



Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization’s mission

THE ORGANIZATION WAS FOUNDED IN 1928 AS AN ORPHANAGE BUT HAS DIVERSIFIED OVER THE DECADES TO PROVIDE A BROAD RANGE OF SERVICES AND CENTER, HOME AND COMMUNITY BASED FOR VULNERABLE CHILDREN AND FAMILIES KEY SERVICE AREAS ARE RESIDENTIAL TREATMENT, SPECIAL EDUCATION, EARLY CHILDHOOD, FAMILY SUPPORT, CLINIC AND SCHOOL BASED MENTAL HEALTH AS WELL AS TRAINING AND RESEARCH IN TREATMENT MODELS FOR THE VULNERABLE POPULATION IN ADDITION, SUBSEQUENT TO THE MERGERS WITH THE CENTER FOR PREVENTIVE PSYCHIATRY, INC , IN 2005, AND FAMILY & COMMUNITY SERVICES, INC IN 2007, THE ORGANIZATION PROMOTES THE MENTAL HEALTH OF CHILDREN, FAMILIES AND INDIVIDUALS THROUGH COMMUNITY BASED CLINICAL AND SUPPORT SERVICES, PROFESSIONAL TRAINING AND COMMUNITY EDUCATION, RESEARCH AND ADVOCACY THESE OUTPATIENT MENTAL HEALTH CLINICS ARE LICENSED BY ARTICLE 31 OF THE NEW YORK STATE OFFICE OF MENTAL HEALTH

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

Yes

No

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 and section 4947(a)(1) trusts 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 \$ 17,130,833 including grants of \$ 11,498 ) (Revenue \$ 17,174,150 )

CAMPUS DIVISION - OPERATES ON OUR 107 ACRE CAMPUS LOCATED ON THE NORTH YONKERS/HASTINGS-ON-HUDSON BOARDER THE CAMPUS DIVISION CONSISTS OF TWO MAJOR SERVICES 1) RESIDENTIAL SERVICES OFFERS ASSESSMENT, INDIVIDUAL, GROUP, FAMILY AND MILIEU THERAPY (INCLUDING SEVERAL EVIDENCE-BASED MODELS), SPECIAL EDUCATION, FAMILY ENGAGEMENT, PARENT SKILLS TRAINING, RECREATION, PSYCHIATRIC AND NURSING SERVICES, SPEECH AND LANGUAGE INTERVENTION, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY FOR CHILDREN PLACED IN OUR CARE BY LOCAL SCHOOL DISTRICTS AND DEPARTMENTS OF SOCIAL SERVICES THE PROGRAM IS DESIGNED TO ASSIST CHILDREN AGES 5-14 AND THEIR FAMILIES TO MANAGE AND COPE WITH A WIDE ARRAY OF PROBLEMS THAT HAVE BROUGHT THEM INTO TREATMENT INCLUDING CHILDHOOD TRAUMA, AUTISTIC SPECTRUM DISORDERS, MENTAL ILLNESS, LEARNING DISABILITIES AND OTHER ADJUSTMENT PROBLEMS THE CHILDREN LIVE IN OUR HOUSING UNITS AND RECEIVE FULL ROOM AND BOARD IN ADDITION TO THE SERVICES OUTLINED ABOVE 105 CHILDREN WERE SERVED 2) DAY TREATMENT SERVICES OFFERS ASSESSMENT, INDIVIDUAL, GROUP, FAMILY AND MILIEU THERAPY (INCLUDING SEVERAL EVIDENCE-BASED MODELS), SPECIAL EDUCATION, FAMILY ENGAGEMENT, PARENTING SKILLS TRAINING, RECREATION, PSYCHIATRIC AND NURSING SERVICES, SPEECH AND LANGUAGE INTERVENTION, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY FOR CHILDREN PLACED IN OUR CARE BY LOCAL SCHOOL DISTRICTS THE PROGRAM IS DESIGNED TO ASSIST CHILDREN AGES 5-14 AND THEIR FAMILIES TO MANAGE AND COPE WITH A WIDE ARRAY OF PROBLEMS THAT HAVE BROUGHT THEM INTO TREATMENT INCLUDING CHILDHOOD TRAUMA, AUTISTIC SPECTRUM DISORDERS, MENTAL ILLNESS, LEARNING DISABILITIES AND OTHER ADJUSTMENT PROBLEMS CHILDREN ENROLLED IN THIS PROGRAM ARE PROVIDED TRANSPORTATION BY THEIR HOME SCHOOL DISTRICTS 110 CHILDREN WERE SERVED

4b

(Code ) (Expenses \$ 5,006,805 including grants of \$ ) (Revenue \$ 5,372,965 )

MENTAL HEALTH - OFFERS OUTPATIENT ASSESSMENT, INDIVIDUAL, GROUP AND FAMILY THERAPY (INCLUDING NUMEROUS EVIDENCE-BASED MODELS), FAMILY ENGAGEMENT, CRISIS INTERVENTION, PARENT SKILLS TRAINING, CASE MANAGEMENT, PSYCHOLOGICAL AND PSYCHIATRIC SERVICES THE PROGRAM IS DESIGNED TO ASSIST CHILDREN AGES 0-12 AND THEIR FAMILIES TO MANAGE AND COPE WITH A WIDE ARRAY OF PROBLEMS FACING THE CHILD AND FAMILY INCLUDING CHILDHOOD TRAUMA, AUTISTIC SPECTRUM DISORDERS, MENTAL ILLNESS, LEARNING DISABILITIES AND OTHER ADJUSTMENT PROBLEMS WE ALSO SERVE A SMALL NUMBER OF ADULTS IN OUR CLINICS AS WELL WE HAVE CLINICS LOCATED IN YONKERS, WHITE PLAINS AND PEEKSKILL AND OFFER SERVICES IN 10 SATELLITES INCLUDING SCHOOLS, CHILD CARE CENTERS AND HOMELESS SHELTERS THE CHILDREN SERVED LIVE AT HOME, IN THEIR COMMUNITIES AND ARE REFERRED FOR SERVICES BY SCHOOLS, FAMILY COURT, DEPARTMENTS OF SOCIAL SERVICES, PEDIATRICIANS AND OTHER SERVICE PROVIDERS SERVICES ARE GENERALLY PAID FOR BY MEDICAID, CHILD HEALTH PLUS AND OTHER INSURANCE CARRIERS 1,861 CHILDREN WERE SERVED

4c

(Code ) (Expenses \$ 2,288,240 including grants of \$ ) (Revenue \$ 1,741,524 )

SANCTUARY LEADERSHIP DEVELOPMENT INITIATIVE - THE SANCTUARY INSTITUTE AT ANDRUS (SI), AS PART OF THE ANDRUS CENTER FOR LEARNING AND INNOVATION (ACLI), OFFERS TRAINING AND CONSULTATION SERVICES TO OTHER ORGANIZATIONS SEEKING TO IMPLEMENT THE SANCTUARY MODEL THE SANCTUARY MODEL IS A TRAUMA INFORMED SYSTEM OF CARE DIRECTED AT HELPING CLIENTS, STAFF AND ORGANIZATIONS MANAGE THE IMPACT OF REPETITIVE STRESS THE SANCTUARY INSTITUTE TRAINED ITS 250TH ORGANIZATION THIS PAST YEAR

4d

Other program services (Describe in Schedule O )

(Expenses \$ 1,893,310 including grants of \$ ) (Revenue \$ 2,264,058 )






















4e

Total program service expenses

\$ 26,319,188

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)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I 	6		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? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	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? If "Yes," complete Schedule D, Part VI. 	11a	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? If "Yes," complete Schedule D, Part VII. 	11b	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? If "Yes," complete Schedule D, Part VIII. 	11c		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? If "Yes," complete Schedule D, Part IX. 	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Part I 	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV 	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV 	16		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? If "Yes," complete Schedule G, Part I 	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	121
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
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	861
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? If "No," provide an explanation in Schedule O.	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 or securities account)?	4a	Yes
b	If "Yes," enter the name of the foreign country: BD, JA, CJ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
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?	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 and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the 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?	12a	
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. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate 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? If "No," provide an explanation in Schedule O.	14b	

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 to any question 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 . . . . .		
1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	21
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? . . . . .	2	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? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
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? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	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 . . . . .	9	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? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	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? . . . . .		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
b	Other officers or key employees of the organization . . . . .	15b	No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .		
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? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> NY
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
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> DEREK KOLLEENY 1156 NORTH BROADWAY YONKERS, NY 10701 (914) 965-3700

Check if Schedule O contains a response to any question in this Part VII . . . . .

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

Form **990** (2011)

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	1,344,155	0	267,998

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 15

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
MAP CARPENTRY 187 MAIN STREET TUCKAHOE, NY 10707	CONTRACTING	1,235,288
THURSTON FOODS 30 THURSTON DRIVE WALLINGTON, CT 06492	FOOD SERVICES	291,336
COMMUNITY WORKS 13 DRUIM MOIR LANE PHILADELPHIA, PA 19118	CONSULTING	196,807
CORPORATE COMP SOLUTIONS 55 HALSTEAD AVENUE HARRISON, NY 10528	IT SERVICES	172,527
BDO USA LLP 100 PARK AVENUE NEW YORK, NY 10017	ACCOUNTING	151,000

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 ►16



Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a16,827	1,587,842			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c185,386				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f1,385,629				
	g	Noncash contributions included in lines 1a-1f \$ 43,115					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	TUITION INCOME	611710	8,210,607	8,210,607		
	b	MAINTENANCE INCOME	900099	8,932,759	8,932,759		
	c	GOVERNMENT GRANTS AND CONTRACTS	900099	2,741,625	2,741,625		
	d	MEDICAID/MEDICARE PAYMENTS	624200	3,478,681	3,478,681		
	e	PATIENT SERVICES	624200	1,431,351	1,431,351		
	f	All other program service revenue		1,674,154	1,674,154		
	g	Total. Add lines 2a-2f . . . . .			26,469,177		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			1,586,655		1,586,655
	4	Income from investment of tax-exempt bond proceeds . .			0		
	5	Royalties . . . . .			0		
	6a	(i) Real		(ii) Personal	89,069	83,520	5,549
		89,069					
		89,069					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .					
	7a	(i) Securities		(ii) Other	-56,429		-56,429
		8,689,133					
		8,745,562					
		-56,429					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ 185,386 of contributions reported on line 1c) See Part IV, line 18 . . . .		a107,045 b107,045	0		
	b	Less direct expenses . . . .					
	c	Net income or (loss) from fundraising events . .					
9a	Gross income from gaming activities See Part IV, line 19 . . . .		a	0			
b	Less direct expenses . . . .						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . .		a	0			
b	Less cost of goods sold . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	29,360			29,360	
b	CONTINGENCY GAIN	900099	536,324			536,324	
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .			565,684			
12	Total revenue. See Instructions . . . . .			30,241,998	26,552,697	0	2,101,459

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) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	11,498	11,498		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	773,599		632,890	140,709
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	16,952,799	15,134,446	1,429,617	388,736
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	160,855	160,855		
9	Other employee benefits	3,203,790	2,959,757	195,152	48,881
10	Payroll taxes	1,250,781	1,101,075	124,270	25,436
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	54,513	49,585	4,928	
c	Accounting	146,750		146,750	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	158,735		158,735	
g	Other	989,521	755,666	233,646	209
12	Advertising and promotion	0			
13	Office expenses	891,790	702,927	173,233	15,630
14	Information technology	133,049	98,201	32,664	2,184
15	Royalties	0			
16	Occupancy	1,232,973	1,191,402	40,037	1,534
17	Travel	423,581	362,129	56,836	4,616
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	11,092	9,483	1,488	121
20	Interest	324,095	324,095		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,395,571	1,300,511	95,060	
23	Insurance	286,547	254,093	32,296	158
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	CHILDREN'S EXPENSES	1,056,736	1,055,823	730	183
b	BAD DEBT EXPENSE	436,422	436,422		
c	STAFF ACTIVITIES	387,983	330,027	53,602	4,354
d	EDCD BLDG PROJECT EXPENSE	225,743		225,743	
e					
f	All other expenses	263,500	81,193	104,651	77,656
25	Total functional expenses. Add lines 1 through 24f	30,771,923	26,319,188	3,742,328	710,407
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			61,302	1	44,451
	2	Savings and temporary cash investments . . . . .			4,038,210	2	3,983,383
	3	Pledges and grants receivable, net . . . . .			0	3	0
	4	Accounts receivable, net . . . . .			5,456,611	4	4,706,062
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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 . . . . .			216,405	9	219,353
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D . . . . .	10a	32,717,304			
	b	Less: accumulated depreciation . . . . .	10b	19,997,713	12,671,627	10c	12,719,591
	11	Investments—publicly traded securities . . . . .			29,134,528	11	28,497,967
	12	Investments—other securities. See Part IV, line 11 . . . . .			9,989,465	12	8,599,531
	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 . . . . .			200,665	15	236,705
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			61,768,813	16	59,007,043
Liabilities	17	Accounts payable and accrued expenses . . . . .			4,171,332	17	5,136,185
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			67,515	19	51,922
	20	Tax-exempt bond liabilities . . . . .			2,270,000	20	1,870,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			0	21	0
	22	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 . . . . .			3,221,181	23	3,456,630
	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 . . . . .			0	25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .			9,730,028	26	10,514,737
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			51,904,902	27	48,263,471
	28	Temporarily restricted net assets . . . . .			101,924	28	196,876
	29	Permanently restricted net assets . . . . .			31,959	29	31,959
	Organizations that do not follow SFAS 117, 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 . . . . .			52,038,785	33	48,492,306
	34	Total liabilities and net assets/fund balances . . . . .			61,768,813	34	59,007,043

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,241,998
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,771,923
3	Revenue less expenses Subtract line 2 from line 1	3	-529,925
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,038,785
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,016,554
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	48,492,306

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question 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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
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?	Yes	
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	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization JULIA DYCKMAN ANDRUS MEMORIAL INC	Employer identification number 13-2793295
---	--

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 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 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 )

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. 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 IV 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 IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,807,494	1,706,822	1,577,834	1,486,888	1,587,842	8,166,880
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	24,527,252	25,281,828	25,945,903	25,946,187	26,469,177	128,170,347
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	26,334,746	26,988,650	27,523,737	27,433,075	28,057,019	136,337,227
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	1,057,211	1,093,659	955,426	867,103	856,355	4,829,754
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	1,057,211	1,093,659	955,426	867,103	856,355	4,829,754
8 Public Support (Subtract line 7c from line 6 )						131,507,473

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	26,334,746	26,988,650	27,523,737	27,433,075	28,057,019	136,337,227
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,012,600	1,193,885	1,072,844	1,023,701	1,675,724	5,978,754
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,012,600	1,193,885	1,072,844	1,023,701	1,675,724	5,978,754
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 IV )	169,891	80,358	-510,326	576,707	565,684	882,314
13 Total support (Add lines 9, 10c, 11 and 12 )	27,517,237	28,262,893	28,086,255	29,033,483	30,298,427	143,198,295
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	91.836 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	92.336 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	4.175 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	3.677 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation



SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization JULIA DYCKMAN ANDRUS MEMORIAL INC	Employer identification number 13-2793295
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes

☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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)

Revenues included in 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 relating to these items

a

Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	39,427,913	34,062,356	33,000,417	43,992,465
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	-296,018	7,561,898	3,289,731	-8,828,480
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	1,973,195	2,145,663	2,188,260	2,127,834
f	Administrative expenses . . . . .	58,061	50,678	39,532	35,734
g	End of year balance . . . . .	37,100,639	39,427,913	34,062,356	33,000,417

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 99 914 %

b

Permanent endowment ▶ 0 086 %

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

3a(i)

Yes

No

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 . . . . .		99,648		99,648
b Buildings . . . . .		25,374,506	14,833,753	10,540,753
c Leasehold improvements . . . . .				
d Equipment . . . . .		5,261,702	3,939,259	1,322,443
e Other . . . . .		1,981,448	1,224,701	756,747
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				12,719,591



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	130,241,998
2	Total expenses (Form 990, Part IX, column (A), line 25)	230,771,923
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-529,925
4	Net unrealized gains (losses) on investments	4-1,809,335
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-1,207,219
9	Total adjustments (net) Add lines 4 - 8	9-3,016,554
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-3,546,479

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	128,432,663
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-1,809,335	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e-1,809,335
3	Subtract line 2e from line 1 . . . . .	330,241,998
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	530,241,998

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	130,771,923
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 XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e
3	Subtract line 2e from line 1 . . . . .	330,771,923
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	530,771,923

Part XIVSupplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART V, LINE 4		The permanently restricted endowment of \$31,959 is intended to provide a contribution in the amount of yearly interest contribution to the organization's community division (ecdc) in perpetuity in the donor's name. The quasi endowment of \$39,395,954 is invested in vehicles such as money market funds, mutual funds, government and equity securities, as well as certificates of deposits. These funds provide a stream of returns that would be utilized to fund various programs.
PART X, LINE 2		UNDER ASC 740, "INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. JULIA DYCKMAN ANDRUS MEMORIAL, INC. (THE "REPORTING ORGANIZATION") DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE THE FINANCIAL STATEMENT EFFECTS FOR UNRECOGNIZED TAX POSITIONS. THE REPORTING ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2012, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. THE REPORTING ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2012, THE REPORTING ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY THE TAXING AUTHORITY. MANAGEMENT BELIEVES THAT THE REPORTING ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2009.
PART XI, LINE 8		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST \$(1,207,219 )



**1**

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

### **Part III** Grants and Other Assistance to Individuals Outside the United States.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No



Part V

**Supplemental Information**  
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 1		THE SANCTUARY INSTITUTE PROVIDES TRAININGS BASED ON THE SANCTUARY IMPLEMENTATION STANDARDS DEVELOPED BY DR BLOOM AND THE SANCTUARY INSTITUTE FACULTY IN ADDITION TO TRAINING, THE SANCTUARY INSTITUTE PROVIDES DIAGNOSTIC ASSESSMENTS, ON-SITE TECHNICAL ASSISTANCE, PHONE CONSULTATION AND RESEARCH ASSISTANCE (VIA PHONE OR ON-SITE) JULIA DYCKMAN HAS CONTRACTS TO PROVIDE TRAININGS WITH AGENCIES IN SCOTLAND, IRELAND, NORTHERN IRELAND, AND AUSTRALIA NO OFFICES OR EMPLOYEES ARE MAINTAINED IN ANY OF THESE REGIONS

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
JULIA DYCKMAN ANDRUS MEMORIAL INC

Employer identification number  
13-2793295

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a☐ Mail solicitations

b☐ Internet and e-mail 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. Form 990-EZ filers are not required to complete this table.

(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			
KEELYN MULVEY GUNTHER	FUNDRAISER		No			
Total . . . . . ▶						

3

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

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II

**Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF FOR KIDS</u> (event type)	<u>FALL EVENT</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	171,043	121,388	292,431
	2	Less Charitable contributions . . . .	119,243	66,143	185,386
	3	Gross income (line 1 minus line 2) . . . .	51,800	55,245	107,045
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	51,800	55,245	107,045
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ►			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►			

Part III

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash 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 Combine lines 1 and 7 in column (d) . . . . . ►			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate 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 operate 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 operated in

<b>a</b>	The organization's facility	<b>13a</b>	
<b>b</b>	An outside facility	<b>13b</b>	

**14**

Provide 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

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**

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
JULIA DYCKMAN ANDRUS MEMORIAL INC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
13-2793295

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TEACHER CERTIFICATION	6	11,498			

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PART I, LINE 2		A BURSAR'S RECEIPT IS REQUIRED PROOF THAT THE CLASSES WERE TAKEN

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL INC

Employer identification number

13-2793295

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 in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
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 the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in 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) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in 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," to line 5a or 5b, describe in Part III		
6	For persons listed in 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," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

[illegible]



**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
PART I, LINE 1A		THE ORGANIZATION PROVIDES ON-CAMPUS LODGING WHICH INCLUDES FULL MAINTENANCE, UTILITIES AND TAXES FOR THE CONVENIENCE OF JULIA DYCKMAN ANDRUS MEMORIAL, INC. AS A CONDITION OF EMPLOYMENT FOR BRIAN FARRAGHER, EXECUTIVE VICE PRESIDENT & COO, THE FAIR MARKET VALUE OF WHICH IS ESTIMATED AT \$48,000. HIS EMPLOYMENT REQUIRES THAT HE IS AVAILABLE FOR EMERGENCY CAMPUS MANAGEMENT AT ALL TIMES. IN ADDITION, HE MAKES HIS RESIDENCE AVAILABLE FOR ORGANIZATIONAL FUNCTIONS THROUGHOUT THE YEAR. THIS IS STIPULATED IN HIS JOB DESCRIPTION. IN ADDITION TO HOUSING, PERSONAL USE OF AUTO IS INCLUDED ON FORM 990 AS OTHER COMPENSATION FOR BRIAN FARRAGHER, NANCY WOODRUFF MENT, PRESIDENT & CEO, AND BRYAN MURPHY, VP CAMPUS PROGRAMS AND OPERATIONS, IN THE AMOUNT OF \$2,785, \$4,084 AND 5,362 RESPECTIVELY.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

Name of the organization  
JULIA DYCKMAN ANDRUS MEMORIAL INC

Employer identification number  
13-2793295

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	4	43,115	FAIR MARKET VALUE
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

30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? . . . . .	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization  
JULIA DYCKMAN ANDRUS MEMORIAL INC

**Employer identification number**

13-2793295

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		<p>1) COMMUNITY - PROVIDE A RANGE OF HEALTH PROMOTING, SCHOOL READINESS, AND LITERACY PROGRAMS IN COLLABORATION WITH WESTCHESTER PUBLIC SCHOOLS, CHILD-CARE CENTERS, THE DEPARTMENT OF SOCIAL SERVICES AND OTHER LOCAL INSTITUTIONS THE COMMUNITY PROGRAMS CONSIST OF HOME VISITING PROGRAMS IN YONKERS 1) HEALTHY FAMILIES NEW YORK (HFNY) WORKS WITH NEW PARENTS ASSESSED TO BE AT RISK FOR CHILD ABUSE AND PROVIDES PARENT EDUCATION AND SUPPORT FOR CHILDREN AND FAMILIES TO GIVE THEM A GOOD START IN LIFE HFNY SERVED 100 FAMILIES DURING THE REPORTING PERIOD 2) PROJECT LAUNCH - USING THE HEALTHY FAMILIES APPROACH STAFF WORK WITH NEW PARENTS ASSESSED TO BE AT RISK FOR CHILD ABUSE AND PROVIDES PARENT EDUCATION AND SUPPORT FOR CHILDREN AND FAMILIES TO GIVE THEM A GOOD START IN LIFE PROJECT LAUNCH SERVED 45 FAMILIES DURING THE REPORTING PERIOD 3) THERAPEUTIC AND PARENT AIDE SERVICES (TAPAS) IS A MANDATED PREVENTIVE SERVICE AND PROVIDES SUPPORT TO FAMILIES WHO HAVE BEEN THE SUBJECT OF CHILD ABUSE ALLEGATIONS AND SEEKS TO KEEP FAMILIES TOGETHER AND PROMOTE SAFETY TAPAS SERVED 66 FAMILIES DURING THE REPORTING PERIOD 4) ANDRUS EARLY LEARNING CENTER (AELC) IS A CHILD CARE CENTER SERVING UP TO 120 CHILDREN A DAY AND PROVIDING A SAFE AND STIMULATING LEARNING ENVIRONMENT FOR PRESCHOOL CHILDREN AELC SERVED 105 CHILDREN DURING THE REPORTING PERIOD 5) EASTCHESTER AFTER SCHOOL YOUTH (EASY) IN AN AFTER SCHOOL PROGRAM LOCATED IN THE EASTCHESTER ELEMENTARY SCHOOL AND PROVIDES A SAFE AND STIMULATING PLACE FOR CHILDREN TO SPEND THEIR AFTER SCHOOL HOURS EASY SERVED 80 CHILDREN DURING THE REPORTING PERIOD 6) EASTCHESTER MIDDLE SCHOOL (EMS) PROVIDED SCHOOL COUNSELING AND SUBSTANCE ABUSE PREVENTION PROGRAMS TO EASTCHESTER MIDDLE SCHOOL CHILDREN AND THEIR FAMILIES THIS PROGRAM WAS TERMINATED IN JUNE WHEN THE EASTCHESTER DECIDED IT COULD NO LONGER PAY FOR THE SERVICE EACH PROGRAM IS GROUNDED IN THE PRINCIPLES THAT QUALITY CARE REQUIRES COLLABORATION AMONG ALL THE RELEVANT STAKEHOLDERS THUS, EACH PROGRAM DRAWS ON THE INPUT AND RESOURCES OF FAMILY MEMBERS AND COMMUNITY LEADERS, AS WELL AS ON SUPPORT FROM PRIVATE AND PUBLIC FUNDERS EXPENSES \$1,893,310 REVENUE \$2,264,058</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		<p>OUR ORGANIZATION WAS FOUNDED BY A PRIVATE PHILANTHROPIST, JOHN EMORY ANDRUS, IN 1928. IT IS GOVERNED BY A BOARD OF DIRECTORS WHO SERVE WITHOUT COMPENSATION. IT HAS BEEN A TRADITION OF THE ORGANIZATION TO INVITE MEMBERS OF THE EXTENDED ANDRUS FAMILY TO SERVE AS DIRECTORS ALONGSIDE OF OTHER NON-RELATED DIRECTORS WHO FORM THE MAJORITY AND REPRESENT OUR LOCAL COMMUNITY. IN THEIR CAPACITY AS DIRECTORS, AS IS THE CASE FOR ALL OF OUR DIRECTORS, MEMBERS OF THE ANDRUS FAMILY SERVE AS VOLUNTEERS AND ARE NOT COMPENSATED. DIRECTORS' TERMS ARE FOR TWO YEARS AND ARE RENEWABLE. THE CURRENT DIRECTORS WHO ARE RELATED TO THE FOUNDER ARE LAWRENCE S. C. GRIFFITH, DAVID EARLEY, PHILLIP ANDRUS, HAMLIN PAKRADOONI, RICHARD THORPE, NANCY SPENSELY, MARY MEADOR, CHRISTOPHER GILBERT. THERE ARE NO BUSINESS RELATIONSHIPS, AS DEFINED ABOVE AMONG OUR OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES OR HIGHLY COMPENSATED EMPLOYEES. FORM 990, PART VI, SECTION A, LINES 6, 7A AND 7B. THE ORGANIZATION IS A "MEMBERSHIP CORPORATION" AND THE "MEMBERS" ARE DESCENDANTS OF THE FOUNDER WHO ARE BOARD MEMBERS OF THE EXEMPT ORGANIZATION AND ALSO SIT ON THE BOARD OF A FAMILY FOUNDATION. IN THAT CAPACITY THEY MEET THE CRITERIA OF "VOLUNTEERS" AND INDEPENDENT STATUS. THERE ARE ONLY TWO CATEGORIES OF DECISIONS THAT ARE APPROVED BY THE MEMBERS: 1. APPOINTMENTS OF DIRECTORS TO THE BOARD OF THE JULIA DYCKMAN ANDRUS MEMORIAL, AND, 2. ANY RECOMMENDATIONS RELATED TO THE REVISION OF THE ARTICLES OF INCORPORATION OR THE DISSOLUTION OF THE MEMORIAL. IN ALL OTHER CATEGORIES OF DECISION MAKING, THE BOARD OF THE MEMORIAL RETAINS AUTONOMY.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B		THE CHIEF FINANCIAL OFFICER AND THE GENERAL LEDGER MANAGER REVIEW DRAFT FORM 990. ONCE THE INTERNAL REVIEW IS COMPLETED, THE CHIEF FINANCIAL OFFICER SENDS A COPY OF FORM 990 TO THE EXECUTIVE COMMITTEE OF JULIA DYCKMAN AND TO ALL OF THE BOARD OF DIRECTORS. THEY ARE PROVIDED THE OPPORTUNITY TO REVIEW AND ASK WHATEVER QUESTIONS THEY MAY HAVE. AFTER ALL THE QUESTIONS AND ISSUES ARE DISCUSSED AND RESOLVED, WE PROVIDE THE AUTHORIZATION FOR OUR TAX PREPARERS TO FILE FORM 990, PART VI, SECTION B, LINE 12C. COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS BASED ON SELF-DISCLOSURE AND REVIEW PROCESS FOR POTENTIAL CONFLICTS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 15A AND 15B		SINCE 2007, THE PROCESS OF EVALUATING CEO COMPENSATION IN A COMPREHENSIVE MANNER INCLUDING THE ANALYSIS OF COMPARABLE SALARY DATA AND SO FORTH, HAS BEEN LIMITED TO EVALUATION OF PERFORMANCE SINCE THE CEO VOLUNTARILY REQUESTED FREEZING HER COMPENSATION AT THE 2007 LEVEL IN VIEW OF INCREASING FINANCIAL PRESSURES IN OUR SECTOR. COMPENSATION IS WITHIN THE PARAMETERS OF THE FISCAL YEAR BUDGET WHICH IS APPROVED BY THE BOARD OF DIRECTORS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST



Identifier	Return Reference	Explanation
PART XI, LINE 5		PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST \$(1,207,219 ) UNREALIZED LOSS ON INVESTMENTS \$(1,809,335 ) TOTAL \$(3,016,554 )

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions.

Attach to your tax return.

Name(s) shown on return JULIA DYCKMAN ANDRUS MEMORIAL INC	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 13-2793295
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	\$ 500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	1,395,571

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,395,571
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 13-2793295

Name: JULIA DYCKMAN ANDRUS MEMORIAL INC

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	(C) Position (check all that apply)							(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				
JOHN P MCLAUGHLIN CHAIRMAN	4 0	X		X				0	0	0	
CONRAD HARRIS VICE-CHAIRMAN	2 5	X		X				0	0	0	
STEVEN J FRIEDMAN TREASURER	2 5	X		X				0	0	0	
DEBORAH A CLARK SECRETARY	2 5	X		X				0	0	0	
DR PHILLIP ANDRUS DIRECTOR	1 0	X						0	0	0	
THOMAS J CONDON DIRECTOR	1 0	X						0	0	0	
PATRICIA E DAYE DIRECTOR	2 5	X						0	0	0	
DAVID DOBELL DIRECTOR	5	X						0	0	0	
DAVID G GEARLEY DIRECTOR	1 0	X						0	0	0	
ROBERT D FRELOW PHD THRU 612 DIRECTOR	1 0	X						0	0	0	
F CHRISTOPHER GILBERT DIRECTOR	5	X						0	0	0	
DR LAWRENCE SC GRIFFITH DIRECTOR	1 0	X						0	0	0	
SUSAN GUMA DIRECTOR	2 5	X						0	0	0	
ELIN E HOWE DIRECTOR	1 0	X						0	0	0	
PHYLLIS A HYACINTHE DIRECTOR	1 0	X						0	0	0	
MARTIN KEST DIRECTOR	1 0	X						0	0	0	
BARBARA D LILIENFIELD THRU 612 DIRECTOR	1 0	X						0	0	0	
ROSEMARY MANDELBAUM THRU 1011 DIRECTOR	1 0	X						0	0	0	
MARY L MEADOR MD DIRECTOR	5	X						0	0	0	
HAMLIN A PAKRADOONI DIRECTOR	1 5	X						0	0	0	
PATRICK PREMDAS DIRECTOR	1 0	X						0	0	0	
FREDERICK SCHRAMM THRU 612 DIRECTOR	1 0	X						0	0	0	
BARBARA Z SMITH DIRECTOR	2 0	X						0	0	0	
NANCY C SPENSLEY DIRECTOR	7 5	X						0	0	0	
DR RICHARD S THORPE DIRECTOR	1 0	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	(C) Position (check all that apply)						(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			
NANCY WOODRUFF MENT PRESIDENT & CEO	35 0			X				235,000	0	48,093
DEREK KOLLEENY VP OF FINANCE & CFO	35 0			X				180,250	0	36,573
BRIAN FARRAGHER EXECUTIVE VICE PRESIDENT & COO	35 0				X			176,345	0	97,553
STEPHEN SEWARD VP INSTITUTIONAL ADVANCEMENT	35 0					X		195,615	0	11,814
RAYMOND EFFINGER PRINCIPAL	35 0					X		154,500	0	11,445
LORELEI VARGAS VP OF STRATEGIC INITIATIVES	35 0					X		138,208	0	21,704
KEVIN COOK DEVELOPMENT DIRECTOR	35 0					X		133,900	0	24,053
BRYAN MURPHY VP CAMPUS PROG & OPERATIONS	35 0					X		130,337	0	16,763