERE RECOGNIZED AS ONE OF THE 4 HIGHEST PERFORMING OF 23 FOSTER CARE PROGRAMS IN NEW YORK CITY FOR HELPING CHILDREN LEAVE FOSTER CARE TO REUNIFY WITH THEIR PARENTS WITHIN ONE YEAR AND THE TOP-RANKED FOSTER CARE PROGRAM IN NEW YORK CITY FOR HELPING TO FACILITATE ADOPTIONS AND LEGAL GUARDIANSHIP.- COMMUNITY-BASED SUPPORTS INCLUDE PREVENTIVE SERVICES FOR FAMILIES AT RISK OF HAVING ONE OR MORE OF THEIR CHILDREN PLACED INTO 24-HOUR CARE. USING THE EVIDENCE-SUPPORTED SOLUTION-BASED CASEWORK AND MOTIVATIONAL INTERVIEWING MODELS, 549 FAMILIES RECEIVED IN-HOME PREVENTIVE CASE PLANNING TO HELP THEM SAFELY CARE FOR THEIR CHILDREN AND KEEP THEIR FAMILIES TOGETHER AND STABLE. 99.3% OF THE FAMILIES THAT GRADUATED FROM OUR PREVENTIVE PROGRAM REMAINED TOGETHER.

Form 990, Part III, Line 4b:

WE OPERATE THE GRAHAM SCHOOL RESIDENTIAL EDUCATION AND TREATMENT CENTER WHICH PROVIDES AN INTENSIVE 24/7 THERAPEUTIC TREATMENT AND ACADEMIC EXPERIENCE. DURING THE YEAR, THE GRAHAM SCHOOL SERVED 164 OLDER CHILDREN AND YOUTH WHO WERE REFERRED BY SOCIAL SERVICE DISTRICTS AND PUBLIC SCHOOL DISTRICTS. WE ENSURE THE SAFETY AND STABILITY OF THE YOUTH PLACED WITH THE GRAHAM SCHOOL AS WE WORK WITH RESIDENTS AND THEIR FAMILIES TO ACHIEVE PERMANENCY AND EDUCATIONAL OUTCOMES THAT WILL BE LIFE CHANGING. SPECIALIZED SERVICE INTERVENTIONS AND SUPPORTS INCLUDE THERAPEUTIC RESIDENTIAL CARE, AN INTENSIVE ON-SITE SCHOOL DESIGNED TO HELP UNDER-CREDITED YOUTH MAKE UP LOST ACADEMIC GROUND, A HOST OF VOCATIONAL, EMPLOYMENT, COLLEGE PREP, RECREATIONAL AND ATHLETIC PROGRAMS, AS WELL AS A UNIQUE PEER LEADERSHIP PROGRAM, THE BENGALS. CASE PLANNERS USE THE EVIDENCE-SUPPORTED SOLUTION-BASED CASEWORK MODEL AND THE CAMPUS TEAM USES THE EVIDENCE-BASED COLLABORATIVE PROBLEM SOLVING TREATMENT APPROACH. DURING THE REPORTING PERIOD, THE GRAHAM SCHOOL SUCCESSFULLY DISCHARGED 34 YOUTH TO THEIR FAMILIES OR TO ANOTHER PERMANENT CONNECTION.

Form 990, Part III, Line 4c:

GRAHAM WINDHAM'S MEDICAID SERVICES INCLUDE MEDICAID-FUNDED CARE COORDINATION TO SUPPORT CHILDREN AND YOUTH WHO NEED FAMILY-BASED FOSTER CARE. WE PARTNER AND FUND EXTERNAL PROVIDERS TO PROVIDE MEDICAL, DENTAL, SUBSTANCE ABUSE TREATMENT, AND SOME MENTAL HEALTH SERVICES TO CHILDREN AND YOUTH IN FAMILY-BASED FOSTER CARE. WE DELIVER NURSING, MENTAL HEALTH, AND SUBSTANCE ABUSE SERVICES TO YOUTH LIVING AT OUR GRAHAM SCHOOL RESIDENTIAL EDUCATION AND TREATMENT CENTER. WE ALSO RUN AN ARTICLE 31 CHILD AND ADOLESCENT MENTAL HEALTH CLINIC THAT PROVIDES MENTAL HEALTH TREATMENT TO CHILDREN AND YOUTH IN FOSTER CARE AND PREVENTIVE SERVICES WITH GRAHAM WINDHAM, AS WELL AS YOUTH IN THE HARLEM COMMUNITY. WE PROVIDE MENTAL HEALTH TREATMENT IN HARLEM, THE BRONX, AND IN BROOKLYN. WE ALSO DELIVER MEDICAID-FUNDED BRIDGES TO HEALTH WAIVER SERVICES FOR CHILDREN WHO ARE OR HAVE BEEN IN FOSTER CARE WHO ARE RESIDING IN COMMUNITY BASED, FAMILY SETTINGS WHO NEED EXTRA SUPPORT SERVICES TO ENSURE THEY CAN AVOID HOSPITALIZATION OR OTHER MORE RESTRICTIVE RESIDENTIAL PLACEMENTS.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGIA WALL BOARD CHAIR	10.00	X		X				0	0	0
KENNETH R BRYANT TREASURER	4.00	X		X				0	0	0
BARBARA MARCUS SECRETARY	4.00	X		X				0	0	0
HEATHER MCVEIGH ASSISTANT SECRETARY	4.00	X		X				0	0	0
HENRY J CARNAGE ASSISTANT TREASURER	4.00	X		X				0	0	0
JOHN CECIL SENIOR VICE CHAIR	4.00	X		X				0	0	0
RICHARD ROTHMAN SENIOR VICE CHAIR	4.00	X		X				0	0	0
JENNIFER MACKESY VICE CHAIR	4.00	X		X				0	0	0
MARK RUFEB VICE CHAIR	4.00	X		X				0	0	0
SALLY E DURDAN VICE CHAIR	4.00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
EVAN GRAYER VICE CHAIR	4.00	X		X				0	0	0
JOAN HAFENREFFER VICE CHAIR	4.00	X		X				0	0	0
GARRARD BEENEY VICE CHAIR	4.00	X		X				0	0	0
PAMELA C MINETTI VICE CHAIR	4.00	X		X				0	0	0
ANDRE KOESTER MEMBER	2.00	X						0	0	0
DON WEISBERG MEMBER	1.00	X						0	0	0
EYAL SHEMESH MD MEMBER	1.00	X						0	0	0
JENNIFER RUSSO MEMBER	2.00	X						0	0	0
JOHN SARGENT MEMBER	2.00	X						0	0	0
KATE SWANN MEMBER	2.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAX VON ZUBEN MEMBER	2.00	X						0	0	0
MELINDA PRESSLER MEMBER	2.00	X						0	0	0
MELISSA MCKEITHEN MEMBER	2.00	X						0	0	0
ONUR ERZAN MEMBER	2.00	X						0	0	0
SALIM RAMJI MEMBER	2.00	X						0	0	0
THOMAS HAINES PHD MEMBER	2.00	X						0	0	0
ALEXANDRA ACKERMAN MEMBER	2.00	X						0	0	0
PAULINA MEIJI MEMBER	2.00	X						0	0	0
MICHAEL GOLDEN MEMBER (THRU SEPT 2018)	2.00	X						0	0	0
JESS DANNHAUSER PRESIDENT/CEO	35.00			X				414,975	0	52,791

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BASIL WEBSTER CFO	35.00			X				207,442	0	38,313
KIMBERLY HARDY WATSON CHIEF OPERATING OFFICER	35.00			X				221,860	0	39,345
SHARMEELA MEDIRATTA VICE PRESIDENT	35.00				X			192,688	0	36,149
KRISTEN RAGUSA VICE PRESIDENT	35.00				X			200,336	0	22,942
LAVERN HARRY VICE PRESIDENT	35.00				X			192,827	0	29,565
BONNIE KORNBERG CHIEF PERFORMANCE OFFICER	35.00					X		153,352	0	34,355
ROBERT OSWALD CHIEF TECHNOLOGY OFFICER	33.00					X		140,692	0	21,461
NICOLE ELLIS CHIEF HUMAN RESOURCES OFFICER	35.00					X		130,772	0	33,142
JOSEPH KELLY COMPTROLLER	35.00					X		130,492	0	12,835
JEANNE MARTINE NURSE PRACTITIONER	35.00					X		129,572	0	8,832

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GRAHAM WINDHAM

Employer identification number
13-2926426

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 **section 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	55,040,489	53,895,255	51,941,094	54,549,687	57,442,519	272,869,044
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	55,040,489	53,895,255	51,941,094	54,549,687	57,442,519	272,869,044
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						272,869,044

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4.	55,040,489	53,895,255	51,941,094	54,549,687	57,442,519	272,869,044
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	332,868	327,901	344,075	357,227	368,018	1,730,089
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	33,332	57,826	42,793	48,387	98,449	280,787
11 Total support. Add lines 7 through 10						274,879,920

12 Gross receipts from related activities, etc. (see instructions) **12** 442,786

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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.270 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	99.310 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.** . . .

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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:	MISCELLANEOUS INCOME - 2014 AMOUNT: \$ 4,700. 2015 AMOUNT: \$ 6,629. 2016 AMOUNT: \$ 1,604. 2017 AMOUNT: \$ 488. 2018 AMOUNT: \$ 15,895. FOOD SERVICE REVENUE - 2014 AMOUNT: \$ 28,632. 2015 AMOUNT: \$ 10,848. 2016 AMOUNT: \$ 12,159. 2017 AMOUNT: \$ 16,352. 2018 AMOUNT: \$ 1,686. INSURANCE REFUND - 2015 AMOUNT: \$ 35,250. 2016 AMOUNT: \$ 24,588. 2017 AMOUNT: \$ 18,007. 2018 AMOUNT: \$ 38,781. VENDING MACHINE - 2015 AMOUNT: \$ 2,434. 2016 AMOUNT: \$ 1,958. STAFF FOOD REIMBURSEMENT - 2015 AMOUNT: \$ 2,665. 2016 AMOUNT: \$ 2,484. 2017 AMOUNT: \$ 687. RESEARCH PROJECT PARTICIPANT FEES - 2017 AMOUNT: \$ 10,180. 2018 AMOUNT: \$ 42,087. CELL PHONE RECYCLING - 2017 AMOUNT: \$ 2,673.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
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.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
GRAHAM WINDHAM

Employer identification number
13-2926426

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 7/25/06, 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	1,323,456	1,256,099	1,147,652	1,143,539	1,125,311
b Contributions					
c Net investment earnings, gains, and losses	89,144	96,457	134,217	27,592	35,923
d Grants or scholarships					
e Other expenditures for facilities and programs	27,993	25,450	22,434	20,255	14,641
f Administrative expenses	3,687	3,650	3,336	3,224	3,054
g End of year balance	1,380,920	1,323,456	1,256,099	1,147,652	1,143,539

- 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 ▶ 99.220 %
 - c** Temporarily restricted endowment ▶ 0.780 %
- 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:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| 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		144,900		144,900
b Buildings		11,007,191	9,956,407	1,050,784
c Leasehold improvements		3,713,158	2,099,214	1,613,944
d Equipment		3,186,800	3,054,087	132,713
e Other		541,770		541,770
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,484,111

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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	
DUE TO GOVERNMENTS	8,790,468
DUE TO GREENBURGH SCHOOL	223,565
DUE TO OTHER FUNDS	2,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	9,016,033

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	58,385,072
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	317,722
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	317,722
3	Subtract line 2e from line 1	3	58,067,350
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	19,255
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	19,255
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	58,086,605

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	55,885,889
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	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	55,885,889
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	19,255
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	19,255
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	55,905,144

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-2926426

Name: GRAHAM WINDHAM

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	GRAHAM WINDHAM MAINTAINS ASSETS THAT ARE LIMITED IN THEIR USE BY DONOR-IMPOSED RESTRICTIONS AND RESTRICTED FOR INVESTMENT IN PERPETUITY. THE INCOME AND GAINS FROM INVESTMENT OF THESE FUNDS ARE AVAILABLE TO SUPPORT THE OPERATIONS AND VARIOUS PROGRAMS OF THE AGENCY.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE AGENCY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE AGENCY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE AGENCY IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO FISCAL 2016.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
GRAHAM WINDHAM

Employer identification number
13-2926426

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			
TESS O'DWYER 110 ELEVENTH AVE APT 14C NEW YORK, NY 10011	CAMPAIGN ADVISEMENT		No	0	175,000	0
Total					175,000	

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

NY

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)
		LEADERSHIP DINNER (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	2,265,265			2,265,265
2	Less: Contributions	2,149,765			2,149,765
3	Gross income (line 1 minus line 2)	115,500			115,500
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	132,445			132,445
	7 Food and beverages	75,650			75,650
	8 Entertainment	35,908			35,908
	9 Other direct expenses	73,453			73,453
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-201,956

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 | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:
- Name ▶
- Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. 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 provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	TESS O'DWYER PROVIDES THE FOLLOWING SERVICES: - PROVIDE CAMPAIGN COUNSEL FOR THE ELIZA HAMILTON LEGACY CAMPAIGN - DRAFT JOB DESCRIPTIONS FOR NEW FUNDRAISING POSITIONS, AS WELL AS INTERVIEW CANDIDATES - MENTOR DEVELOPMENT ON FUNDRAISING SYSTEMS - DRAFT TEMPLATES FOR PLEDGE AGREEMENTS AND ACKNOWLEDGEMENT LETTERS - OTHER SERVICES, AS WELL AS PROVIDING STRATEGIC GUIDANCE ON A REGULAR BASIS, AS NEEDED. THE MONTHLY FEE PAID IS \$17,500 PER MONTH. IN ADDITION TO THE ABOVE COMPENSATION, TRAVEL WILL BE REIMBURSED FOR 10 TRAVEL DAYS A MONTH AT \$300 OR LESS. PLANNED TRAVEL OVER \$300 A MONTH WILL BE SUBMITTED FOR PRE-APPROVAL.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
GRAHAM WINDHAM

Employer identification number
13-2926426

Part I Questions Regarding Compensation

		Yes	No
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.		
<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 idemnification 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	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input checked="" type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed 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?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 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?	5b	No
	If "Yes," on line 5a or 5b, describe in Part III.		
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?	6b	No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
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.

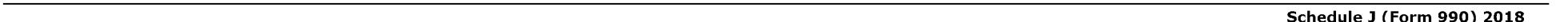
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 JESS DANNHAUSER PRESIDENT/CEO	(i)	254,676	160,000	299	28,011	24,780	467,766	0
	(ii)	0	0	0	0	0	0	0
2 BASIL WEBSTER CFO	(i)	155,941	50,000	1,501	14,002	24,311	245,755	0
	(ii)	0	0	0	0	0	0	0
3 KIMBERLY HARDY WATSON CHIEF OPERATING OFFICER	(i)	155,882	65,000	978	14,976	24,369	261,205	0
	(ii)	0	0	0	0	0	0	0
4 SHARMEELA MEDIRATTA VICE PRESIDENT	(i)	142,206	50,000	482	13,006	23,143	228,837	0
	(ii)	0	0	0	0	0	0	0
5 KRISTEN RAGUSA VICE PRESIDENT	(i)	150,022	50,000	314	13,523	9,419	223,278	0
	(ii)	0	0	0	0	0	0	0
6 LAVERN HARRY VICE PRESIDENT	(i)	142,513	50,000	314	13,016	16,549	222,392	0
	(ii)	0	0	0	0	0	0	0
7 BONNIE KORNBERG CHIEF PERFORMANCE OFFICER	(i)	122,845	30,000	507	10,351	24,004	187,707	0
	(ii)	0	0	0	0	0	0	0
8 ROBERT OSWALD CHIEF TECHNOLOGY OFFICER	(i)	128,348	11,934	410	9,497	11,964	162,153	0
	(ii)	0	0	0	0	0	0	0
9 NICOLE ELLIS CHIEF HUMAN RESOURCES OFFICER	(i)	119,495	11,129	148	8,827	24,315	163,914	0
	(ii)	0	0	0	0	0	0	0

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 7	EVERY YEAR, THE ORGANIZATION HAS A PERFORMANCE BASED INCENTIVE AWARD BASED ON ANNUAL EVALUATIONS. FOR STAFF, EXCEPT OFFICERS AND KEY EMPLOYEES, THE MERIT IS TIED TO THE EVALUATION SCORE AND ONLY A SCORE OF PRACTICING, PROFICIENT, AND EXCELLING RECEIVES ANY AWARD. THERE ARE CLEAR GUIDELINES ON WHO QUALIFIES ETC. FOR OFFICERS AND KEY EMPLOYEES, THE AWARDS ARE DETERMINED BY THE BOARD OF DIRECTORS COMPENSATION COMMITTEE BASED ON 360 EVALUATIONS FROM DIRECT REPORTS, PEERS AND SUPERIORS.



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GRAHAM WINDHAM

Employer identification number
13-2926426

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	13	341,318	AVG. SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B):	COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
GRAHAM WINDHAM

Employer identification number

13-2926426

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DURING THE PREPARATION STAGE OF THE FORM 990, SCHEDULES, NARRATIVES AND PERTINENT INFORMATION ARE PROVIDED TO OUR EXTERNAL TAXX ACCOUNTANTS TO ASSIST IN COMPLETING THE DOCUMENT. UPON COMPLETION, THE FORM 990 IS SENT TO ALL MEMBERS OF GRAHAM WINDHAM'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	GRAHAM WINDHAM'S CONFLICT OF INTEREST POLICY IS APPLICABLE TO THE DIRECTORS, OFFICERS AND STAFF OF THE CORPORATION. FULL DISCLOSURE OF ANY CONFLICT BY A DIRECTOR IS REQUIRED TO BE PROVIDED TO THE BOARD OF DIRECTORS. A CONFLICT OF INTEREST STATEMENT IS SIGNED ANNUALLY. ANY DIRECTOR WITH A CONFLICT OF INTEREST CANNOT VOTE ON THE MATTER AND COULD BE ASKED TO LEAVE THE MEETING WHICH CONSIDERS THE MATTER, AT THE DISCRETION OF THE CHAIR OF THE BOARD OF DIRECTORS. THE MINUTES OF THE MEETING REFLECT THE DETAILS OF THE CONFLICT OF INTEREST AND THE VARIOUS ACTIONS TAKEN. EMPLOYEES MUST ADHERE TO THE GRAHAM WINDHAM EMPLOYEE HANDBOOK CONFLICT OF INTEREST GUIDELINES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	EVERY YEAR, INCLUDING FISCAL YEAR 2018, THE COMPENSATION FOR THE CEO, COO, CFO AND VICE PRESIDENTS IS DETERMINED BY THE BOARD OF DIRECTORS' COMPENSATION COMMITTEE. STAFF EVALUATIONS, MARKET VALUE AND COMPARABILITY TO OTHER INDUSTRY COMPETITORS ARE KEY FACTORS IN DETERMINING COMPENSATION IN ORDER TO RETAIN THE BEST STAFF. AFTER COMPENSATION IS DETERMINED, A MEMO IS SENT TO HUMAN RESOURCES AND FISCAL FOR PROCESSING AND DOCUMENTATION PURPOSES. THE LAST TIME THIS PROCESS TOOK PLACE WAS IN 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GRAHAM WINDHAM'S CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT. OVERSIGHT PROCESSES FROM THE PRIOR YEAR HAVE NOT CHANGED.