Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

AI	or the	2014 calenda	r year, or tax year beginning	, 20	14, and ending	JUNE	31 ,20 15			
_	Check if a Address o		C Name of organization YOUTH ARTS NEW YORK				dentification number 20-2662433			
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to	E Telephone	number					
$\overline{}$	Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return PO BOX 363 OLD CHELSEA STATION				917 757 4519					
	Final return/terminated					E Group Ev	Group Exemption			
=	Amended		NEW YORK, NY 10113	,		Number	•			
		n pending					<u> </u>			
	veccum Vebsite	ting Method:	outhartsnewyork org	-	^m		if the organization is not ttach Schedule B			
		<u>-</u>		ort no.)	1) or	•	90-EZ, or 990-PF).			
				ert no.)	./	(1 01111 330, 3.	50-1.2., 01 550-1 1).			
						l accate				
) are \$500,000 or more, file Form 990 instead of For			u assots ▶	e 88,955			
_			e, Expenses, and Changes in Net Asset			inatalation	Ψ			
	art I		, <u>.</u>		•		s for Part I)			
_			the organization used Schedule O to respon		on in this Part i		74,230			
	1		ns, gifts, grants, and similar amounts received			1	14,725			
	2	-	rvice revenue including government fees and	contracts	• • • • •	2	14,725			
	3		p dues and assessments			3				
	4	Investment			_ `, · · · · ·	4				
	5a		unt from sale of assets other than inventory	<u> </u>	5a					
	b		or other basis and sales expenses	· · · · · <u></u>	5b					
	C		s) from sale of assets other than inventory (Su	otract line 5b fro	m line 5a)	· · 5c				
	6	-	fundraising events							
Ф	а	\$15,000) .	me from gaming (attach Schedule G if	· .	- I					
Š	١.	•		Г	Sa]			
Revenue	b		ne from fundraising events (not including \$	dula C if the	_of contribution	าร	1			
ď			using events reported on line 1) (attach Sche or gross income and contributions exceeds \$15	- 000	I	1				
				· · · L	<u>Sb</u>					
	C		expenses from gaming and fundraising event		Sc	benet				
	d	line 6c) .	or (loss) from gaming and fundraising even	is (add lines ba	and ob and su	, ,				
		•	of inventory land where and allowers		•-	· · 6d				
	7a		of inventory, less returns and allowances .		7a		1			
)	b		of goods sold		7b_					
)	C	•	or (loss) from sales of inventory (Subtract line	•		· · <u>7c</u>				
2	8		(<u> </u>	88,955			
A 2 12 11 11 11 11 11 11 11 11 11 11 11 1	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	See F. The St.	Burns 15 Burns Com	9	00,333			
3	10		similar amounts paid (list in Schedule O) .		The state of the s) · 10	 			
⊐.	11	•	d to or for members	. 12	0 2015	5 11				
38	12		ner compensation, and employee benefits .	· O · SEP.	2.3.2015. i	12	39,079			
en-	13		I fees and other payments to independent cor	itractors		. 13	1,200			
-X	14		, rent, utilities, and maintenance	· · OEF	EH, UT	14	545			
Sesueda 2015	15		blications, postage, and shipping	- Comment of the Comm		- - 15	51,775			
<u></u>	16					16	92,599			
	17	Total expe	nses. Add lines 10 through 16	· · · · · ·	· · · · · ·	. 17	-3,644			
ş	18		deficit) for the year (Subtract line 17 from line S				-0,044			
386	19		or fund balances at beginning of year (from figure reported on prior year's return)			J	4,619			
ţ		•		· · · · · · · · · · · · · · · · · · ·		· · 19	4,019			
Net Assets	20		ges in net assets or fund balances (explain in S	•		. 20	975			
	21		or fund balances at end of year. Combine lines		<u> </u>	. ▶ 21	Form 990-EZ (2014)			
For	Paper	work Heductic	on Act Notice, see the separate instructions.	(Cat. No. 10642I		rom 330-EZ (2014)			

Par	t II Balance Sheets (see the instructions	tor Part II)				
	Check if the organization used Schedule	O to respond to a	ny question in this l	Part II		<u> D</u>
				(A) Beginning of year		B) End of year
22	Cash, savings, and investments		[4,619	22	975
23	Land and buildings			0	23	
24	Other assets (describe in Schedule O)				24	
25	Total assets		[4,619	25	975
26	Total liabilities (describe in Schedule O)		<i>.</i> . [0	26	0
27	Net assets or fund balances (line 27 of column	n (B) must agree with	n line 21)	4,619	27	975
Par				art III)		
	Check if the organization used Schedule	O to respond to a	ny question in this l	Part IÍÍ 🗹		Expenses
What	is the organization's primary exempt purpose?		nt to underserved stud			ired for section
Dacc	ribe the organization's program service accompli	chments for each o	f ite three largest or	rogram convices	• •)(3) and 501(c)(4) izations; optional for
	easured by expenses. In a clear and concise m				other	
	ons benefited, and other relevant information for ea		5 001 11000 p. 0 11200	, 1.0		
28	See Schedule O	<u></u>				
	#~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	(Grants \$) If this amount	includes foreign gra	ints check here		28a	58,000
29	See Schedule O	includes foreign gra	inis, check here .	· · · • []	206	
ZJ						
	(Grants \$) If this amount	includes foreign gra	ento chook horo	Ì	29a	2,000
30	See Schedule O	includes loreign gra	ints, check here .	· · · • • • • •	<u> 25a</u>	2,000
30				********		
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	/O	in all release for a large			.	21,000
	(Grants \$) If this amount	includes foreign gra			30a	21,000
~ 4	Albertain and the Control of the Con					
31	Other program services (describe in Schedule O)					91 000
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ □	31a	81,000
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grathrough 31a)	ints, check here .	•	32	
	(Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list each	nts, check here .	▶ □ ▶ pensated—see the in	32	
32	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) y Employees (list each	nts, check here none even if not comp ny question in this l	▶ □ ▶ □ pensated—see the in Part IV	32	
32	(Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	through 31a)	nts, check here .	▶ □ ▶ pensated—see the in	32 struct	tions for Part IV)
32	(Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ke	includes foreign grathrough 31a)	nts, check here none even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	censated—see the incensated (d) Health benefits, contributions to employe benefit plans, and	32 struct	tions for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Ker Check if the organization used Schedule (a) Name and title	includes foreign gra through 31a)	nts, check here	censated—see the incensated (d) Health benefits, contributions to employe	32 struct	tions for Part IV)
32 Part	(Grants \$) If this amount Total program service expenses (add lines 28a IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title A S. CHAPMAN	includes foreign grathrough 31a)	nts, check here none even if not company question in this I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV	32 struct	stimated amount of her compensation
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		,
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Ť
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	~· ,	, ,	
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	4		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	┨		,
TVa	section 4911 ► ; section 4912 ► ; section 4955 ►	ļ		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			,
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			ì
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ NY			
42a	The organization's books are in care or	917-75		9
h	Located at ► 42 W Thirteenth Street, #6G, New York, NY ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	100	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	163	√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			,
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	.)	- 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		•
	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	- /	,
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45.		: منه
	1 (11) 000 L2 (000 Houdon)	45b		

Form 990-EZ (2014)

46 [.]		he organization engage, directly or in Indidates for public office? If "Yes," (tion 46		1
Part	art VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.							es	
		Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
47 48 49a	year?	he organization engage in lobbying? If "Yes," complete Schedule C, Pare organization a school as described in the organization make any transfers to	t II n section 170(b)(1)(A)(i	i)? If "Yes," complete			. 47		No V
b 50	If "Ye	es," was the related organization a sopplete this table for the organization's oyees) who each received more than	on?	er than offi		. 49b	ees an	d key	
		Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans	n benefits, to employee , and deferred nsation	(e) Estimat	ted amou	unt of
									
f 51	Com	number of other employees paid ov plete this table for the organization ,000 of compensation from the orga	s five highest compe	ensated independent	contractors	s who each	received	i more	than
	(a)	Name and business address of each independ	dent contractor	(b) Type of serv	ce	(c)	Compensa	ion	
d 52	Did t	number of other independent contra the organization complete Schedu eleted Schedule A	- 1						
Under pe true, con	enalties rect, an	of perjury, I declare that I have examined this is decomplete. Declaration of preparer (other than	return, including accompant officer) is based on all info						
Sign Here	ign Signature of officer								
Paid Prepa		Print/Type preparer's name	Preparer's signature						
Use C		Firm's name ► Firm's address ►							
May th	e IRS	discuss this return with the preparer	shown above? See i						

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Name of the organization

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

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number YOUTH ARTS NEW YORK, INC. 20-2662433 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. ☐ 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. 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 (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 isted in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Total

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	ion A. Public Support						
Calen	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,615	41,420	63,024	66,721	75,130	286,910
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		1,850	2,900	5,222	13,825	23,797
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		i				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	40,615	43,270	65,924	71,943	88,955	310,707
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						
с 8	Add lines 7a and 7b						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10a	Amounts from line 6	40,615	43,270	65,924	71,943	88,955	310,707
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	40,615	41,420	63,042	66,712		310,707
14	First five years. If the Form 990 is for the organization, check this box and stop her			d, third, fourth,	=		n 501(c)(3) · · ► □
	on C. Computation of Public Suppor						100
15	Public support percentage for 2014 (line 8	• • • • • • • • • • • • • • • • • • • •	-	3, column (f))		15	100 00 %
16 Casti	Public support percentage from 2013 Sch			<u> </u>	<u></u>	16	100 00 %
	on D. Computation of Investment Inc			11 40 1	(0)	145	- 2/
17 19	Investment income percentage for 2014 (Investment income percentage from 2013)				nn (t))	17	<u> </u>
18 19a	331/3% support tests-2014. If the organi	ization did not	check the box	on line 14, an		ore than 331/39	6, and line
b	17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization . ► 33½% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization \time						
20	Private foundation. If the organization die		_				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization YOUTH ARTS NEW YORK INC		Employer identification number 20-2662433
Form 990-EZ, Part I, Line 16 - Other	Expenses	
NYFA Contract & Quarterly Fees*	\$ 145	
Bank & Credit Card Fees	\$ 116	
Tax Filing	\$ 350	······
Meetings & Conferences	\$ 657	/*************************************
Travel & Transport	\$ 219	/*************************************
NYFA Administrative	\$ 7,111	***************************************
Insurance	\$ 2,971	**************************************
Miscellaneous	\$ 1,372	
Publicity & Promotion	\$ 851	
Supplies	\$ 493	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Food & Hotel	\$14,131	
Travel & Transport	\$20,106	***************************************
Fundraising	\$ 526	
Equipment Rental	\$ 2,727	
TOTAL	\$ 51,775	
Form 990-EZ, Part III, Line 28 - First	Accomplishment	
ELEMENTARY AND SECONDARY	SCHOOL PROGRAMS April/May, 2015, we presented prog	rams to approximately 6,000 students from
over 50 high schools in all five borou	ghs of New York City We provided transportation, housing	and honorana for 10 atomic bomb survivors
who led 90-minute interactive oral hi	story and disarmament education workshops to approximate	ely 6,000 students We conducted in-school
arts workshops including song writin	g, fine arts, theater, radiation detection and peace education	We also collaborated with the Japan
Society and the Urasenke Chanoyu	Tea Center We produced a concert for 135 students at the	New York City Lab School by the Himawari All
Hibakusha Choir who were joined by	Tomihisa Taue, Mayor of Nagasaki. We also facilitated a di	sarmament education workshop in
collaboration with the UN Office for [Disarmament Affairs to 35 public and private high school tea	chers In June we participated in A Living

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization YOUTH ARTS NEW YORK INC	Employer identification number 20-2662433
Library at PS/IS 127 Roosevelt Island School	
Form 990-EZ, Part III, Line 29 – Second Accomplishment	
UNIVERSITY PROGRAMS We facilitated visits to schools by Japanese college students who are studying with	the Nagasaki-based Research
Center for Nuclear Weapons Abolition (RECNA) Kathleen Sullivan, Kristen Iversen and Reiko Yamada were re	ecorded in front of a live
audience of students at Stony Brook University Sustainability Studies Program We presented a three hour program.	gram at Rutgers University
Newark's Center for the Study of Genocide and Human Rights for an overflow audience of students and membe	ers of the general public
Form 990-EZ, Part III, Line 30 - Third Accomplishment	
WITH LOVE TO HIROSHIMA AND NAGASAKI A CONCERT FOR DISARMAMENT was attended by 700 people	e on Saturday, May 2 at the
New York Society for Ethical Culture Because of the shared values and missions of Youth Arts and Ethical Cult	ure, the use of the concert hall
was donated and the concert became an official NYSEC Ethical Event It was an evening of music and spoken	word hosted by Clifton Truman
Daniel, grandson of US President Harry S Truman, with remarks by Tomihisa Taue, Mayor of Nagasaki A stude	ent choir from the LaGuardia
High School for Music & Art and the Performing Arts performed a song they developed in workhops with us and	high school groups were
given complimentary tickets	
DEMOGRAPHICS	
83% of the schools we visited in April and May 2015 were public Of those,	
71% of the students were classified as living in poverty	
14% were English language learners	
14% were disabled	
21% were Asian	
21% were Black	
42% were Hispanic	
12% were White	
4% were Other	
	,