Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047 **2006**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07/01 , 2006, and ending 06/30/2007

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIATION

Number and street (or P.O. box if mail is not delivered to street address) 1395 LEXINGTON AVENUE | Room/suite

City or town, state or country, and ZIP + 4 NEW YORK, NY 10128

D Employer identification number 13-1624229

E Telephone number (212) 415-5457

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G Website: ▶ WWW.92NDSTY.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 167,766,903.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	12,349,832.		
	c	Indirect public support (not included on line 1a)	1c	596,210.		
	d	Government contributions (grants) (not included on line 1a)	1d	1,355,810.		
	e	Total (add lines 1a through 1d) (cash $ 14,120,019. noncash $ 181,833.)			1e	14,301,852.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	25,257,385.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	1,048,729.
	6 a	Gross rents	6a	6,316,540.		
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	6,316,540.
	7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other
8 a	Gross amount from sales of assets other than inventory	89,276,838.	8a	30,875,000.
b	Less: cost or other basis and sales expenses	85,610,823.	8b	13,857,000.
c	Gain or (loss) (attach schedule)	3,666,015.	8c	17,018,000.

Revenue	8 d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	20,684,015.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ 2,817,746. of STMT 8 contributions reported on line 1b) STMT 9	9a	690,559.		
	b	Less: direct expenses other than fundraising expenses	9b	690,559.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	67,608,521.
Expenses	13	Program services (from line 44, column (B))			13	48,694,142.
	14	Management and general (from line 44, column (C))			14	4,781,172.
	15	Fundraising (from line 44, column (D))			15	699,379.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	54,174,693.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	13,433,828.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	71,972,335.
	20	Other changes in net assets or fund balances (attach explanation) STMT 10			20	5,120,597.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	90,526,760.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ____ noncash $ ____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ____ noncash $ ____) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23	1,050,949.	1,050,949.	STMT 11	
24 Benefits paid to or for members (attach schedule)	24				
under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	24,386,060.	22,275,308.	1,736,957.	373,795.
27 Pension plan contributions not included on lines 25a, b, and c	27	860,639.	761,882.	82,306.	16,451.
28 Employee benefits not included on lines 25a - 27	28	2,862,311.	2,533,864.	273,734.	54,713.
29 Payroll taxes	29	1,792,642.	1,586,939.	171,437.	34,266.
30 Professional fundraising fees	30	64,302.			64,302.
31 Accounting fees	31				
32 Legal fees	32	86,650.	77,749.	7,711.	1,190.
33 Supplies	33	342,006.	307,914.	28,272.	5,820.
34 Telephone	34	246,138.	229,128.	14,094.	2,916.
35 Postage and shipping	35	301,846.	280,986.	17,284.	3,576.
36 Occupancy	36	2,261,515.	2,064,163.	197,056.	296.
37 Equipment rental and maintenance	37	1,338,090.	1,221,321.	116,594.	175.
38 Printing and publications	38	67,500.	60,771.	5,580.	1,149.
39 Travel	39	357,503.	332,796.	20,471.	4,236.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	3,201,705.	2,414,880.	786,825.	
43 Other expenses not covered above (itemize):					
a STMT 12	43a	14,200,889.	12,806,802.	1,269,149.	124,938.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	54,174,693.	48,694,142.	4,781,172.	699,379.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ Yes ☒ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ________ ; **(ii)** the amount allocated to Program services $ ________ ;

(iii) the amount allocated to Management and general $ ________ ; and **(iv)** the amount allocated to Fundraising $ ________

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- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.		
	Name of Exempt Organization THE YOUNG MEN'S AND YOUNG WOMEN HEBREW ASSOCIATION	Employer identification number 13-1624229
	Number, street, and room or suite no. If a P.O. box, see instructions. 1395 LEXINGTON AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10128	

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ JUDITH RUBIN

  Telephone No. ▶ 212 415-5457 FAX No. ▶ 212 415-5691

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15, 20 08 .

5 For calendar year ______ , or other tax year beginning 07/01, 20 06 and ending 06/30, 20 07 .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ CPA Date ▶

Notice to Applicant. (To Be Completed by the IRS)

[ ] We have approved this application. Please attach this form to the organization's return.

[ ] We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

[ ] We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

[ ] We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

[ ] Other

Director By: Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name EISNER LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 750 THIRD AVENUE
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10017-2703

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Form **8868** (Rev. April 2007)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIATION	13-1624229
	Number, street, and room or suite no. If a P.O. box, see instructions. 1395 LEXINGTON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10128	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ JUDITH RUBIN

Telephone No. ▶ 212 415-5497 FAX No. ▶ 212 415-5691

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning 07/01, 2006 , and ending 06/30, 2007 .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENTS 2-4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENTS 2-4 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	48,694,142.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	48,694,142.

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Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			1,007,001.	45	1,593,837.
46 Savings and temporary cash investments			3,209,905.	46	9,293,270.
47a Accounts receivable	47a	417,003.			
b Less: allowance for doubtful accounts	47b	NONE	433,473.	47c	417,003.
48a Pledges receivable	48a	10,260,262.			
b Less: allowance for doubtful accounts	48b	1,063,656.	8,413,128.	48c	9,196,606.
49 Grants receivable				49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
51a Other notes and loans receivable (attach schedule)	51a	32,889.			
b Less: allowance for doubtful accounts	51b	NONE	79,597.	51c	32,889.
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			1,280,138.	53	1,364,688.
54a Investments - publicly-traded securities STMT 13 ▶ ☐ Cost ☒ FMV			30,041,967.	54a	22,890,065.
b Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
55a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule) STMT 14			7,262,675.	56	36,973,707.
57a Land, buildings, and equipment: basis STMT 15	57a	63,722,603.			
b Less: accumulated depreciation (attach schedule)	57b	41,043,133.	33,589,794.	57c	22,679,470.
58 Other assets, including program-related investments (describe ▶ STMT 16)			113,998.	58	35,597.
59 **Total assets** (must equal line 74). Add lines 45 through 58			85,431,676.	59	104,477,132.
Liabilities					
60 Accounts payable and accrued expenses			3,174,037.	60	3,611,741.
61 Grants payable				61	
62 Deferred revenue			10,113,286.	62	10,203,973.
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule)				64a	
b Mortgages and other notes payable (attach schedule)				64b	
65 Other liabilities (describe ▶ STMT 17)			172,018.	65	134,658.
66 **Total liabilities.** Add lines 60 through 65			13,459,341.	66	13,950,372.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			32,158,305.	67	35,404,145.
68 Temporarily restricted			14,759,000.	68	29,992,534.
69 Permanently restricted			25,055,030.	69	25,130,081.
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			71,972,335.	73	90,526,760.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			85,431,676.	74	104,477,132.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	72,441,323.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	5,120,597.		
2	Donated services and use of facilities	b2	763,154.		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	5,883,751.
c	Subtract line **b** from line **a**			c	66,557,572.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 18	d2	1,050,949.		
	Add lines **d1** and **d2**			d	1,050,949.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	67,608,521.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	53,886,898.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	763,154.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	763,154.
c	Subtract line **b** from line **a**			c	53,123,744.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 19	d2	1,050,949.		
	Add lines **d1** and **d2**			d	1,050,949.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	54,174,693.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 20		753,948.	99,733.	NONE

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Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 68			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ THE PARTNERSHIP FOR JEWISH LIFE, INC. and check whether it is [X] exempt or [ ] nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a NONE			
b	Did the organization file Form 1120-POL for this year?	81b		X

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