

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2017

**Open to Public Inspection**

**A** For the **2017** calendar year, or tax year beginning **07/01, 2017**, and ending **06/30, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JULIA DYCKMAN ANDRUS MEMORIAL, INC.			<b>D</b> Employer identification number 13-2793295		
	Doing Business As ANDRUS			<b>E</b> Telephone number (914) 965-3700		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1156 NORTH BROADWAY					
	City or town, state or province, country, and ZIP or foreign postal code YONKERS, NY 10701			<b>G</b> Gross receipts \$ 72,623,127.		
<b>F</b> Name and address of principal officer: BRYAN R. MURPHY 1156 NORTH BROADWAY, YONKERS, NY 10701			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			If "No," attach a list. (see instructions)			
<b>I</b> 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			<b>H(c)</b> Group exemption number ▶			
<b>J</b> Website: ▶ WWW.ANDRUSCC.ORG						
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1974 <b>M</b> State of legal domicile: NY			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: NURTURES SOCIAL & EMOTIONAL WELL-BEING IN CHILDREN & THEIR FAMILIES BY DELIVERING A BROAD RANGE OF VITAL SERVICES & BY PROVIDING RESEARCH, TRAINING & INNOVATIVE PROGRAM MODELS		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 19.	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 19.	
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b> 652.	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 325.	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 2,486,063.	Current Year 1,977,878.
	<b>9</b> Program service revenue (Part VIII, line 2g)	33,085,868.	32,145,106.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,089,255.	4,169,743.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	109,829.	85,607.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,771,015.	38,378,334.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,751,084.	28,684,181.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 762,083.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,535,785.	8,846,219.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,286,869.	37,530,400.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-515,854.	847,934.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 62,305,496.	End of Year 62,567,100.
	<b>21</b> Total liabilities (Part X, line 26)	9,489,333.	10,207,505.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	52,816,163.	52,359,595.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT				P01384178
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no. 212-885-8000	
Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001					

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 19,805,322. including grants of \$ 0. ) (Revenue \$ 19,227,299. )

ATTACHMENT 2

4b (Code: ) (Expenses \$ 6,941,190. including grants of \$ 0. ) (Revenue \$ 7,646,445. )

ATTACHMENT 3

4c (Code: ) (Expenses \$ 4,094,499. including grants of \$ 0. ) (Revenue \$ 3,797,051. )

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)

(Expenses \$ 1,655,484. including grants of \$ 0. ) (Revenue \$ 1,474,311. )

4e Total program service expenses 32,496,495.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> 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
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .		X
<b>f</b> 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	
<b>12a</b> 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>b</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
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</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	
<b>15</b> 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
<b>16</b> 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
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> 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	
<b>19</b> 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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</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> . . . . .		X
<b>26</b> 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> . . . . .		X
<b>27</b> 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> . . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> 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> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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> . . . . .		X
<b>33</b> 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> . . . . .		X
<b>34</b> 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> . . . . .		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> 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> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

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 [X]

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes sub-questions for various IRS forms and organizational requirements.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its 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.
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: CHARLES BEROLO 1156 NORTH BROADWAY, YONKERS, NY 10701 (914)965-3700

**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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HAMLIN A. PAKRADOONI BOARD CHAIR	3.00 0.	X		X			0.	0.	0.	
(2) SUSAN GUMA VICE CHAIR	3.50 0.	X		X			0.	0.	0.	
(3) NANCY C. SPENSLEY SECRETARY	1.50 0.	X		X			0.	0.	0.	
(4) STEVEN J. FRIEDMAN TREASURER	2.00 0.	X		X			0.	0.	0.	
(5) THOMAS J. CONDON BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(6) PATRICIA E. DAYE BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(7) DAVID DOBELL BOARD MEMBER	.50 0.	X					0.	0.	0.	
(8) DAVID G. EARLEY BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(9) MELINDA GEORGE (FROM 11/17) BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(10) MARY GRAF (THRU 01/18) BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(11) LAWRENCE S.C. GRIFFITH, M.D. BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(12) F. CHRISTOPHER GILBERT BOARD MEMBER	.50 0.	X					0.	0.	0.	
(13) ELIN E. HOWE BOARD MEMBER	1.00 0.	X					0.	0.	0.	
(14) MARY L. MEADOR, M.D. BOARD MEMBER	.50 0.	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOHN P. MCLAUGHLIN (THRU 6/18) BOARD MEMBER	4.00 0.	X						0.	0.	0.
( 16) WILLIAM H. MULLIGAN, JR., ESQ. BOARD MEMBER	1.50 0.	X						0.	0.	0.
( 17) PAUL SCHARF (FROM 09/17) BOARD MEMBER	1.00 0.	X						0.	0.	0.
( 18) BARBARA Z. SMITH BOARD MEMBER	1.50 0.	X						0.	0.	0.
( 19) MICHAEL SPENSLEY (FROM 04/18) BOARD MEMBER	1.00 0.	X						0.	0.	0.
( 20) RICHARD S. THORPE, M.D. BOARD MEMBER	1.00 0.	X						0.	0.	0.
( 21) BRYAN R. MURPHY PRESIDENT & CEO	35.00 0.			X				268,438.	0.	61,479.
( 22) CHARLES BEROLO VICE PRESIDENT & CFO	35.00 0.			X				179,295.	0.	31,447.
( 23) JASON HONECKER (FROM 01/17) VICE PRESIDENT & COO	35.00 0.			X				198,488.	0.	784.
( 24) KERRON NORMAN (THRU 04/18) VP & CHIEF PROGRAM OFFICER	35.00 0.					X		178,980.	0.	15,159.
( 25) RAYMOND EFFINGER PRINCIPAL, ORCHARD SCHOOL	35.00 0.					X		171,337.	0.	6,628.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,458,420.	0.	164,203.
<b>d Total (add lines 1b and 1c)</b>								1,458,420.	0.	164,203.

**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 **▶** 17

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 12



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) RAUL E. DELPILAR ----- VP, HUMAN RESOURCES	35.00 ----- 0.					X		168,036.	0.	23,831.
( 27) CHRISTINE NOVAK-MICKA ----- VP, ADVANCEMENT (THRU 12/17)	35.00 ----- 0.					X		154,078.	0.	20,130.
( 28) FADY HAJAL ----- STAFF PSYCHIATRIST	35.00 ----- 0.					X		139,768.	0.	4,745.
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<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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  17

	Yes	No
<b>3</b> 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> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <input checked="" type="checkbox"/>		

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	222,835.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	1,755,043.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		178,146.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			1,977,878.				
	<b>Program Service Revenue</b>	<b>2a</b> MEDICAID/MEDICARE PAYMENTS	<b>Business Code</b>	624200	10,567,139.	10,567,139.		
<b>b</b> TUITION INCOME			611710	9,925,298.	9,925,298.			
<b>c</b> MAINTENANCE INCOME			900099	7,862,998.	7,862,998.			
<b>d</b> GOVERNMENT GRANTS AND CONTRACTS			900099	1,730,500.	1,730,500.			
<b>e</b> TRAINING SERVICES			624200	1,423,685.	1,423,685.			
<b>f</b> All other program service revenue . . . . .				635,486.	635,486.			
<b>g Total.</b> Add lines 2a-2f . . . . . ▶				32,145,106.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . . ▶			1,427,235.			1,427,235.
	<b>4</b> Income from investment of tax-exempt bond proceeds . ▶			0.				
	<b>5</b> Royalties . . . . . ▶			0.				
	<b>6a</b> Gross rents . . . . .	(i) Real		72,702.				
		(ii) Personal						
		<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .		72,702.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			72,702.			72,702.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		36,828,722.				
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		34,086,214.				
		<b>c</b> Gain or (loss) . . . . .		2,742,508.				
	<b>d</b> Net gain or (loss) . . . . . ▶			2,742,508.			2,742,508.	
	<b>8a</b> Gross income from fundraising events (not including \$ 222,835. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		158,579.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	158,579.				
<b>c</b> Net income or (loss) from fundraising events. . . . . ▶				0.				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities. . . . . ▶			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory. . . . . ▶			0.				
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> MISCELLANEOUS			900099	12,905.			12,905.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
	<b>e Total.</b> Add lines 11a-11d . . . . . ▶				12,905.			
<b>12 Total revenue.</b> See instructions. . . . . ▶				38,378,334.	32,145,106.		4,255,350.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(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 . . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	772,610.		601,672.	170,938.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	21,154,929.	19,258,849.	1,593,711.	302,369.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	465,994.	428,615.	31,635.	5,744.
9 Other employee benefits . . . . .	4,722,450.	4,242,248.	410,192.	70,010.
10 Payroll taxes . . . . .	1,568,198.	1,383,926.	152,518.	31,754.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	117,110.	85,503.	31,607.	
c Accounting . . . . .	145,377.	13,377.	132,000.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	230,155.		230,155.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,028,539.	582,089.	379,457.	66,993.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	1,034,999.	944,176.	82,089.	8,734.
14 Information technology . . . . .	228,919.	155,854.	52,662.	20,403.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,617,408.	1,558,566.	58,842.	
17 Travel . . . . .	119,499.	90,146.	29,127.	226.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	31,902.	25,396.	6,506.	
20 Interest . . . . .	224,457.	164,223.	60,234.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,394,919.	1,295,374.	99,545.	
23 Insurance . . . . .	425,857.	349,007.	76,850.	
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 CHILDREN'S EXPENSES	1,099,199.	1,093,089.	6,110.	
b STAFF ACTIVITIES	707,879.	512,050.	189,728.	6,101.
c BAD DEBT EXPENSE	203,707.	199,605.		4,102.
d DUES AND SUBSCRIPTIONS	108,131.	62,328.	43,157.	2,646.
e All other expenses	128,162.	52,074.	4,025.	72,063.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	37,530,400.	32,496,495.	4,271,822.	762,083.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	1,343,365.	<b>1</b>	1,321,236.
	<b>2</b> Savings and temporary cash investments . . . . .	2,204,420.	<b>2</b>	3,500,337.
	<b>3</b> Pledges and grants receivable, net . . . . .	696,200.	<b>3</b>	536,500.
	<b>4</b> Accounts receivable, net . . . . .	4,115,387.	<b>4</b>	4,424,294.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	772,266.	<b>9</b>	681,626.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 41,830,157.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 28,759,349.		
		12,979,606.	<b>10c</b>	13,070,808.
	<b>11</b> Investments - publicly traded securities . . . . .	28,970,557.	<b>11</b>	31,737,676.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	10,673,980.	<b>12</b>	6,113,674.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
<b>15</b> Other assets. See Part IV, line 11 . . . . .	549,715.	<b>15</b>	1,180,949.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	62,305,496.	<b>16</b>	62,567,100.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,101,178.	<b>17</b>	4,153,233.
	<b>18</b> Grants payable . . . . .	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue . . . . .	225,647.	<b>19</b>	147,768.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	5,162,508.	<b>23</b>	5,906,504.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	0.	<b>25</b>	0.
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,489,333.	<b>26</b>	10,207,505.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	51,803,566.	<b>27</b>	51,184,959.
	<b>28</b> Temporarily restricted net assets . . . . .	980,638.	<b>28</b>	1,142,677.
	<b>29</b> Permanently restricted net assets . . . . .	31,959.	<b>29</b>	31,959.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	52,816,163.	<b>33</b>	52,359,595.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	62,305,496.	<b>34</b>	62,567,100.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	38,378,334.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	37,530,400.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	847,934.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	52,816,163.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,304,502.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	52,359,595.

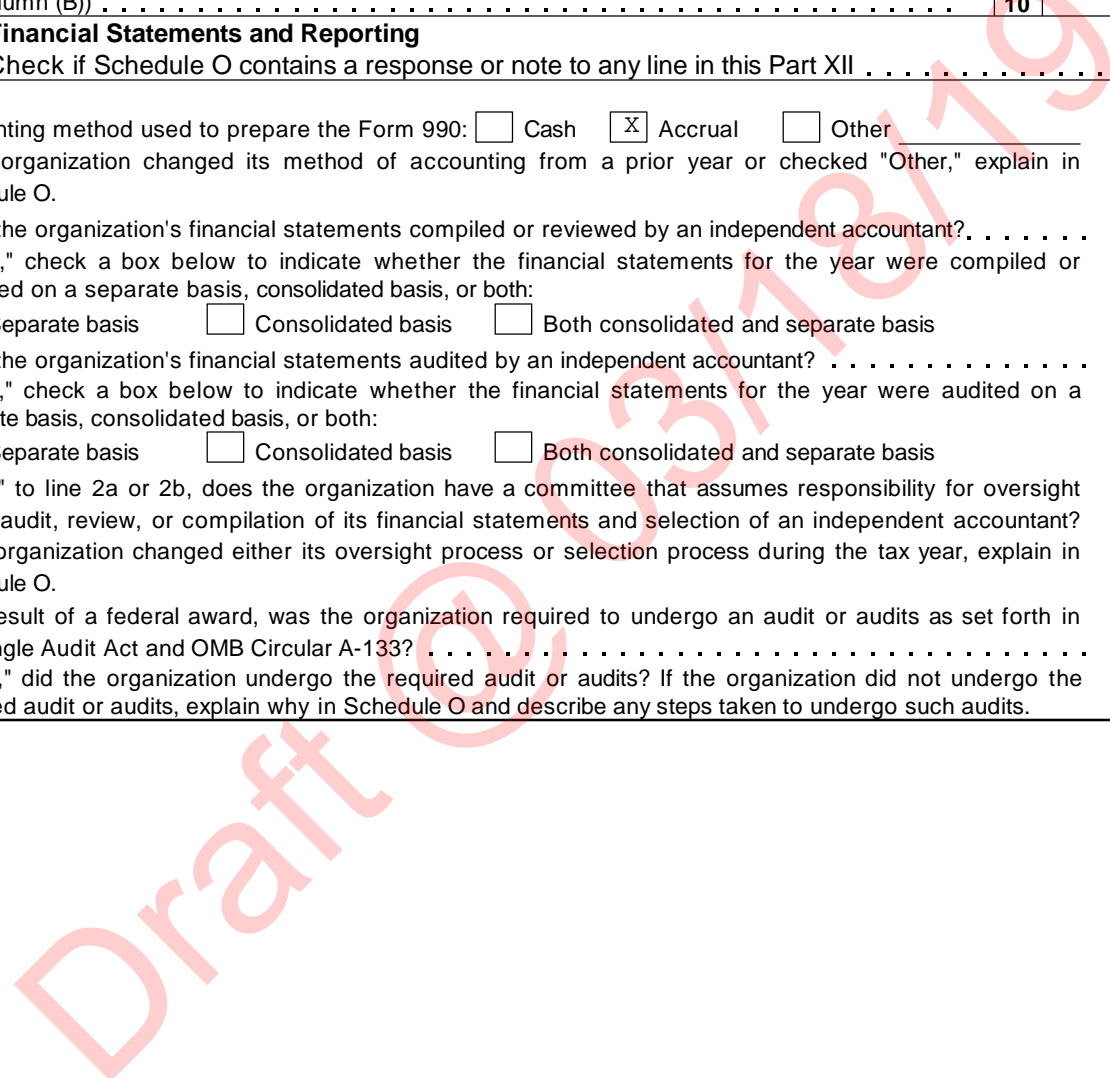
**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2017)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

JSA  
7E1210 1.000

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,438,845.	1,666,341.	3,579,408.	2,486,063.	1,977,878.	11,148,535.
<b>2</b> 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 . . . . .	28,587,782.	29,950,892.	31,888,124.	33,085,868.	32,145,106.	155,657,772.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0.
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>6 Total.</b> Add lines 1 through 5. . . . .	30,026,627.	31,617,233.	35,467,532.	35,571,931.	34,122,984.	166,806,307.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	879,175.	1,260,481.	2,372,664.	1,577,060.	1,362,311.	7,451,691.
<b>b</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.
<b>c</b> Add lines 7a and 7b. . . . .	879,175.	1,260,481.	2,372,664.	1,577,060.	1,362,311.	7,451,691.
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						159,354,616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .	30,026,627.	31,617,233.	35,467,532.	35,571,931.	34,122,984.	166,806,307.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .	1,932,566.	2,521,820.	1,850,145.	1,142,584.	1,499,937.	8,947,052.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0.
<b>c</b> Add lines 10a and 10b . . . . .	1,932,566.	2,521,820.	1,850,145.	1,142,584.	1,499,937.	8,947,052.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .	0.	0.	14,082.	0.	0.	14,082.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u> . . . . .	90,909.	18,190.	269,598.	27,829.	12,905.	419,431.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	32,050,102.	34,157,243.	37,601,357.	36,742,344.	35,635,826.	176,186,872.
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	90.45%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	<b>16</b>	90.48%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	5.08%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 . . . . .	<b>18</b>	5.34%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 12a or 12b 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS	90,909.	18,190.	269,598.	27,829.	12,905.	419,431.
<b>TOTALS</b>	<u>90,909.</u>	<u>18,190.</u>	<u>269,598.</u>	<u>27,829.</u>	<u>12,905.</u>	<u>419,431.</u>

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# Schedule of Contributors

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Name of the organization</b> JULIA DYCKMAN ANDRUS MEMORIAL, INC.	<b>Employer identification number</b> 13-2793295
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**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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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		\$ 1,210,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 251,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 115,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 26,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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
13		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16		\$ 8,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17		\$ 8,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18		\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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
19		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 7,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 7,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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
25		\$ 5,913.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26		\$ 5,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27		\$ 5,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28		\$ 5,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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
31		\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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
37		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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 JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

**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
3	DONATED STOCKS _____ _____ _____	\$ 8,061.	VAR
5	300 FULLY STOCKED BACKPACKS _____ _____ _____	\$ 15,000.	VAR
25	VARIOUS TOYS _____ _____ _____	\$ 5,913.	VAR
31	104 FULLY STOCKED BACKPACKS _____ _____ _____	\$ 5,200.	VAR
38	ENTERTAINMENT/TRIP TICKETS _____ _____ _____	\$ 5,000.	VAR
_____	_____ _____ _____	\$ _____	_____

Name of organization **JULIA DYCKMAN ANDRUS MEMORIAL, INC.**

Employer identification number  
13-2793295

**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 information once. See instructions.) ▶ \$ \_\_\_\_\_  
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)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

JSA 7E1268 2.000



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

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

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 on Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	40,529,863.	37,784,154.	39,408,550.	42,193,179.	38,821,734.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	2,863,192.	4,947,730.	-1,102,370.	-508,030.	5,504,934.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	2,965,833.	2,054,904.	367,541.	2,092,102.	1,927,417.
<b>f</b> Administrative expenses	230,155.	147,117.	154,485.	184,497.	206,072.
<b>g</b> End of year balance	40,197,067.	40,529,863.	37,784,154.	39,408,550.	42,193,179.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  99.9200 %
  - b** Permanent endowment  .0800 %
  - c** Temporarily restricted endowment  %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>(i)</b> unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>(ii)</b> related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		139,577.		139,577.
<b>b</b> Buildings		30,665,720.	20,169,266.	10,496,454.
<b>c</b> Leasehold improvements		1,055,702.	778,258.	277,444.
<b>d</b> Equipment		7,231,976.	5,840,251.	1,391,725.
<b>e</b> Other		2,737,182.	1,971,574.	765,608.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,070,808.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) INVESTMENT IN LIMITED P'SHIPS	5,000,258.	FMV
(B) HEDGE FUNDS	1,113,416.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	6,113,674.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	36,843,677.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-1,304,502.
b	Donated services and use of facilities . . . . .	<b>2b</b>		
c	Recoveries of prior year grants . . . . .	<b>2c</b>		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-1,304,502.
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	38,148,179.
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 . . . . .	<b>4a</b>		230,155.
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	230,155.
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	38,378,334.

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

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

1	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	37,300,245.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities . . . . .	<b>2a</b>		
b	Prior year adjustments . . . . .	<b>2b</b>		
c	Other losses . . . . .	<b>2c</b>		
d	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
e	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
3	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	37,300,245.
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 . . . . .	<b>4a</b>		230,155.
b	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
c	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	230,155.
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	37,530,400.

**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.

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

PART V, LINE 4:

THE PERMANENTLY RESTRICTED ENDOWMENT OF \$31,959. IS INTENDED TO PROVIDE A CONTRIBUTION IN THE AMOUNT OF YEARLY INTEREST CONTRIBUTION TO THE ORGANIZATION'S COMMUNITY DIVISION (AELC) IN PERPETUITY IN THE DONOR'S NAME. THE BOARD-DESIGNATED ENDOWMENT OF \$40,165,108. IS INVESTED IN VEHICLES SUCH AS MONEY MARKET FUNDS, MUTUAL FUNDS, GOVERNMENT AND EQUITY SECURITIES. THESE FUNDS PROVIDE A STREAM OF RETURNS THAT WOULD BE UTILIZED TO FUND VARIOUS PROGRAMS.

PART X, LINE 2:

UNDER ASC 740, "INCOME TAXES", AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. JULIA DYCKMAN ANDRUS MEMORIAL, INC. (THE "REPORTING ORGANIZATION") DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE THE FINANCIAL STATEMENT EFFECTS FOR UNRECOGNIZED TAX POSITIONS. THE REPORTING ORGANIZATION HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE REPORTING ORGANIZATION HAS FILED INTERNAL REVENUE SERVICE FORM 990 TAX RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2018, THERE WAS NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENT OF ACTIVITIES. THE REPORTING ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY A TAXING AUTHORITY. AS OF JUNE 30, 2018, THE REPORTING ORGANIZATION WAS NOT SUBJECT TO ANY EXAMINATION BY THE TAXING AUTHORITY.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	SANCTUARY INITIATIVE	11,117.
(2) NORTH AMERICA	0.	0.	PROGRAM SERVICES	SANCTUARY INITIATIVE	4,536.
(3) EUROPE	0.	0.	PROGRAM SERVICES	SANCTUARY INITIATIVE	2,424.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					18,077.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					18,077.

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

Schedule F (Form 990) 2017

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Draft @ 03/18/19

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

Schedule F (Form 990) 2017

Draft @ 03/18/19



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 1:

THE SANCTUARY INSTITUTE PROVIDES TRAININGS BASED ON THE ANDRUS SANCTUARY IMPLEMENTATION STANDARDS DEVELOPED BY DR. BLOOM AND THE ANDRUS SANCTUARY INSTITUTE FACULTY. IN ADDITION TO TRAINING, THE SANCTUARY INSTITUTE PROVIDES ORGANIZATIONAL ASSESSMENTS, ON-SITE TECHNICAL ASSISTANCE, PHONE CONSULTATION AND RESEARCH ASSISTANCE (VIA PHONE OR ON-SITE).

JULIA DYCKMAN HAS CONTRACTS TO PROVIDE TRAININGS WITH AGENCIES IN SCOTLAND, IRELAND, NORTHERN IRELAND, CANADA, SINGAPORE, AND AUSTRALIA. NO OFFICES OR EMPLOYEES ARE MAINTAINED IN ANY OF THESE REGIONS.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GALA (event type)	GOLF (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	237,310.	144,104.		381,414.
	<b>2</b> Less: Contributions . . . . .	133,798.	89,037.		222,835.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	103,512.	55,067.		158,579.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	103,512.	55,067.		158,579.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				158,579.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 explanation 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).

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, 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 on 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 type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - 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 on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

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

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

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BRYAN R. MURPHY PRESIDENT & CEO	(i)	267,975.	0.	463.	8,174.	53,305.	329,917.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 CHARLES BEROLO VICE PRESIDENT & CFO	(i)	179,295.	0.	0.	4,165.	27,282.	210,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JASON HONECKER (FROM 01 VICE PRESIDENT & COO	(i)	192,673.	0.	5,815.	0.	784.	199,272.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KERRON NORMAN (THRU 04/ VP & CHIEF PROGRAM OFFICER	(i)	178,980.	0.	0.	5,415.	9,744.	194,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RAYMOND EFFINGER PRINCIPAL, ORCHARD SCHOOL	(i)	171,337.	0.	0.	5,053.	1,575.	177,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 RAUL E. DELPILAR VP, HUMAN RESOURCES	(i)	166,005.	0.	2,031.	5,123.	18,708.	191,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 CHRISTINE NOVAK-MICKA VP, ADVANCEMENT (THRU 12/17)	(i)	154,078.	0.	0.	4,413.	15,717.	174,208.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE PRESIDENT AND CEO, BRYAN R. MURPHY, RECEIVES USE OF AN AGENCY OWNED RESIDENCE FOR PERSONAL USE. THIS RESIDENCE IS ALSO USED FOR AGENCY FUNCTIONS INCLUDING BOARD EVENTS, STAFF MEETINGS AND EVENTS FOR THE CHILDREN AND FAMILIES THAT THE AGENCY SERVES. THE USE OF THE RESIDENCE IS FOR THE CONVENIENCE OF THE EMPLOYER AND IS A CONDITION OF THE PRESIDENT AND CEO'S EMPLOYMENT. HIS EMPLOYMENT REQUIRES THAT HE BE AVAILABLE FOR EMERGENCY CAMPUS MANAGEMENT AT ALL TIMES.

SCHEDULE J, PART II, COLUMN(D) INCLUDES FAIR MARKET VALUE OF HOUSING ESTIMATED AT \$34,200.

Draft @ 03/18/19

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

Employer identification number

13-2793295

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	1.	107,087.	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ATCH 1 ) . . . . .		625.	71,059.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000



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

---

PART I, COLUMN B:

THE NUMERICAL DATA IN COLUMN (B) REPRESENTS A COMBINATION OF THE NUMBER  
OF CONTRIBUTORS AND THE NUMBER OF ITEMS RECEIVED.

Draft @ 03/18/19

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
ENTERTAINMENT/TRIPS	X	3.	11,063.	FMV
STOCKED BACKPACKS	X	571.	28,529.	FMV
PIANO	X	2.	16,925.	FMV
TOYS	X	1.	5,913.	FMV
BICYCLES	X	38.	4,900.	FMV
OTHER VARIOUS	X	10.	3,729.	FMV
TOTALS		<u>625.</u>	<u>71,059.</u>	

Draft @ 03118119

**SCHEDULE O  
(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

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

**2017**

▶ Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

JULIA DYCKMAN ANDRUS MEMORIAL, INC.

13-2793295

FORM 990, PART III, LINE 4D:

THE SANCTUARY INSTITUTE AT ANDRUS (SI), AS PART OF THE ANDRUS CENTER FOR  
LEARNING & INNOVATION (ACLI), OFFERS TRAINING AND CONSULTATION SERVICES  
TO OTHER ORGANIZATIONS SEEKING TO IMPLEMENT THE SANCTUARY MODEL. THE  
SANCTUARY MODEL IS A TRAUMA INFORMED SYSTEM OF CARE DIRECTED AT HELPING  
CLIENTS, STAFF AND ORGANIZATIONS MANAGE THE IMPACT OF REPETITIVE STRESS.  
EXPENSES: \$1,655,484.....REVENUE: \$1,474,311.

FORM 990, PART I, LINE 7B AND PART V, LINE 3A:

FORM 990-T WILL BE FILED EXCLUSIVELY FOR QUALIFIED TRANSPORTATION AND  
PARKING FRINGE BENEFITS, AND ANY ON-PREMISES ATHLETIC FACILITIES UNDER  
SECTION 512(A)(7) FOR THE PERIOD BEGINNING JANUARY 1, 2018 THRU JUNE 30,  
2018.

THE REPORTING ORGANIZATION IS CURRENTLY IN THE PROCESS OF CALCULATING  
PARKING EXPENSES FOR QUALIFIED TRANSPORTATION FRINGES UNDER § 274(A)(4)  
AND § 512(A)(7) OF THE INTERNAL REVENUE CODE THAT WILL BE REPORTED ON  
FORM 990-T FILED WITH THE INTERNAL REVENUE SERVICE BY MAY 15, 2019. AS A  
RESULT, THE NET UNRELATED BUSINESS TAXABLE INCOME REPORTED ON FORM 990-T,  
LINE 34 IS NOT AVAILABLE AT THIS TIME TO BE REPORTED ON THE ACCOMPANYING  
FORM 990.

FORM 990, PART VI, SECTION A, LINE 2:

OUR ORGANIZATION WAS FOUNDED BY A PRIVATE PHILANTHROPIST, JOHN EMORY

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ANDRUS, IN 1928. IT IS GOVERNED BY A BOARD OF DIRECTORS WHO SERVE WITHOUT COMPENSATION. IT HAS BEEN A TRADITION OF THE ORGANIZATION TO INVITE MEMBERS OF THE EXTENDED ANDRUS FAMILY TO SERVE AS DIRECTORS ALONGSIDE OF OTHER NON-RELATED DIRECTORS WHO FORM THE MAJORITY AND REPRESENT OUR LOCAL COMMUNITY. IN THEIR CAPACITY AS DIRECTORS, AS IS THE CASE FOR ALL OF OUR DIRECTORS, MEMBERS OF THE ANDRUS FAMILY SERVE AS VOLUNTEERS AND ARE NOT COMPENSATED. DIRECTORS' TERMS ARE FOR THREE YEARS AND ARE RENEWABLE INDEFINITELY. THE CURRENT DIRECTORS WHO ARE RELATED TO THE FOUNDER ARE:

LAWRENCE S. C. GRIFFITH

DAVID EARLEY

MELINDA GEORGE

MARY GRAF (BOARD MEMBER THRU 1/18)

HAMLIN PAKRADOONI

RICHARD THORPE

NANCY SPENSELY

MICHAEL SPENSLEY

MARY MEADOR

CHRISTOPHER GILBERT

THERE ARE NO BUSINESS RELATIONSHIPS, AS DEFINED ABOVE AMONG OUR OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES OR HIGHLY COMPENSATED EMPLOYEES.

FORM 990, PART VI, SECTION A, LINES 6, 7A AND 7B:

JULIA DYCKMAN ANDRUS MEMORIAL, INC. IS A "MEMBERSHIP CORPORATION" AND THE MEMBERS ARE DESCENDANTS OR SPOUSES OF THE DESCENDANTS OF THE FOUNDER

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(JOHN ANDRUS) WHO ARE BOTH "MEMBERS" OF JULIA DYCKMAN ANDRUS MEMORIAL (THE EXEMPT ORGANIZATION) AND ALSO SIT ON THE BOARD OF SURDNA WHICH IS THE ANDRUS FAMILY FOUNDATION. IN THAT CAPACITY THEY MEET THE CRITERIA OF "VOLUNTEERS" AND INDEPENDENT STATUS. THERE ARE ONLY TWO CATEGORIES OF DECISIONS THAT ARE APPROVED BY THE MEMBERS:

1. APPOINTMENTS OF DIRECTORS TO THE BOARD OF THE JULIA DYCKMAN ANDRUS MEMORIAL; AND,
2. ANY RECOMMENDATIONS RELATED TO THE REVISION OF THE ARTICLES OF INCORPORATION, THE BY-LAWS OF THE CORPORATION OR THE DISSOLUTION OF THE MEMORIAL.

IN ALL OTHER CATEGORIES OF DECISION MAKING, THE BOARD OF THE MEMORIAL RETAINS AUTONOMY.

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

THE CHIEF FINANCIAL OFFICER AND THE ASSISTANT DIRECTOR OF FINANCE WILL REVIEW THE DRAFT FORM 990. ONCE THE INTERNAL REVIEW IS COMPLETED, THE CHIEF FINANCIAL OFFICER SENDS A COPY OF FORM 990 TO THE EXECUTIVE COMMITTEE OF JULIA DYCKMAN AND TO ALL OF THE BOARD OF DIRECTORS. THEY ARE PROVIDED THE OPPORTUNITY TO REVIEW AND ASK WHATEVER QUESTIONS THEY MAY HAVE. AFTER ALL THE QUESTIONS AND ISSUES ARE DISCUSSED AND RESOLVED, WE PROVIDE THE AUTHORIZATION FOR OUR TAX PREPARERS TO FILE.

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

UPON APPOINTMENT OR HIRE, AND FEBRUARY OF EACH YEAR, THE ORGANIZATION'S

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ONLINE LEARNING MANAGEMENT SYSTEM NOTIFIES EACH OFFICER, DIRECTOR, KEY EMPLOYEE AND OTHER SELECTED STAFF TO COMPLETE THE CONFLICT OF INTEREST TRAINING WHICH REQUIRES THEM TO REVIEW THE CONFLICT-OF-INTEREST POLICY AND DISCLOSE ANY POTENTIAL CONFLICTS IF ANY.

POTENTIAL CONFLICTS INVOLVING CORPORATE OFFICERS, KEY EMPLOYEES AND SELECTED STAFF ARE REVIEWED BY THE PRESIDENT/CEO. POTENTIAL CONFLICTS INVOLVING BOARD MEMBERS ARE REVIEWED BY THE CHAIRMAN OF THE BOARD. POTENTIAL CONFLICTS INVOLVING THE BOARD CHAIRMAN ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD WITHOUT THE BOARD CHAIRMAN.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:  
IN CALENDAR YEAR 2017, THERE WAS A REVIEW OF THE PRESIDENT AND CEO'S COMPENSATION AND BASED ON THE REVIEW, AN INCREASE IN WAGES OCCURRED.

AT THAT TIME, THE FOLLOWING WAS INCLUDED IN THE DETERMINATION AND EVALUATION PROCESS:

THE 2017 BDO CEO AND CFO COMPENSATION PRACTICES REPORT.

THE COMPENSATION WAS APPROVED BY THE BOARD.

ALL CONTEMPORANEOUS SUBSTANTIATION OF DELIBERATION AND DECISIONS IS RECORDED IN THE MINUTES OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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THE PRESIDENT AND CEO PRIMARILY SETS THE SALARY FOR OTHER OFFICERS. THE BASIS FOR THESE SALARIES COMES FROM A VARIETY OF INDEPENDENT STUDIES AND SURVEYS ON PROFESSIONAL AND KEY EMPLOYEE COMPENSATION INCLUDING THE FOLLOWING:

2017 NATIONAL COUNCIL OF NONPROFITS EXECUTIVE COMPENSATION REPORT  
 2017 US HUMAN SERVICES WORKFORCE TRENDS AND COMPENSATION STUDY - ALLIANCE FOR STRONG FAMILIES AND COMMUNITIES  
 2017 GUIDESTAR NONPROFIT COMPENSATION REPORT

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

ANDRUS NURTURES SOCIAL AND EMOTIONAL WELL-BEING IN CHILDREN, FAMILIES, AND COMMUNITIES BY DELIVERING A BROAD RANGE OF VITAL SERVICES AND BY PROVIDING RESEARCH, TRAINING, AND INNOVATIVE PROGRAM MODELS THAT PROMOTE THE STANDARD OF EXCELLENCE FOR PROFESSIONAL PERFORMANCE IN AND BEYOND OUR SERVICE COMMUNITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

CAMPUS DIVISION - OPERATES ON OUR 107 ACRE CAMPUS LOCATED ON THE NORTH YONKERS/HASTINGS-ON-HUDSON BORDER. THE CAMPUS DIVISION CONSISTS OF TWO MAJOR SERVICES:

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ATTACHMENT 2 (CONT'D)

1) RESIDENTIAL SERVICES OFFERS ASSESSMENT, INDIVIDUAL, GROUP, FAMILY AND MILIEU THERAPY (INCLUDING SEVERAL EVIDENCE-BASED MODELS), SPECIAL EDUCATION, FAMILY ENGAGEMENT, PARENT SKILLS TRAINING, RECREATION, PSYCHIATRIC AND NURSING SERVICES, SPEECH AND LANGUAGE INTERVENTION, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY FOR CHILDREN PLACED IN OUR CARE BY SCHOOL DISTRICTS, AT TIMES THE DEPARTMENTS OF SOCIAL SERVICES, AND ON OCCASION THROUGH PRIVATE PLACEMENT CONTRACTS. THE PROGRAM IS DESIGNED TO ASSIST CHILDREN AGES 5-16 AND THEIR FAMILIES TO MANAGE AND COPE WITH A WIDE ARRAY OF PROBLEMS THAT HAVE BROUGHT THEM INTO TREATMENT INCLUDING CHILDHOOD TRAUMA, AUTISTIC SPECTRUM DISORDERS, MENTAL ILLNESS, LEARNING DISABILITIES AND OTHER ADJUSTMENT PROBLEMS. THE CHILDREN LIVE IN OUR HOUSING UNITS AND RECEIVE FULL ROOM AND BOARD IN ADDITION TO THE SERVICES OUTLINED ABOVE. IN TOTAL, 103 CHILDREN WERE SERVED

2) SPECIAL EDUCATION/DAY SERVICES OFFERS ASSESSMENT, INDIVIDUAL, GROUP, FAMILY AND MILIEU THERAPY (INCLUDING SEVERAL EVIDENCE-BASED MODELS), SPECIAL EDUCATION, FAMILY ENGAGEMENT, PARENTING SKILLS TRAINING, RECREATION, PSYCHIATRIC AND NURSING SERVICES, SPEECH AND LANGUAGE INTERVENTION, OCCUPATIONAL THERAPY AND PHYSICAL THERAPY FOR CHILDREN PLACED IN OUR CARE BY LOCAL SCHOOL DISTRICTS. THE PROGRAM IS DESIGNED TO ASSIST CHILDREN AGES 5-16 AND THEIR FAMILIES TO MANAGE AND COPE WITH A WIDE ARRAY OF PROBLEMS THAT



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ATTACHMENT 2 (CONT'D)

HAVE BROUGHT THEM INTO TREATMENT INCLUDING CHILDHOOD TRAUMA, AUTISTIC SPECTRUM DISORDERS, MENTAL ILLNESS, LEARNING DISABILITIES AND OTHER ADJUSTMENT PROBLEMS. CHILDREN PLACED IN OUR DAY PROGRAM ARE MOST OFTEN FROM HOME SCHOOL DISTRICTS AND ON OCCASION THROUGH PRIVATE PLACEMENT CONTRACTS. THE CHILDREN ENROLLED IN THIS PROGRAM ARE PROVIDED TRANSPORTATION BY THEIR HOME SCHOOL DISTRICTS. IN TOTAL, 106 CHILDREN WERE SERVED.

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ATTACHMENT 3

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FORM 990, PART III - PROGRAM SERVICE, LINE 4B

MENTAL HEALTH - OFFERS OUTPATIENT SERVICES AND ASSESSMENTS, INDIVIDUAL, GROUP AND FAMILY THERAPY (INCLUDING NUMEROUS EVIDENCE-BASED MODELS), FAMILY ENGAGEMENT, CRISIS INTERVENTION, PARENT SKILLS TRAINING, CASE MANAGEMENT, PSYCHOLOGICAL AND PSYCHIATRIC SERVICES. THE PROGRAM IS DESIGNED TO ASSIST CHILDREN AGES 0-18, ADULTS 21 AND UP AND THEIR FAMILIES.

THERAPY: INDIVIDUALS OF ALL AGES CAN PARTICIPATE IN INDIVIDUALIZED THERAPY TO MEET THEIR NEEDS, INCLUDING ONE-TO-ONE, COUPLE, FAMILY, AND GROUP TREATMENT.

CARE MANAGEMENT: INDIVIDUALS AND FAMILIES LIVING IN FAMILY SHELTERS ARE ELIGIBLE FOR CASE MANAGEMENT SERVICES TO INCREASE ACCESS TO COMMUNITY RESOURCES.

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ATTACHMENT 3 (CONT'D)

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OPEN ACCESS: WALK-IN SERVICES ARE AVAILABLE TO COMMUNITY RESIDENTS SEEKING INDIVIDUALIZED TREATMENT.

TESTING: INDIVIDUALS PARTICIPATING IN ACTIVE TREATMENT THROUGH ANDRUS ARE ELIGIBLE FOR PSYCHOLOGICAL TESTING WITH REFERRAL FROM THEIR THERAPIST.

PSYCHIATRY: INDIVIDUALS INVOLVED IN ACTIVE TREATMENT ARE ELIGIBLE TO MEET WITH A PSYCHIATRIST FOR EVALUATIONS AND MEDICATION MANAGEMENT.

CLINICS: SERVICES ARE AVAILABLE AT THREE COMMUNITY MENTAL HEALTH CLINICS IN PEEKSKILL, WHITE PLAINS, AND YONKERS; INDIVIDUALS AND FAMILIES CAN ACCESS SCREENING FOR ELIGIBILITY THROUGH OPEN ACCESS AND SCHEDULED APPOINTMENTS.

SCHOOLS: EACH CLINIC PARTNERS WITH SCHOOLS IN THE COMMUNITY THROUGH THE SOCIAL EMOTIONAL ENRICHMENT & DEVELOPMENT PROGRAM (S.E.E.D.); STUDENTS ATTENDING THESE SCHOOLS ARE ELIGIBLE FOR IN-SCHOOL THERAPY SERVICES BY REFERRAL. WE CURRENTLY SERVE FIVE SCHOOL DISTRICTS IN WESTCHESTER COUNTY, WHICH INCLUDES 8 SCHOOLS IN YONKERS AND THE YONKERS HEAD START PROGRAM, 4 SCHOOLS IN PEEKSKILL, 8 SCHOOLS IN LAKELAND, 2 SCHOOLS IN OSSINING, 2 SCHOOLS IN ELMSFORD AND SERVING CHILDREN AT THE AELC CHILD CARE CENTER IN TUCKAHOE.

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ATTACHMENT 3 (CONT'D)

COMMUNITY: WELLNESS AND PSYCHO-EDUCATIONAL WORKSHOPS ARE PROVIDED AT FAMILY SHELTERS AND AVAILABLE TO ALL RESIDENTS.

THE POPULATION SERVED LIVE IN WESTCHESTER COUNTY COMMUNITIES AND ARE REFERRED FOR SERVICES BY SCHOOLS, FAMILY COURT, DEPARTMENTS OF SOCIAL SERVICES, PEDIATRICIANS AND OTHER SERVICE PROVIDERS.

SERVICES ARE GENERALLY PAID FOR BY MEDICAID, MANAGED CARE MEDICAID AND OTHER INSURANCE CARRIERS. IN TOTAL, 2,081 CHILDREN AND 475 ADULTS WERE SERVED.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY - PROVIDES A RANGE OF HEALTH PROMOTING, SCHOOL READINESS, PARENT EDUCATION AND FAMILY SUPPORT PROGRAMS THROUGHOUT WESTCHESTER, BRONX AND UPPER MANHATTAN. THE PROGRAMS WORK IN COLLABORATION WITH PUBLIC SCHOOLS, CHILD-CARE CENTERS, CLINICS, THE DEPARTMENT OF SOCIAL SERVICES AND OTHER LOCAL INSTITUTIONS. OUR COMMUNITY PROGRAMS CONSIST OF HOME VISITING PROGRAMS, CARE COORDINATION SERVICES AND CHILD AND SCHOOL-AGED CENTER-BASED CARE.

HEALTHY FAMILIES NEW YORK (HFNY) WORKS WITH NEW PARENTS ASSESSED TO BE AT RISK FOR CHILD ABUSE AND PROVIDES PARENT EDUCATION AND SUPPORT FOR CHILDREN AND FAMILIES TO GIVE THEM A GOOD START IN LIFE. HFNY SERVED 113 FAMILIES AND 105 CHILDREN LAST YEAR.

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ATTACHMENT 4 (CONT'D)

THERAPEUTIC AND PARENT AIDE SERVICES (TAPAS) IS A MANDATED PREVENTIVE SERVICE AND PROVIDES SUPPORT TO FAMILIES WHO HAVE BEEN THE SUBJECT OF CHILD ABUSE ALLEGATIONS AND SEEKS TO KEEP FAMILIES TOGETHER AND PROMOTE SAFETY. TAPAS SERVED 58 FAMILIES AND 124 CHILDREN LAST YEAR.

PARENT UNIVERSITY (PU) WORKS WITH THE FAMILIES OF THE CHILDREN ENROLLED IN ANDRUS' RESIDENTIAL TREATMENT AND DAY PROGRAM PROVIDING HOME VISITS AND PARENT WORKSHOPS TO FORTIFY PARENT-CHILD INTERACTIONS, STRENGTHEN PARENTING COMPETENCY, AND IMPROVE THE TRANSITIONS A CHILD MAKES WHEN GOING HOME TO VISIT AND RETURNING TO CAMPUS. PU SERVED 12 FAMILIES THROUGH HOME VISITS AND 38 FAMILIES THROUGH WORKSHOPS.

CARE MANAGEMENT (CM) PROVIDES CARE COORDINATION SERVICES TO CHILDREN WHO HAVE COMPLEX HEALTH ISSUES AND ARE ENROLLED IN MEDICAID. CM SERVED A TOTAL OF 225 CHILDREN ENROLLED AND 21 IN OUTREACH FOR A TOTAL OF 246 CHILDREN FOR LAST YEAR.

ANDRUS EARLY LEARNING CENTER (AELC) IS A CHILD CARE CENTER SERVING UP TO 120 CHILDREN A DAY AND PROVIDING A SAFE AND STIMULATING LEARNING ENVIRONMENT FOR PRE-SCHOOL CHILDREN. AELC SERVED 167 CHILDREN (13 CHILDREN WERE THROUGH OUR COLLABORATION WITH THE CHILDREN'S SCHOOL - ARC OF WESTCHESTER) AND 139 FAMILIES (12 FAMILIES WERE THROUGH OUR COLLABORATION WITH THE CHILDREN'S SCHOOL

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ATTACHMENT 4 (CONT'D)

- ARC OF WESTCHESTER) LAST YEAR.

EASTCHESTER AFTER SCHOOL YOUTH (EASY) IS AN AFTER SCHOOL PROGRAM LOCATED IN THE EASTCHESTER ELEMENTARY SCHOOL AND PROVIDES A SAFE AND STIMULATING PLACE FOR CHILDREN TO SPEND THEIR AFTER SCHOOL HOURS. EASY SERVED 93 CHILDREN LAST YEAR.

EACH PROGRAM IS GROUNDED IN THE PRINCIPLES THAT QUALITY CARE REQUIRES COLLABORATION AMONG ALL THE RELEVANT STAKEHOLDERS. THUS, EACH PROGRAM DRAWS ON THE INPUT AND RESOURCES OF FAMILY MEMBERS AND COMMUNITY LEADERS, AS WELL AS ON SUPPORT FROM PRIVATE AND PUBLIC FUNDERS.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MICHAEL PELLEGRINI CONSTRUCTION 133A NORTH AVENUE, #540 NEW ROCHELLE, NY 10804	CONSTRUCTION	732,410.
THURSTON FOODS 30 THURSTON DRIVE PO BOX 744 WALLINGTON, CT 06492	CATERING	264,156.
OT PLUS NY 18 TUCKAHOE ROAD TUCKAHOE, NY 10710	OCCUPATIONAL THERAPY	263,457.
MCDERMOTT, WILL & EMERY PO BOX 6043 CHICAGO, IL 60680-6043	LEGAL	257,673.
AMERICAN POOL MANAGEMENT 11515 CRONRIDGE DR, SUITE Q	CONSTRUCTION	211,276.

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ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
OWINGS MILLS, MD 21117		

Draft @ 03/18/19