

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

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/foi990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE YOUNG MEN'S AND YOUNG WOMEN'S HEBREW ASSOCIATION % JAMES O'HARA C/O 92ND ST Y Doing business as <hr/> Number and street (or P O box if mail is not delivered to street address) Room/suite 1395 LEXINGTON AVENUE <hr/> City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10128	D Employer identification number 13-1624229 <hr/> E Telephone number (212) 415-5457 <hr/> G Gross receipts \$ 95,538,262
F Name and address of principal officer HENRY TIMMS 1395 LEXINGTON AVENUE NEW YORK, NY 10128		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation 1874 M State of legal domicile NY
J Website: ▶ www.92y.org		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

1	Briefly describe the organization's mission or most significant activities 92Y IS A CENTER FOR THE ARTS, INNOVATION, A CONVENER OF IDEAS, AN INCUBATOR FOR CREATIVITY, PROVIDING AND DISSEMINATING PROGRAMS OF DISTINCTION THAT REFLECT ITS JEWISH VALUES		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	64
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,593
6	Total number of volunteers (estimate if necessary)	6	30
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	31,476
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	28,597,663	43,629,982
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,048,428	42,810,069
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,462,916	482,049
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	32,000
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,109,007	86,954,100
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,424,091	1,122,326
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	38,425,891	39,998,385
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,767,102	0	60,625
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	27,391,364	28,370,675
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,241,346	69,552,011	
19 Revenue less expenses Subtract line 18 from line 12	5,867,661	17,402,089	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	83,160,685	104,120,498
	22 Net assets or fund balances Subtract line 21 from line 20	19,380,013	21,993,983
		63,780,672	82,126,515

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 JAMES O'HARA ASSOC EXEC DIR FIN Type or print name and title	2017-02-10 Date	
Paid Preparer Use Only	Print/Type preparer's name CANDICE METH	Preparer's signature CANDICE METH	PTIN P01306891
	Firm's name ▶ EISNERAMPER LLP	Firm's EIN ▶	
	Firm's address ▶ 750 THIRD AVENUE NEW YORK, NY 100172703	Phone no (212) 949-8700	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 15,503,877 including grants of \$ 760,880) (Revenue \$ 13,011,966)
 The Lillian & Sol Goldman FaMily Center for Youth & Family provides programs that promote the healthy development and growth of children of all ages. From classes for parents-to-be to extensive activities for teens, the center provides a supportive, non-competitive environment that encourages children and families to reach their maximum potential. Center programs include the award-winning Parenting Center, the Nursery School, the 92Y After-School Center, summer camps, and activities for children with developmental disabilities

4b (Code) (Expenses \$ 11,526,765 including grants of \$ 95,633) (Revenue \$ 9,847,812)
 The May Center for Health, Fitness & Sport provides a range of programs and facilities to help people of all ages maintain their physical health and wellness. Facilities include a state-of-the art gymnastics studio and aerobic/strength conditioning studios, two gyms, a 25-yard pool, an indoor jogging track and more than 100 weekly classes. The Center also offers specialized programs like cardiac rehab, nutrition, and women's health, as well as individual instruction and informational lectures

4c (Code) (Expenses \$ 8,831,516 including grants of \$ 20,445) (Revenue \$ 8,827,157)
 The Charles Simon Center for Adult Life & Learning offers a unique blend of social, educational, and cultural programs for adults at every stage of their lives, from singles to seniors. Internationally known as the presenter of the country's most prestigious lecture series, the Center brings the world's finest minds and most intriguing cultural figures to the 92Y's stage. The Himan Brown Senior Program is a daytime program for men and women over age 60 and offers a wide variety of classes, activities and special events in a relaxing, congenial environment. The acclaimed 92Y de Hirsch Residence also falls under the auspices of this Center

4d Other program services (Describe in Schedule O)
 (Expenses \$ 22,730,716 including grants of \$ 245,368) (Revenue \$ 11,155,134)

4e Total program service expenses ▶ 58,592,874

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38, covering topics like grants, tax-exempt bonds, excess benefit transactions, and related organizations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, sub-questions (1a-13c), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	Yes	
15b	b Other officers or key employees of the organization	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JAMES O'HARA CO 92ND ST Y 1395 LEXINGTON AVENUE NEW YORK, NY 10128 (212) 415-5593	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							2,994,415	0	347,340	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 53**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
US SECURITY ASSOCIATES INC, 200 MONSELL COURT STE 500 ROSEWELL, GA 30076	SECURITY SERVICES	1,104,847
ACTIVE TEMPORARIES LTD, 41 WEST 33RD STREET NEW YORK, NY 10001	TEMP AGENCY	422,535
SECURE TECHNOLOGY INTEGRATION, 2 MYRTLE AVENUE SUITE 250 ALLENDALE, NJ 07401	IT CONSULTING	402,262
ACTIVE ACQUISITION PARTNERS LLC, 475 GATE FIVE ROAD SUITE 225 SAUSALITO, CA 94965	MAY CENTER MGMT	1,382,333
MITCHELL KURTZ ARCHITECTS PC, 611 BROADWAY NEW YORK, NY 10012	ARCHITECTURAL SERVIC	365,525

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 18**

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 4,983,137					
	d	Related organizations 1d _____					
	e	Government grants (contributions) 1e 523,505					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 38,123,340					
	g	Noncash contributions included in lines 1a-1f \$ 927,195					
	h	Total. Add lines 1a-1f ▶	43,629,982				
Program Service Revenue	2a	PROGRAM SERVICE FEES _____ Business Code _____	42,810,069	42,810,069			
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
	g	Total. Add lines 2a-2f ▶	42,810,069				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶	601,033			601,033	
	4	Income from investment of tax-exempt bond proceeds ▶	0				
	5	Royalties ▶	0				
	6a	Gross rents	(i) Real				
			(ii) Personal				
			b Less rental expenses				
			c Rental income or (loss)	0	0		
	d	Net rental income or (loss) ▶	0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7,149,829			
			(ii) Other				
			b Less cost or other basis and sales expenses	7,268,813			
			c Gain or (loss)	-118,984			
	d	Net gain or (loss) ▶	-118,984		-524	-118,460	
	8a	Gross income from fundraising events (not including \$ 4,983,137 of contributions reported on line 1c) See Part IV, line 18	a	1,315,349			
			b Less direct expenses b	1,315,349			
			c Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses b							
c Net income or (loss) from gaming activities ▶			0				
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory ▶	0				
Miscellaneous Revenue		Business Code					
11a	ADVERTISING INCOME _____	541800	32,000		32,000		
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶		32,000				
12	Total revenue. See Instructions ▶		86,954,100	42,810,069	31,476	482,573	

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

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,122,326	1,122,326		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,219,921	1,884,147	178,114	157,660
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	29,782,590	25,277,828	2,389,592	2,115,170
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,133,309	881,148	150,914	101,247
9	Other employee benefits	4,358,301	3,388,579	580,362	389,360
10	Payroll taxes	2,504,264	1,947,065	333,474	223,725
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	128,811	120,970	2,640	5,201
c	Accounting	111,093	104,330	2,277	4,486
d	Lobbying	84,000		84,000	
e	Professional fundraising services See Part IV, line 17	60,625			60,625
f	Investment management fees	296,416		296,416	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,754,172	7,274,833	158,766	320,573
12	Advertising and promotion	1,793,902	1,737,526	17,951	38,425
13	Office expenses	1,020,041	883,284	56,494	80,263
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,991,021	1,974,263	16,044	714
17	Travel	450,389	405,006	28,510	16,873
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,323,719	2,031,967	2,291,752	
23	Insurance	1,240,170	939,332	274,557	26,281
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	PROGRAM EXPENSES	4,994,601	4,743,536	98,818	152,247
b	EQUIPMENT SUPPLY AND RENTAL	415,925	395,018	8,229	12,678
c	REPAIRS AND MAINTENANCE	1,308,697	1,297,682	10,546	469
d	CREDIT CARD CHARGES	875,405	663,051	193,803	18,551
e	All other expenses	1,582,313	1,520,983	18,776	42,554
25	Total functional expenses. Add lines 1 through 24e	69,552,011	58,592,874	7,192,035	3,767,102
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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,335,796	1	2,541,012
	2 Savings and temporary cash investments	4,255,909	2	4,751,666
	3 Pledges and grants receivable, net	27,796,427	3	40,447,676
	4 Accounts receivable, net	610,190	4	1,594,732
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	2,600,813	9	3,369,799
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 99,665,851		
	b Less: accumulated depreciation	10b 75,627,846	21,449,336	10c 24,038,005
	11 Investments—publicly traded securities	10,521,151	11	9,246,950
	12 Investments—other securities. See Part IV, line 11	13,591,063	12	18,130,658
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	83,160,685	16	104,120,498	
Liabilities	17 Accounts payable and accrued expenses	5,346,161	17	8,123,924
	18 Grants payable	0	18	0
	19 Deferred revenue	13,950,202	19	13,738,109
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	83,650	25	131,950
	26 Total liabilities. Add lines 17 through 25	19,380,013	26	21,993,983
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	-21,391,008	27	-22,145,226
	28 Temporarily restricted net assets	34,443,093	28	36,719,562
	29 Permanently restricted net assets	50,728,587	29	67,552,179
	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	63,780,672	33	82,126,515	
34 Total liabilities and net assets/fund balances	83,160,685	34	104,120,498	

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	86,954,100
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,552,011
3	Revenue less expenses Subtract line 2 from line 1	3	17,402,089
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	63,780,672
5	Net unrealized gains (losses) on investments	5	1,488,679
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	-544,925
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,126,515

Part XII Financial Statements and Reporting

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

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