

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2014 calendar year, or tax year beginning **SEP 1, 2014** and ending **AUG 31, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS Doing business as JEWISH COMMUNITY CENTER OF GREAT Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5738 FORBES AVENUE, BOX 81980 City or town, state or province, country, and ZIP or foreign postal code PITTSBURGH, PA 15217 F Name and address of principal officer: BRIAN SCHREIBER SAME AS C ABOVE	D Employer identification number 25-1094514 E Telephone number 412-521-8010 G Gross receipts \$ 19,990,566. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.JCCPGH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1971		M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATIONAL, SOCIAL & RECREATIONAL PROGRAMS ROOTED IN JEWISH VALUES FOR THE PGH COMMUNITY. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 32 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 32 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 894 6 Total number of volunteers (estimate if necessary) 6 100 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Prior Year</th> <th align="right">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">5,759,898.</td> <td align="right">4,251,660.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">14,004,466.</td> <td align="right">14,526,698.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">1,889,394.</td> <td align="right">-445,751.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-33,450.</td> <td align="right">-10,957.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">21,620,308.</td> <td align="right">18,321,650.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	5,759,898.	4,251,660.	9 Program service revenue (Part VIII, line 2g)	14,004,466.	14,526,698.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,889,394.	-445,751.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,450.	-10,957.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,620,308.	18,321,650.							
	Prior Year	Current Year																								
8 Contributions and grants (Part VIII, line 1h)	5,759,898.	4,251,660.																								
9 Program service revenue (Part VIII, line 2g)	14,004,466.	14,526,698.																								
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,889,394.	-445,751.																								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-33,450.	-10,957.																								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,620,308.	18,321,650.																								
Expenses	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td align="right">8,989,285.</td> <td align="right">9,453,134.</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,776.</td> <td></td> <td></td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td align="right">8,112,919.</td> <td align="right">8,530,420.</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td align="right">17,102,204.</td> <td align="right">17,983,554.</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td align="right">4,518,104.</td> <td align="right">338,096.</td> </tr> </tbody> </table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,989,285.	9,453,134.	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,776.			17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,112,919.	8,530,420.	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,102,204.	17,983,554.	19 Revenue less expenses. Subtract line 18 from line 12	4,518,104.	338,096.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.																								
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																								
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,989,285.	9,453,134.																								
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																								
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 430,776.																										
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,112,919.	8,530,420.																								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,102,204.	17,983,554.																								
19 Revenue less expenses. Subtract line 18 from line 12	4,518,104.	338,096.																								
Net Assets or Fund Balances	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="right">Beginning of Current Year</th> <th align="right">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td align="right">48,898,379.</td> <td align="right">48,632,506.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td align="right">8,889,050.</td> <td align="right">8,271,735.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td align="right">40,009,329.</td> <td align="right">40,360,771.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	48,898,379.	48,632,506.	21 Total liabilities (Part X, line 26)	8,889,050.	8,271,735.	22 Net assets or fund balances. Subtract line 21 from line 20	40,009,329.	40,360,771.													
	Beginning of Current Year	End of Year																								
20 Total assets (Part X, line 16)	48,898,379.	48,632,506.																								
21 Total liabilities (Part X, line 26)	8,889,050.	8,271,735.																								
22 Net assets or fund balances. Subtract line 21 from line 20	40,009,329.	40,360,771.																								

Part II Signature Block

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

Sign Here	Signature of officer BRIAN SCHREIBER, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JEFFREY J. SPENGLER, CPA	Preparer's signature Date
	Check if self-employed <input type="checkbox"/> PTIN P00109764	
	Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE, LLP	Firm's EIN ▶ 39-0859910
	Firm's address ▶ 20 STANWIX ST STE 800 PITTSBURGH, PA 15222	Phone no. 412-697-6400

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

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO ADVANCE OUR VISION OF AN EXEMPLARY, THRIVING, ENGAGED COMMUNITY
ROOTED IN JEWISH VALUES, THE JCC OF GREATER PITTSBURGH'S MISSION IS TO
ENRICH OUR COMMUNITY BY CREATING AN ENVIRONMENT THAT STRENGTHENS THE
PHYSICAL, INTELLECTUAL AND SPIRITUAL WELL-BEING OF INDIVIDUALS AND

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 7,347,080. including grants of \$ 0.) (Revenue \$ 6,391,747.)
EARLY CHILDHOOD DEVELOPMENT (ECD) OFTEN SERVES AS THE ENTRY POINT FOR
FAMILIES TO THE JCC AND IS OUR FIRST OPPORTUNITY TO DEVELOP
RELATIONSHIPS ACROSS THE LIFETIME CONTINUUM. OUR FOCUS IS
DEVELOPMENTAL (EDUCATIONALLY AND SOCIALLY) FOR THE CHILD AND HIS/HER
FAMILY. WE PROVIDE SERVICES FROM INFANT CARE TO PRE-KINDERGARTEN
ENRICHMENT, FOLLOWING GUIDELINES DEVELOPED BY THE NATIONAL ASSOCIATION
FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC), AND THE PENNSYLVANIA
KEYSTONE STARS INITIATIVE.

ECD UTILIZES ALL JCC DEPARTMENTS TO INCORPORATE GYM SKILLS, MOTOR
SKILLS, MUSIC, ART, AND EMOTIONAL AND SPIRITUAL DEVELOPMENT INTO THE
NATURAL PART OF A YOUNG CHILD'S DAY. AS A RESULT, THE CHILD ROUTINELY

4b (Code:) (Expenses \$ 6,671,551. including grants of \$ 0.) (Revenue \$ 5,810,679.)
JCC DAY AND RESIDENT CAMPS ARE DESIGNED TO PROMOTE SELF-ESTEEM,
ENCOURAGE GROUP SKILLS AND TEAMWORK, FOSTER TRUST, AND BUILD JEWISH
IDENTITY. CAMPING IS ALSO HIGHLY DEVELOPMENTAL AND ENCOMPASSES LIFE
SKILLS EDUCATION IN AN INFORMAL AND PLEASURABLE ATMOSPHERE. THESE LIFE
SKILLS ARE NURTURED THROUGH THE AGE CONTINUUM AND TAKE ADVANTAGE OF THE
OUTDOOR/NATURAL ENVIRONMENT UNIQUE TO EACH CAMP AND THE OVER 2,000
CHILDREN WHO PARTICIPATE IN THEM. THESE LIFE SKILLS TAKE ON NEW
MEANING AS MANY CAMPERS BECOME PART OF OUR COUNSELOR-IN-TRAINING (CIT),
JUNIOR COUNSELOR, SENIOR COUNSELOR, AND UNIT HEAD PROGRAMS.

CAMP BEGINS AT AGE 2 (AGE 7 FOR OVERNIGHT CAMP) AND CONTINUES THROUGH
AGE 16 WITH THE COUNSELOR IN TRAINING PROGRAM. WHILE INDIVIDUAL

4c (Code:) (Expenses \$ 2,674,208. including grants of \$ 0.) (Revenue \$ 2,324,272.)
A JCC CORE SERVICE PROGRAM, HEALTH/ PHYSICAL EDUCATION /WELLNESS IS
AMONG OUR MOST WIDELY KNOWN ACTIVITIES. THIS DEPARTMENT FOLLOWS THE
JCC OPERATING PHILOSOPHY OF INCLUSION AND ITS STRUCTURE PROVIDES
EXPERIENCES FOR INDIVIDUALS THROUGHOUT THE LIFE SPAN. IN GENERAL,
APPROXIMATELY ONE-THIRD OF OUR PHYSICAL SPACE IN OUR YEAR-ROUND
FACILITIES ARE DEDICATED TOWARD THIS PURPOSE WHICH SERVES AN ESTIMATED
12,000 INDIVIDUALS ANNUALLY.

FITNESS AND WELLNESS ACTIVITIES RANGE FROM AQUATICS, TO MARTIAL ARTS,
BASKETBALL TO YOGA, BEGINNING WITH CHILDREN AS YOUNG AS SIX MONTHS TO
OLDER ADULTS IN THEIR 90'S IN BOTH SQUIRREL HILL AND SOUTH HILLS. IN
THE PAST FIVE YEARS, THE JCC HAS BEGUN INNOVATIVE PARTNERSHIP WITH TWO

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

4e Total program service expenses 16,692,839.

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part IV Checklist of Required Schedules

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

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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	X
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	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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	X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a		32
b	Enter the number of voting members included in line 1a, above, who are independent	1b		32
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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	X	
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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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 **▶ PA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
DIANE NEWLAND - 412-521-8010
5738 FORBES AVENUE, BOX 81980, PITTSBURGH, PA 15217

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALAN A. GORDON BOARD MEMBER	0.50	X					0.	0.	0.	
(2) MARC BROWN CHAIR OF THE BOARD	7.00	X		X			0.	0.	0.	
(3) LARRY HONIG BOARD MEMBER	0.50	X					0.	0.	0.	
(4) LOUIS PLUNG BOARD MEMBER	0.50	X					0.	0.	0.	
(5) JACK M. FRIEDMAN BOARD MEMBER	0.50	X					0.	0.	0.	
(6) DOUGLAS KRESS BOARD MEMBER	1.00	X					0.	0.	0.	
(7) WILLIAM GOODMAN BOARD MEMBER	3.00	X					0.	0.	0.	
(8) RICHARD GUTTMAN VICE CHAIR	0.50	X		X			0.	0.	0.	
(9) ERIC SMIGA BOARD MEMBER	0.50	X					0.	0.	0.	
(10) STEVEN ROCK BOARD MEMBER	0.50	X					0.	0.	0.	
(11) CAROLE S. KATZ VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) ELLEN P. KESSLER VICE CHAIR	0.50	X		X			0.	0.	0.	
(13) SCOTT D. LEIB BOARD MEMBER	3.00	X					0.	0.	0.	
(14) AUDREY RUSSO BOARD MEMBER	0.50	X					0.	0.	0.	
(15) KENNETH T. SEGEL TREASURER	3.00	X		X			0.	0.	0.	
(16) TODD E. REIDBORD BOARD MEMBER	1.00	X					0.	0.	0.	
(17) WILLIAM ISLER BOARD MEMBER	1.00	X					0.	0.	0.	

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES S. RUTTENBERG VICE CHAIR	6.00	X		X				0.	0.	0.
(19) JEFFREY B. MARKEL IMMEDIATE PAST CHAIR	1.00	X		X				0.	0.	0.
(20) HENRY BLAUFELD BOARD MEMBER	1.00	X						0.	0.	0.
(21) SAMUEL BRAVER ASST TREASURER	1.00	X		X				0.	0.	0.
(22) INA GUMBERG BOARD MEMBER	1.00	X						0.	0.	0.
(23) MERRIS GROFF BOARD MEMBER	0.20	X						0.	0.	0.
(24) HILARY S. TYSON SECRETARY	6.00	X		X				0.	0.	0.
(25) STEFANI PASHMAN ASST SECRETARY	1.00	X		X				0.	0.	0.
(26) JOSHUA FARBER BOARD MEMBER	0.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,278,456.	0.	159,360.
d Total (add lines 1b and 1c)								1,278,456.	0.	159,360.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OXFORD DEVELOPMENT COMPANY, 1789 SOUTH BRADDOCK AVENUE, PITTSBURGH, PA 15218	FACILITY MANAGEMENT	2,868,010.
ALADDIN FOOD MANAGEMENT SERVICES, 16567 COLLECTIONS CENTER DRIVE, CHICAGO, IL	FOOD	1,133,634.
VERITAS CONTRACTING P.O. BOX 1395, MORGANTOWN, WV 26507	CONTRACTING	603,534.
MARIO'S FISHBOWL & FULLBOWL 704 RICHWOOD AVENUE, MORGANTOWN, WV 26505	FOOD	516,207.
RUTHRAUFF SAUER 400 LOCUST STREET, MCKEES ROCKS, PA 15136	CONTRACTING	508,134.

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 **13**

SEE PART VII, SECTION A CONTINUATION SHEETS

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Form 990

25-1094514

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) JEFFREY GALAK BOARD MEMBER	0.50	X						0.	0.	0.
(28) DAVID GLICKMAN BOARD MEMBER	0.50	X						0.	0.	0.
(29) RONA KITCHEN BOARD MEMBER	0.50	X						0.	0.	0.
(30) SCOTT SEEWALD BOARD MEMBER	0.50	X						0.	0.	0.
(31) LORI SHURE BOARD MEMBER	0.50	X						0.	0.	0.
(32) REBECCA TOBE BOARD MEMBER	0.50	X						0.	0.	0.
(33) JOELLE KRASIK BOARD MEMBER	0.50	X						0.	0.	0.
(34) BRIAN SCHREIBER PRESIDENT/CEO	40.00			X				345,308.	0.	49,226.
(35) DIANE NEWLAND CHIEF FINANCIAL OFFICER	40.00			X				117,727.	0.	19,684.
(36) RACHEL MARCUS ASSOCIATE EXECUTIVE DIRECT	40.00				X			176,814.	0.	12,797.
(37) SAM BLOOM DIRECTOR EMMA KAUFMANN CAMP	40.00					X		144,271.	0.	14,035.
(38) JOHN HALICKY CHIEF OPERATING OFFICER	40.00					X		136,246.	0.	19,408.
(39) ALEXIS MANCUSO ASSISTANT EXECUTIVE DIRECTOR	40.00					X		131,519.	0.	5,728.
(40) CATHY SAMUELS SENIOR DIRECTOR OF MARKETING AND COM	40.00					X		118,231.	0.	18,846.
(41) SHERREE HALL SENIOR DIRECTOR OF FACILITIES AND WE	40.00					X		108,340.	0.	19,636.
Total to Part VII, Section A, line 1c								1,278,456.		159,360.

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 499,999.				
	b Membership dues	1b				
	c Fundraising events	1c 454,286.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 960,701.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,336,674.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		4,251,660.			
Program Service Revenue	2 a CLASSES / CLUBS / CAMPS	Business Code 624410	10,745,011.	10,745,011.		
	b MEMBERSHIP DUES	624100	3,781,687.	3,781,687.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		14,526,698.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		410,524.		410,524.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	636,938.			
		b Less: cost or other basis and sales expenses	1,493,213.			
		c Gain or (loss)	-856,275.			
d Net gain or (loss)		-856,275.		-856,275.		
8 a Gross income from fundraising events (not including \$ 454,286. of contributions reported on line 1c). See Part IV, line 18	a 164,746.					
	b Less: direct expenses	175,703.				
	c Net income or (loss) from fundraising events		-10,957.		-10,957.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		18,321,650.	14,526,698.	0.	-456,708.	

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,328,502.	1,264,389.	32,529.	31,584.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,277,250.	5,974,310.	153,703.	149,237.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	217,767.	207,258.	5,332.	5,177.
9 Other employee benefits	1,071,252.	1,019,554.	26,230.	25,468.
10 Payroll taxes	558,363.	531,416.	13,672.	13,275.
11 Fees for services (non-employees):				
a Management				
b Legal	5,255.	4,609.	456.	190.
c Accounting	51,750.	45,385.	4,495.	1,870.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	78,367.		78,367.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,968,199.	2,603,121.	257,829.	107,249.
12 Advertising and promotion	168,767.	160,955.	418.	7,394.
13 Office expenses	427,432.	352,661.	3,942.	70,829.
14 Information technology				
15 Royalties				
16 Occupancy	2,737,517.	2,607,758.	118,207.	11,552.
17 Travel	584,693.	557,393.	21,451.	5,849.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	35,801.	28,641.	7,160.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,452,234.	1,316,086.	136,148.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	19,899.	19,303.	0.	596.
b MISCELLANEOUS	506.	0.	0.	506.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,983,554.	16,692,839.	859,939.	430,776.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,696,386.	1	1,680,159.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	4,286,927.	3	4,095,121.	
	4 Accounts receivable, net	1,842,209.	4	1,887,771.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	589,386.	9	597,757.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	46,871,335.			
	b Less: accumulated depreciation	22,240,865.			
	11 Investments - publicly traded securities	23,495,229.	10c	24,630,470.	
	12 Investments - other securities. See Part IV, line 11	15,756,948.	11	15,609,367.	
	13 Investments - program-related. See Part IV, line 11	7,950.	12	7,950.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	223,344.	14	123,911.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,898,379.	15	48,632,506.		
Liabilities	17 Accounts payable and accrued expenses	2,451,692.	16	48,632,506.	
	18 Grants payable		17		
	19 Deferred revenue	2,498,944.	18		
	20 Tax-exempt bond liabilities	3,137,705.	19	3,266,369.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		
	23 Secured mortgages and notes payable to unrelated third parties	3,272,608.	22		
	24 Unsecured notes and loans payable to unrelated third parties		23	2,492,723.	
	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	27,045.	24		
	26 Total liabilities. Add lines 17 through 25	8,889,050.	25	13,699.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	21,977,057.	26	8,271,735.	
	28 Temporarily restricted net assets	6,840,722.	27	23,146,017.	
	29 Permanently restricted net assets	11,191,550.	28	5,994,531.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		29	11,220,223.	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30		
	32 Retained earnings, endowment, accumulated income, or other funds		31		
	33 Total net assets or fund balances	40,009,329.	32	40,360,771.	
	34 Total liabilities and net assets/fund balances	48,898,379.	33	48,632,506.	

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,321,650.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,983,554.
3	Revenue less expenses. Subtract line 2 from line 1	3	338,096.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,009,329.
5	Net unrealized gains (losses) on investments	5	13,346.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,360,771.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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? _____		X
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 _____		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS** Employer identification number **25-1094514**

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 described in **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. See **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, 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 (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. 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		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION

Part III Support Schedule for Organizations Described in Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,412,046.	8,131,251.	9,728,431.	9,671,622.	8,198,093.	44,141,443.
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	8,212,616.	8,867,012.	9,702,061.	10,235,479.	10,745,011.	47,762,179.
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	16,624,662.	16,998,263.	19,430,492.	19,907,101.	18,943,104.	91,903,622.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	57,017.	78,835.	124,336.	412,682.	105,789.	778,659.
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						0.
c Add lines 7a and 7b	57,017.	78,835.	124,336.	412,682.	105,789.	778,659.
8 Public support. (Subtract line 7c from line 6.)						91,124,963.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	16,624,662.	16,998,263.	19,430,492.	19,907,101.	18,943,104.	91,903,622.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	386,128.	160,398.	1,301,547.	274,137.	410,524.	2,532,734.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	386,128.	160,398.	1,301,547.	274,137.	410,524.	2,532,734.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	17,010,790.	17,158,661.	20,732,039.	20,181,238.	19,353,628.	94,436,356.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	96.49 %
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	96.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	2.68 %
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	2.59 %

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Area containing horizontal lines for providing supplemental information.

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2014

**** Do Not File ****

***** Not Open to Public Inspection *****

Payer's Name	2010 Amount	2011 Amount	2012 Amount	2013 Amount	2014 Amount
	57,017.	78,835.	124,336.	412,682.	105,789.
Total to Schedule A, Part III, Line 7a	57,017.	78,835.	124,336.	412,682.	105,789.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS

Employer identification number

25-1094514

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number 25-1094514
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 233,999.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 112,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number 25-1094514
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,153,018.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number 25-1094514
---	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number 25-1094514
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

Name of the organization **YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS** Employer identification number **25-1094514**

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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	12,300,498.	11,124,585.	10,568,632.	10,241,498.	9,386,135.
b Contributions	28,673.	440,583.	85,346.	19,849.	460,169.
c Net investment earnings, gains, and losses	-188,907.	1,158,468.	835,480.	549,261.	635,796.
d Grants or scholarships					
e Other expenditures for facilities and programs	433,336.	423,138.	364,873.	241,976.	240,602.
f Administrative expenses					
g End of year balance	11,706,928.	12,300,498.	11,124,585.	10,568,632.	10,241,498.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment .00 %
- b** Permanent endowment 96.00 %
- c** Temporarily restricted endowment 4.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,218,537.		2,218,537.
b Buildings		29,089,843.	16,013,422.	13,076,421.
c Leasehold improvements		10,394,443.	2,446,495.	7,947,948.
d Equipment		5,168,512.	3,780,948.	1,387,564.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				24,630,470.

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DERIVATIVE INSTRUMENT, FV	13,699.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,699.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	21,335,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	13,346.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,903,365.
e	Add lines 2a through 2d	2e	2,916,711.
3	Subtract line 2e from line 1	3	18,418,986.
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	78,367.
b	Other (Describe in Part XIII.)	4b	-175,703.
c	Add lines 4a and 4b	4c	-97,336.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,321,650.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	20,984,255.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,079,068.
e	Add lines 2a through 2d	2e	3,079,068.
3	Subtract line 2e from line 1	3	17,905,187.
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	78,367.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	78,367.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,983,554.

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE JCC ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2015 AND 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

NON-CASH ASSISTANCE TO MEMBERSHIP	1,532,571.
NEEDS-BASED MEMBERSHIP ASSISTANCE	1,370,794.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,903,365.

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -175,703.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

NON-CASH ASSISTANCE TO MEMBERSHIP 1,532,571.

NEEDS-BASED MEMBERSHIP ASSISTANCE 1,370,794.

FUNDRAISING EXPENSES 175,703.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 3,079,068.

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization **YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS** Employer identification number **25-1094514**

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BIG NIGHT & OTHER EVENTS (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	619,032.			619,032.
	2 Less: Contributions	454,286.			454,286.
	3 Gross income (line 1 minus line 2)	164,746.			164,746.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	175,703.			175,703.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				175,703.
11 Net income summary. Subtract line 10 from line 3, column (d)				-10,957.	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION

Schedule G (Form 990 or 990-EZ) 2014 AND IRENE KAUFMANN CENTERS

25-1094514 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2014

**Open to Public
Inspection**

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

Name of the organization **YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

**Employer identification number
25-1094514**

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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 ▶ _____

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2014)

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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
MEMBERSHIP DUES SUBVENTION	4216	0.	1,532,571.	FMV	
FINANCIAL ASSISTANCE SCHOLARSHIP	1558	0.	1,370,794.	FMV	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE BOARD APPROVES GUIDELINES FOR THE SELECTION PROCESS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS** Employer identification number **25-1094514**

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

**YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS**

Schedule J (Form 990) 2014

25-1094514

Page 2

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRIAN SCHREIBER PRESIDENT/CEO	(i)	267,000.	31,608.	46,700.	23,401.	25,825.	394,534.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL MARCUS ASSOCIATE EXECUTIVE DIRECT	(i)	133,033.	19,322.	24,459.	8,270.	4,527.	189,611.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SAM BLOOM DIRECTOR EMMA KAUFMANN CAMP	(i)	116,563.	18,646.	9,062.	0.	14,035.	158,306.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN HALICKY CHIEF OPERATING OFFICER	(i)	107,087.	21,527.	7,632.	6,920.	12,488.	155,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION
AND IRENE KAUFMANN CENTERS

Employer identification number
25-1094514

FORM 990, PART I, DOING BUSINESS AS:

JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPENDS PART OF HIS/HER DAY OUTSIDE THE CLASSROOM, THROUGHOUT THE JCC
FACILITY. IN ALL, ROUGHLY 350 CHILDREN ARE CURRENTLY ENROLLED IN OUR
ECD PROGRAM AT OUR SQUIRREL HILL AND SOUTH HILLS LOCATIONS, ONE OF THE
LARGEST PROGRAMS IN WESTERN PENNSYLVANIA.

AN ADDITIONAL COMPONENT OF BOTH ECD PROGRAMS IS FAMILY PLACE, PROVIDING
STRUCTURED WELLNESS AND PARENTING CLASSES AND UNSTRUCTURED PLAY
ACTIVITIES IN A SPECIALLY DESIGNATED AREA FOR PARENTS AND THEIR YOUNG
CHILDREN. THIS PROGRAM BEGAN ROUGHLY 14 YEARS AGO AND OVER 250
FAMILIES ARE ACTIVELY ENGAGED IN ACTIVITIES.

FROM ELEMENTARY SCHOOL THROUGH HIGH SCHOOL, THE JCC PLAYS AN ACTIVE
ROLE IN THE DEVELOPMENT OF OUR YOUTH. WE ADDRESS THE NEEDS OF CHILDREN
AGES 5 TO 18 - FROM THE TIME THEY LEAVE PRE-SCHOOL UNTIL THEY GRADUATE
FROM HIGH SCHOOL. WE ALSO RELATE TO THE NEEDS OF FAMILIES WITH
CHILDREN.

FOR ELEMENTARY AGED CHILDREN, SERVICES FOR CHILDREN IN KINDERGARTEN
THROUGH 6TH GRADE FOCUS ON OUR CLUBHOUSE AFTER-SCHOOL PROGRAM. THE 100

Name of the organization	YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number	25-1094514
--------------------------	--	--------------------------------	------------

CHILDREN IN THE PROGRAM ARE COMPRISED PRIMARILY FROM SINGLE-PARENT FAMILIES OR TWO WORKING PARENT HOUSEHOLDS WHO DEPEND ON THIS "WRAP-AROUND" SERVICE. THE ENRICHMENT-ORIENTED PROGRAM COMBINES FREE PLAY, ORGANIZED ACTIVITIES, SELF-DIRECTED SPECIALTIES AND HOMEWORK TIME. FULL-DAY PROGRAMS ARE ALSO AVAILABLE DURING SCHOOL BREAKS AND SNOW DAYS. A TEEN CENTER PROGRAM SERVES 12 ADOLESCENTS WITH DEVELOPMENTAL AND PHYSICAL DISABILITIES AFTER SCHOOL AND IS THE ONLY MODEL OF ITS KIND IN THE PITTSBURGH METROPOLITAN AREA.

BEYOND SOCIAL/RECREATIONAL, ATHLETIC, AND CULTURAL PROGRAMS FOR TEENAGERS, WE TAKE TREMENDOUS PRIDE IN A LONG OVERLOOKED AREA OF TEEN SERVICES - EMPLOYMENT. IN THE PAST FISCAL YEAR, OVER 400 TEENS WERE PROVIDED PART-TIME OR SEASONAL WORK EXPERIENCES AT THE JCC, MAKING US ONE OF THE LARGER TEEN EMPLOYERS IN THE AREA. WHILE WE ARE WELL KNOWN AS A PRIMARY PROVIDER OF EARLY CHILDHOOD, AFTER SCHOOL, AND CAMPING PROGRAMS FOR THOUSANDS OF CHILDREN, WE OFTEN PROVIDE FORMER PROGRAM PARTICIPANTS WITH THEIR FIRST EMPLOYMENT OPPORTUNITY BASED ON THESE EXPERIENCES. THE IMPORTANCE OF PROVIDING EMPLOYMENT TO TEENAGERS WAS RECENTLY VALIDATED THROUGH A STUDY BY UNIVERSITY OF MINNESOTA RESEARCHER, DR. JEYLAN MORTIMER. SHE CONCLUDED WHAT MANY FIELD PRACTITIONERS ALREADY KNOW IMPLICITLY - THAT HIGH SCHOOL STUDENTS WHO WORK PART-TIME DEMONSTRATE INCREASED CONFIDENCE, AND BETTER TIME MANAGEMENT SKILLS, THEREBY ENHANCING SUBSEQUENT ACADEMIC SUCCESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SPECIALTIES ARE OFFERED, THE OPERATING PHILOSOPHY OF JCC CAMPING IS COMMUNAL AND GROUP-ORIENTED. AS SUCH, WHILE HUNDREDS OF CHILDREN PARTICIPATE IN EACH CAMP, THE CAMPER'S EXPERIENCE IS FOCUSED ON 10 TO

Name of the organization	YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number	25-1094514
--------------------------	--	--------------------------------	------------

12 INDIVIDUALS IN EACH GROUP/BUNK. OUR OPERATING PHILOSOPHY IS INCREASINGLY CHALLENGED BY A SPECIALTY-ORIENTED SOCIETY AND A COMPETITIVE SPECIALTY CAMP ENVIRONMENT. WE CONTINUE TO GROW OUR SPECIALTIES TO COMPETE IN THE MARKETPLACE, BUT WILL NOT SACRIFICE THE GENERAL EXPERIENCE.

THE UNIQUE FEATURES OF EACH PROGRAM ARE: 1) JAMES & RACHEL (J&R) LEVINSON DAY CAMP WHICH HAS GROWN FROM 125 CAMPERS IN 1970 TO ALMOST 400 CHILDREN TODAY. J&R PROGRAMMING FOCUSES ON CHILDREN AGES 4-14 INTERACTING WITH THE NATURAL ENVIRONMENT OF A 100-ACRE WOODED SETTING IN MONROEVILLE; 2) EARLY CHILDHOOD CAMPS AT BOTH BRANCHES CATER TO 2 TO 5-YEAR-OLDS, 3) PERFORMING ARTS CAMPS FOR OLDER CHILDREN IN BOTH SQUIRREL HILL AND SOUTH HILLS CULMINATES IN A MUSICAL THEATER PRODUCTION; 4) SOUTH HILLS DAY CAMPS PROVIDE A GENERALIST CAMP EXPERIENCE FOR CHILDREN AGE 2 THROUGH GRADE 4, WITH SPORTS AND TRAVELING CAMP EXPERIENCES FOR OLDER CHILDREN; AND 5) EMMA KAUFMANN CAMP (EKC) OUTSIDE OF MORGANTOWN, WEST VIRGINIA, NOW IN ITS 107TH YEAR; OFFERS TWO- THREE- AND FOUR-WEEK OVERNIGHT CAMP SESSIONS AS WELL AS ONE-WEEK FIRST EXPERIENCE OPPORTUNITIES FOR CHILDREN TO BE AWAY FROM HOME IN A PROTECTED ENVIRONMENT; 6) AND INCLUSION OPPORTUNITIES FOR CHILDREN WITH DEVELOPMENT DISABILITIES ARE AN INTEGRAL ELEMENT OF OUR DAY AND RESIDENT CAMPING PROGRAMS, WITH NEW PROGRAM ELEMENTS ADDED ANNUALLY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: HEALTH ORIENTED PROVIDERS TO BUILD CAPACITY IN THIS AREA. THE JCC PILOTED A PHASE III CARDIO-VASCULAR REHABILITATION SERVICES IN OUR SQUIRREL HILL BRANCH THAT INCLUDES A FORMER UPMC CARDIAC NURSING

Name of the organization	YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number	25-1094514
--------------------------	--	--------------------------------	------------

SPECIALIST WHO NOW WORKS AT THE JCC. IN ADDITION, THE JCC LAUNCHED THE "WE CAN" PROGRAM FOR ADOLESCENTS STRUGGLING WITH OBESITY IN CONJUNCTION WITH UPMC HEALTH PLAN. THE PROGRAM HAS ALREADY REACHED OVER 100 PRE-TEENS AND ADOLESCENTS. IN THE SOUTH HILLS, THE JCC HAS HELD AN ARTHRITIS EXERCISE AQUATIC PROGRAM FOR OVER 15 YEARS. BOTH BRANCHES HOLD NUMEROUS SUPPORT GROUP PROGRAMS FOR INDIVIDUALS WITH DISABILITIES, INCLUDING AN ACTIVE STROKE SURVIVORS GROUP. THIS WIDE LEVEL OF COMMUNITY BASED PROGRAMS SUPPORTS AN EARLIER STUDY BY THE JEWISH HEALTHCARE FOUNDATION WHO FOUND THE JCC A "LEADER IN RECOGNITION AND USAGE" BY THE REGION'S MOST VULNERABLE POPULATIONS - THE POOR, THE AGED, AND THOSE WITH DISABILITIES.

WITHIN THE AREA OF OLDER ADULTS, OUR PRIMARY OBJECTIVE - TO KEEP SENIORS ACTIVE, HEALTHY AND INDEPENDENT - REDUCES THE LIKELIHOOD OF HIGHER COST/LESS ATTRACTIVE ALTERNATIVES. WITHIN THIS REALM, A MAJOR COMPONENT OF OUR PROGRAM FOCUSES ON SENIOR HEALTH/WELLNESS - OFFERING SENIOR FITNESS CLASSES, EDUCATIONAL PROGRAMS AND MEDICAL SCREENINGS. WITHIN BOTH LOCATIONS, THE JCC PROVIDES OVER 40 REGULARLY SCHEDULED OLDER ADULT HEALTH AND WELLNESS CLASSES THAT CAN SERVE OVER 1,600 INDIVIDUALS WEEKLY. RECENT SURVEYS CONCLUDED THAT 95% OF PROGRAM PARTICIPANTS REPORT INCREASED CONFIDENCE IN PERFORMING ACTIVITIES OF DAILY LIVING (ADL) SKILLS, AND AN INCREASED AWARENESS OF MEDICAL CONDITIONS THAT AFFECT OLDER ADULTS. ANOTHER 65% OF PARTICIPANTS REPORT TAKING PREVENTATIVE STEPS TO AVOID SERIOUS MEDICAL CONDITIONS, AND 50% IDENTIFIED MEDICAL CONDITIONS THROUGH HEALTH SCREENINGS.

THE JCC'S FOCUS IN THIS AREA DERIVED FROM FINDINGS OF THE NATIONAL INSTITUTE ON AGING'S 2003 STUDY THAT "2/3 OF OLDER ADULTS DO NOT ENGAGE

Name of the organization	YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number	25-1094514
--------------------------	--	--------------------------------	------------

IN REGULAR PHYSICAL ACTIVITY THAT PROVIDE THE GREATEST OPPORTUNITY TO EXTEND YEARS OF ACTIVE INDEPENDENT LIFE, REDUCE DISABILITY, AND IMPROVE THE QUALITY OF LIFE FOR OLDER PERSONS." IN THE PAST YEARS, HEALTH AND WELLNESS PROGRAMS CONTINUE TO BE THE MOST UTILIZED SERVICE AND THE LARGEST ENTRY POINT FOR THE JCC'S OLDER ADULT SERVICES. BETWEEN OUR RESPECTIVE SQUIRREL HILL AND SOUTH HILLS VENUES, WE ADDED APPROXIMATELY 400 NEW ENROLLEES TO SENIOR HEALTH AND WELLNESS PROGRAMS. IN ALL, THE TOTAL OF NEW PARTICIPANTS IS MORE THAN DOUBLE THE PROJECTED NUMBER FOR THE THREE YEAR TOTAL FOR OUTCOMES RANGING FROM INCREASING THE NUMBER OF SENIORS ENGAGED IN ANY PHYSICAL ACTIVITY TO MORE SPECIFIC MEASURES OF STRENGTH, ENDURANCE, AND FLEXIBILITY.

FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE EACH YEAR PRIOR TO FILING THE RETURN. THE 990 IS SHARED ELECTRONICALLY WITH THE ENTIRE BOARD ANNUALLY PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION OBTAINS EXECUTED CONFLICT OF INTEREST STATEMENTS AT THE ANNUAL BOARD RETREAT EACH FALL. THOSE BOARD MEMBERS WHO DO NOT ATTEND AND/OR HAVE NOT EXECUTED ARE FOLLOWED UP BY STAFF TO ENSURE THAT THE EXECUTED STATEMENTS ARE RECEIVED BY THE NEXT SCHEDULED BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE OF THE BOARD IS RESPONSIBLE FOR THE REVIEW, BENCHMARKING ANALYSIS AND APPROVAL OF THE CEO'S COMPENSATION. THEY ALSO REVIEW COMPENSATION AND INCENTIVES FOR ALL LEADERSHIP STAFF.

Name of the organization YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number 25-1094514
--	--

FORM 990, PART VI, SECTION C, LINE 18:

THE INFORMATION IS AVAILABLE ON THE JCC'S WEBSITE OR UPON REQUEST OF THE CFO.

FORM 990, PART VI, SECTION C, LINE 19:

THE INFORMATION IS AVAILABLE ON THE JCC'S WEBSITE OR UPON REQUEST OF THE CFO.

FORM 990, PART IX, LINE 11G, OTHER FEES:

FEES AND CONTRACT SERVICES:

PROGRAM SERVICE EXPENSES	2,603,121.
MANAGEMENT AND GENERAL EXPENSES	257,829.
FUNDRAISING EXPENSES	107,249.
TOTAL EXPENSES	2,968,199.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,968,199.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE ASSUMES THE RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION AND IRENE KAUFMANN CENTERS	Employer identification number (EIN) or 25-1094514
	Number, street, and room or suite no. If a P.O. box, see instructions. 5738 FORBES AVENUE, BOX 81980	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15217	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

DIANE NEWLAND

• The books are in the care of **5738 FORBES AVENUE, BOX 81980 - PITTSBURGH, PA 15217**
Telephone No. **412-521-8010** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **JULY 15, 2016**.

5 For calendar year , or other tax year beginning **SEP 1, 2014**, and ending **AUG 31, 2015**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title Date

TAX RETURN FILING INSTRUCTIONS

PENNSYLVANIA FORM BCO-10

FOR THE YEAR ENDING

August 31, 2015

Prepared for	Young Men and Women's Hebrew Association And Irene Kaufmann Centers 5738 Forbes Avenue, Box 81980 Pittsburgh, PA 15217
Prepared by	Baker Tilly Virchow Krause, LLP 20 Stanwix St Ste 800 Pittsburgh, PA 15222
Mail tax return to	Bureau of Charitable Organizations 207 North Office Building Harrisburg, PA 17120
Return must be mailed on or before	the due date
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Enclose a check for \$250 made payable to Commonwealth of Pennsylvania. Include the organization's Pennsylvania Certificate Number on the check or money order.</p> <p>A completed and signed copy of federal Form 990 (and all applicable attachments) must be included with Form BCO-10.</p>

**Bureau of Charitable Organizations
207 North Office Building
Harrisburg, Pennsylvania 17120**

Telephone: (717) 783-1720
(800) 732-0999 (within PA only)
Fax: (717) 783-6014

Website: www.dos.state.pa.us/charities

For Official Use Only

Approved: _____

RF: _____

AF: _____

LF: _____

Fee Received: _____

Commonwealth of
Pennsylvania
Department of State

Charitable Organization Registration Statement - Form BCO-10

Check if registering voluntarily

(See note under "important information")

Certificate Number: 1536

(Renewals Only)

Fiscal Year Ended: 08/31/2015

Employer Identification Number (EIN): 25-1094514

YOUNG MEN AND WOMEN'S HEBREW ASSOCIATION

1. Legal name of organization: AND IRENE KAUFMANN CENTERS

Check if name change Previous name: _____

2. All other names used to solicit contributions:

JEWISH COMMUNITY CENTER OF PITTSBURGH

3. Contact person: DIANE NEWLAND, CFO

Contact's E-mail: DNEWLAND@JCCPGH.ORG

Physical address of organization: (Required)

Mailing address: (If different than physical)

5738 FORBES AVENUE, BOX 81980

City: PITTSBURGH

City: _____

State: PA ZIP code: 15217

State: _____ ZIP code: _____

County: ALLEGHENY

800 number: _____

Phone number: 412-521-8010

Fax number: _____

E-mail (If different than Contact's E-mail): _____

Website: WWW.JCCPGH.ORG

4. Names, addresses, and telephone numbers of all offices, chapters, branches, auxiliaries, affiliates, or other subordinate units located in Pennsylvania: (Attach separate sheet if necessary)

SEE STATEMENT 1

5. For Organizations described in Section 162.7(a) of the Act, check section that describes organization:

(See footnote #2 of instructions. Volunteer registrants do not respond.)

- 162.7(a)(1) 162.7(a)(2)
- 162.7(a)(3) 162.7(a)(4) Not Applicable

6. List type of organization (e.g. corporation, association, etc.) : NON-PROFIT CORPORATION

Where established: PENNSYLVANIA Date established:** 06/25/1971

*** (Initial registrants must submit copies of organizational documents such as charter, articles of incorporation, constitution, or other organizational instrument, and by-laws.)*

7. Is any person compensated, or do you intend to compensate any person, for soliciting contributions in Pennsylvania, including employees of the organization and professional solicitors? Yes No

(Do not check "Yes" if you only use or intend to only use a professional fundraising counsel.)

If "Yes", give date person or entity started or will start soliciting contributions from Pennsylvania residents. _____

Items 8 and 9 are required to be completed by initial registrants only

8. Date organization first solicited contributions from Pennsylvania residents: _____

9. If organization solicited Pennsylvania residents and received ^{gross} * contributions totaling more than \$25,000 during the fiscal year covered by this registration statement, or during its current fiscal year, give date contributions first totaled more than \$25,000. _____

**Includes contributions received both within and outside Pennsylvania*

10. Has organization been granted IRS tax-exempt status? Yes No

(If "Yes", please submit copy of IRS exemption letter if not previously submitted.)

A. If "Yes", under which IRS code section: 501(C)(3)

B. Has organization's tax-exempt status ever been denied, revoked, or modified? Yes No

(If "Yes", attach copy of denial, revocation, or modification.)

11. Was the organization required to file an IRS 990 return and applicable schedules for its most recently completed fiscal year? Yes No

(If "No", attach explanation of why organization is exempt from filing an IRS 990 return. An organization that is not required to file an IRS 990 return must file a Pennsylvania public disclosure form BCO-23. This includes an organization that files a 990N, 990EZ, or 990PF.)

12. A clear description of the specific programs for which contributions will be used, and a statement whether such programs are planned or in existence:

PROVIDE EDUCATIONAL, SOCIAL & RECREATIONAL PROGRAMS, ROOTED IN JEWISH VALUES, FOR THE PITTSBURGH COMMUNITY.

13. Manner in which contributions are solicited (e.g. direct mail, telephone, internet, etc.) :

CONTRIBUTIONS ARE SOLICITED THROUGH TELEPHONE AND MAIL INCLUDING DIGITAL
FORMAT AS WELL AS SOCIAL MEDIA WITHIN THE COMMUNITY POPULATION.

14. Is organization registered to solicit contributions in any other state or municipality? Yes No

(If "Yes", list all states and municipalities. Attach separate sheet if necessary.)

15. Names, addresses, and telephone numbers of all professional solicitors you use or intend to use to solicit contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates Pennsylvania residents were first solicited, or will be solicited: (Attach separate sheet if necessary)

SEE STATEMENT 2

16. Names, addresses, and telephone numbers of all professional fundraising counsels you use or intend to use to provide services with respect to the solicitation of contributions from Pennsylvania residents. For each entry, include the beginning and ending dates of all contracts, and dates services began, or will begin, with respect to soliciting contributions from Pennsylvania residents: (Attach separate sheet if necessary)

SEE STATEMENT 3

17. Names, addresses, and telephone numbers of any commercial coventurers under contract with your organization:

NONE

18. If you are a parent organization located in Pennsylvania, do you elect to file a combined registration covering all of your Pennsylvania affiliates?

Yes No Not Applicable (See note under "important information")

If "Yes", give all names and certificate numbers of your affiliate organizations: (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

19. Are you a Pennsylvania affiliate of a parent organization, which elected to file a combined registration on your behalf? Yes No (See note under "important information")

If "Yes", provide the name and, if available, certificate # of your parent organization. (For each affiliate whose parent organization files a Form IRS 990 group return, it must file a form BCO-23, in addition to filing a copy of the organization's Form IRS 990 return.)

(Legal name of parent organization)

(Certificate #)

20. Does your organization share contributions or other revenue with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

21. Does your organization share formal governance with any other nonprofit corporation or unincorporated association? Yes No (If "Yes", attach an explanation listing name, address, type of organization, and relationship to your organization.)

22. Does any other domestic or foreign organization own a 10% or greater interest in your organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

23. Does your organization own a 10% or greater interest in any other domestic or foreign organization? Yes No (If "Yes", attach the following information for each other domestic or foreign organization: name and type of organization, whether organization is for-profit or nonprofit, and relationship of organization to your organization.)

24. Provide the names and addresses of all officers, directors, trustees, and principal salaried executive staff officers: (Attach separate sheet if necessary)

SEE STATEMENT 4

25. Names and addresses for: *(Attach separate sheet if necessary)*

A. Individual(s) in charge of solicitation activities:

SEE STATEMENT 5

B. Individual(s) with final responsibility for the custody of contributions:

SEE STATEMENT 6

C. Individual(s) with final responsibility for final distribution of contributions:

SEE STATEMENT 7

D. Individual(s) responsible for custody of financial records:

SEE STATEMENT 8

26. If you answer "Yes" to any of the following, attach a list of related individuals with names, business, and residence addresses of related parties. Are any officers, directors, trustees, or employees related by blood, marriage, or adoption to:

A. Any other officer, director, trustee, or employee? Yes No

B. Any officer, agent, or employee of any professional fundraising counsel or solicitor under contract with organization? Yes No

C. Any supplier or vendor providing goods or services? Yes No

27. If you answer "Yes" to any of the following, attach full written explanations, including reasons for actions, and copies of all relevant documents. Has organization or any of its present officers, directors, executive personnel, trustees, employees, or fundraisers:

A. Been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions or are such proceedings pending in this or any other jurisdiction? Yes No

B. Had its registration or license to solicit contributions denied, suspended, or revoked by any governmental agency? Yes No

C. Entered into any legally enforceable agreement such as a consent agreement, an assurance of voluntary compliance or discontinuance with any district attorney, Office of Attorney General, or other local or state governmental agency? Yes No

I certify that the information provided in this registration, including all statements and documentation, is true and correct. I understand that the falsification of any statement or documentation is subject to criminal penalties for unsworn falsifications pursuant to 18 PA. C.S. § 4904.

Signature of Chief Fiscal Officer

Date _____

DIANE NEWLAND, CFO

Type or Print Name and Title of Chief Fiscal Officer

Signature of Another Authorized Officer

Date _____

BRIAN SCHREIBER, PRESIDENT AND CEO

Type or Print Name and Title of Another Authorized Officer

<u>Checklist</u>	
<input checked="" type="checkbox"/>	Original Registration Statement Properly Signed and Dated
<input checked="" type="checkbox"/>	A Copy of Form IRS 990 Return and Required Schedules Signed and Dated by an Authorized Officer
<input type="checkbox"/>	Form BCO-23, if Required
<input checked="" type="checkbox"/>	Applicable Financial Statements
<input checked="" type="checkbox"/>	Registration Fee and any Late Filing Fees
<input type="checkbox"/>	Additional Filings, if an Initial Registrant

FORM BCO-10 ALL OFFICES, CHAPTERS, BRANCHES LOCATED IN PA STATEMENT 1

NAME AND ADDRESS

PHONE NUMBER

JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH - YOUNG MEN
AND WOMEN'S
5738 FORBES AVENUE, BOX 81980, PITTSBURGH, PA 15217

412-521-8010

NAME AND ADDRESS

PHONE NUMBER

JEWISH COMMUNITY CENTER OF GREATER PITTSBURGH - SOUTH HILLS
BRANCH
345 KANE BOULEVARD, PITTSBURGH, PA 15243

412-278-1975

NAME AND ADDRESS

PHONE NUMBER

HENRY KAUFMANN FAMILY PARK
261 ROSECREST DRIVE, MONROEVILLE, PA 15146

412-824-4740

FORM BCO-10

ALL PROFESSIONAL SOLICITORS

STATEMENT 2

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SOLICIT DATE

FORM BCO-10

PROFESSIONAL FUNDRAISING COUNSELS

STATEMENT 3

NAME AND ADDRESS

PHONE NUMBER

NONE

CONTRACT BEGIN DATE

CONTRACT END DATE

SERVICE DATE

FORM BCO-10

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 4

NAME AND ADDRESS

TITLE

BRIAN SCHREIBER
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

PRESIDENT/CEO

NAME AND ADDRESS

TITLE

RACHEL MARCUS
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

ASSOCIATE EXECUTIVE DIRECT

NAME AND ADDRESS

TITLE

DIANE NEWLAND
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

CHIEF FINANCIAL OFFICER

NAME AND ADDRESS

TITLE

ALAN A. GORDON
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

BOARD MEMBER

NAME AND ADDRESS

TITLE

MARC BROWN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

CHAIR OF THE BOARD

NAME AND ADDRESS

TITLE

LARRY HONIG
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

BOARD MEMBER

NAME AND ADDRESS

LOUIS PLUNG
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

JACK M. FRIEDMAN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

DOUGLAS KRESS
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

WILLIAM GOODMAN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

RICHARD GUTTMAN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

VICE CHAIR

NAME AND ADDRESS

ERIC SMIGA
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

STEVEN ROCK
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

CAROLE S. KATZ
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

VICE CHAIR

NAME AND ADDRESS

ELLEN P. KESSLER
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

VICE CHAIR

NAME AND ADDRESS

SCOTT D. LEIB
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

AUDREY RUSSO
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

KENNETH T. SEGEL
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

TREASURER

NAME AND ADDRESS

TODD E. REIDBORD
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

WILLIAM ISLER
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

JAMES S. RUTTENBERG
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

VICE CHAIR

NAME AND ADDRESS

JEFFREY B. MARKEL
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

IMMEDIATE PAST CHAIR

NAME AND ADDRESS

HENRY BLAUFELD
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

SAMUEL BRAVER
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

ASST TREASURER

NAME AND ADDRESS

INA GUMBERG
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

MERRIS GROFF
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

HILARY S. TYSON
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

SECRETARY

NAME AND ADDRESS

STEFANI PASHMAN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

ASST SECRETARY

NAME AND ADDRESS

JOSHUA FARBER
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

JEFFREY GALAK
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

DAVID GLICKMAN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

RONA KITCHEN
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

NAME AND ADDRESS

SCOTT SEEWALD
5738 FORBES AVENUE, BOX 81980
PITTSBURGH, PA 15217

TITLE

BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
LORI SHURE 5738 FORBES AVENUE, BOX 81980 PITTSBURGH, PA 15217	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
REBECCA TOBE 5738 FORBES AVENUE, BOX 81980 PITTSBURGH, PA 15217	BOARD MEMBER

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
JOELLE KRASIK 5738 FORBES AVENUE, BOX 81980 PITTSBURGH, PA 15217	BOARD MEMBER

FORM BCO-10	IN CHARGE OF SOLICITATION ACTIVITIES	STATEMENT	5
-------------	--------------------------------------	-----------	---

<u>NAME AND ADDRESS</u>
BRIAN SCHREIBER-PRES./CEO 5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

<u>NAME AND ADDRESS</u>
KENNETH T. SEGEL-TREASURER 5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

<u>NAME AND ADDRESS</u>
MARC BROWN-CHAIRMAN OF THE BOARD 5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

<u>NAME AND ADDRESS</u>
SAMUEL BRAVER-ASSISTANT TREASURER 5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

FORM BCO-10	FINAL RESPONSIBILITY CUSTODY OF CONTRIBUTIONS	STATEMENT	6
-------------	---	-----------	---

NAME AND ADDRESS

MARC BROWN-CHAIRMAN OF THE BOARD
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

SAMUEL BRAVER-ASSISTANT TREASURER
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

BRIAN SCHREIBER-PRES./CEO
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

KENNETH T. SEGEL-TREASURER
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

FORM BCO-10	FINAL DISTRIBUTION OF CONTRIBUTIONS	STATEMENT	7
-------------	-------------------------------------	-----------	---

NAME AND ADDRESS

MARC BROWN-CHAIRMAN OF THE BOARD
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

SAMUEL BRAVER-ASSISTANT TREASURER
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

BRIAN SCHREIBER-PRES./CEO
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

KENNETH T. SEGEL-TREASURER
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

FORM BCO-10

CUSTODY OF FINANCIAL RECORDS

STATEMENT 8

NAME AND ADDRESS

MARC BROWN-CHAIRMAN OF THE BOARD
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

SAMUEL BRAVER-ASSISTANT TREASURER
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

BRIAN SCHREIBER-PRES./CEO
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217

NAME AND ADDRESS

SCOTT LEIB-TREASURER
5738 FORBES AVE./ BOX 81980 PITTSBURGH, PA 15217