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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

ulities,

Open to Public Inspection

OMB No 1545-1150

2011

Department of the Treasury Internal Revenue Service ➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning 2011, and ending 20 C Name of organization B Check if applicable D Employer identification number Address change The William F. Buckley Jr. Program at Yale, 27-5131268 Name change Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return P.O. Box 204539 Yale Station 203-787-4991 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return New Haven, Connecticut 06520-4539 Number ▶ Application pending G Accounting Method X Cash ☐ Accrual Other (specify) ▶ H Check ► ☐ if the organization is not Website: ▶ http://buckleyprogram.com/home required to attach Schedule B J Tax-exempt status (check only one) — X 501(c)(3) 501(c) (<u>527</u> (Form 990, 990-EZ, or 990-PF)) ◀ (insert no) ☐ 4947(a)(1) or if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 156,850.00 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part 1) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 156,850 Program service revenue including government fees and contracts 2 2 3 Membership dues and assessments . . . 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) C 5c 0.00 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). 6b Less. direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 0.00 7a Gross sales of inventory, less returns and allowances 7a b Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7с 0.00 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 156,850.00 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors õ 13 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 62,796.37 17 Total expenses. Add lines 10 through 16 17 62,796.37 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 94,053.63 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 19 0.00 20 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 94,053.63 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

Pai	Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule	O to respond to an	y question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			0	22	94,053.63
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			0.00		94,053.63
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			0.00	27	94,053.63
Par		•		,		Expenses
100-	Check if the organization used Schedule		· *··* -	Part III []		uired for section
		See schedule				c)(3) and 501(c)(4) nizations and section
as m	ribe the organization's program service accomplisions are supersed by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			4947	(a)(1) trusts, optional thers)
28	In 2011, the Corporation hosted 12					
	with prominent academics, politic					
	issues of current events, political	al philosophy	and history.			
		includes foreign gra		. ▶ ⊔	28a	26,126.75
29	On November 4, 2011, the Corporat					
	conference at Yale celebrating Wi					
	Yale." The conference attracted or				20-	30 360 56
30		includes foreign gra	•	<u> ▶ []</u>	29a	32,160.56
30	The Corporation partnered with Yainternships at three national pub					
	in 2012	lications. Gra	ints are to t	e given		
		ıncludes foreign gra	ints check here	▶ □	30a	0
ı 31	Other program services (describe in Schedule O)			· <u> </u>	30a	<u> </u>
٠.		ıncludes foreign gra		▶ □	31a	4,509.06
32	Total program service expenses (add lines 28a			•	32	62,796.37
Par				mpensated. (see the I		
	Check if the organization used Schedule					
ı	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0-		0	Estimated amount of their compensation
	er Kimball, 41 Harbor View Rd., rwalk, Ct. 06854	chmn., dir.		0	0	0
Lau	ren Noble, 175 Monument Farm Rd.,					
	ncord, Mass. 01742	pres., dir.		0	0	0
Jam	es Buckley, 28 Great Elm Drive,]			1	
	aron, Ct. 06069	director		0	0	0
	l Freeman, 20 Wax Myrtle Rd.					
	elia Island, Florida 32034-5526	director		0	0	0
	ald Kagan, 37 Woodstock Rd,	·				_
	nden, Ct. 06517	director		0	<u> </u>	0
	naniel Zelinsky, 1366 Grasso					
BI	vd., New Haven, Ct. 06511	director		0	9	0
		-				
<u></u>		 			+	<u>-</u>
		1				
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Part '				-
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part '		
20	Debths are sent as a sent for a sent at the sent at th		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		х
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		Х
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		Х
. p	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		ļ
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		
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		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter:]		
а	Initiation fees and capital contributions included on line 9 . 39a	1		
b	Gross receipts, included on line 9, for public use of club facilities	-		1
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 ; section 4912 ► 0 , section 4955 ► 0 Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			
b	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		х
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	400		^
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
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		x
41	List the states with which a copy of this return is filed ▶ Connecticut			
42a	The organization's books are in care of ▶ Nathaniel Zelinsky Telephone no ▶ 203-	-787	-499	1
	Located at ▶ 1366 Grasso Boulevard, New Haven, Ct. ZIP+4 ▶ 0651	<u> 11 </u>	1	T
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40h	Yes	+
	If "Yes," enter the name of the foreign country	42b	-	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	Х
	If "Yes," enter the name of the foreign country: ▶	420	l	
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 . 43		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	NO
	completed instead of Form 990-EZ	44a		Х
b	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		х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		l	
45	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ	X
45b	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)	45b		X
		・ナンリ	1	ı Δ.

Form 990	-EZ (2011)						Page 4
						Yes	— <u> </u>
	Did the organization engage, directly or it candidates for public office? If "Yes,"			ehalf of or in opp	position 4		X
Part V				charitable tru			
· urr	501(c)(3) organizations and sec						
	and 52, and complete the tables				4		
	Check if the organization used So	hedule O to respond	to any question in th	ıs Part VI			
						Yes	No
	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) election .	n in effect during	the tax	7	Х
48	s the organization a school as described	in section 170(b)(1)(A)(n)? If "Yes," complete s	Schedule E	4	В	X
	Did the organization make any transfers		_	ation? .	49	а	X
	If "Yes," was the related organization a s			•		b	<u> </u>
	Complete this table for the organization's						
	employees) who each received more that	in \$100,000 or comper	isation from the organ	(d) Health benef		ivone	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to emp benefit plans, and de compensation	oloyee (e) Estime eferred other of	ated amo	
none		-					
			_				
		-				-	
	·						
							-
<u>f</u>	Total number of other employees paid or	/er \$100,000 .	. •	0	<u> </u>		
51	Complete this table for the organization \$100,000 of compensation from the org	s five highest compe		ontractors who	each received	more	than_
(a) N	lame and address of each independent contractor p	aid more than \$100,000	(b) Type of serv	ice	(c) Compen	ation	
none			-				
	· · · · · · · · · · · · · · · · · · ·						
			-				
			Ī				
d	Total number of other independent contr	actors each receiving	ver \$100,000 .	-			
	Did the organization complete Schedule	•		and 4947(a)(1)			
	nonexempt charitable trusts must attach	a completed Schedule	e A	•	► X Y	es 🗌	No
Under pe	nalties of perjury, I declare that I have examined thi ect, and complete Declaration of preparer (other th	s return, including accompan an officer) is based on all info	ying schedules and stateme ormation of which preparer h	nts, and to the best on the best of the be	of my knowledge	and belie	ef, it is
Sign	Lumbli	Lun		5	7-12		
	I P Company of afficer			Date			

Preparer's signature

Print/Type preparer's name

Firm's address ►

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check if self-employed

Fırm's EIN ▶

Phone no

Date

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

27-5131268

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The William F. Buckley Jr. Program at Yale, Inc.

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

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)

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

1			hes, or association of			ed in sec	tion 170((b)(1)(A)((i).		
2			170(b)(1)(A)(ii). (Atta		•						
3			spital service organiza						41 4 4 4		
4		earch organizations, city, and state	on operated in conjunce:		•		ed in sec	tion 170	(b)(1)(A)(iii). Enter the	
5		on operated for to (1)(1)(A)(iv). (Com	the benefit of a colleg	ge or univ	versity ow	ned or o	perated	by a gov	ernmenta	l unit describe	ed in
6	☐ A federal, state	e, or local gover	nment or governmenta	al unit des	scribed ın	section	170(b)(1	I)(A)(v).			
7			receives a substantia)(A)(vi). (Complete Pa		its suppoi	rt from a	governm	ental uni	t or from	the general po	ublic
8	☐ A community t	rust described in	section 170(b)(1)(A))(vi). (Co	mplete Pa	art II)					
9			receives (1) more that								
			to its exempt function								
l			nt income and unrela fter June 30, 1975. Se						511 tax) from busine	sses
10	☐ An organizatio	on organized and	d operated exclusively	to test fo	or public s	afety Se	e sectio	n 509(a)((4).		
[`] 11			nd operated exclusive								
			licly supported organi describes the type of s								ection
	a 🗌 Type	l b □	Type II c	□ Тур	e III–Fun	ctionally	ıntegrate	d	d [☐ Type III–O	ther
е	By checking the	nis box, I certify	that the organization i	is not cor	ntrolled di	rectly or	indirectly	by one o	or more d	squalified per	sons
	other than fou or section 509		rs and other than one	or more	publicly	supporte	d organız	ations de	escribed i	n section 509(a)(1)
f	If the organization, organizat		a written determinatio	n from t	he IRS tl	hat it is	a Type I	l, Type I	l, or Typ	e III supportin	g
g	•	17, 2006, has t	he organization accep	oted any	gift or co	ntribution	from an	y of the			
			ndirectly controls, eith	ner alone	or togeth	er with r	areone d	lescribed	ın (ıı) anı	d Yes	No
			ody of the supported of			ici witti p	0130113 0	·		11g(ı)	
			on described in (i) abo	•						11g(ii)	
		•	a person described in		above?				·	11g(III)	
h		•	on about the supporte							1	
(1)	Name of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		Is the	(vii) Amount	of
	organization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your		tion in col zed in the	support	
			(see instructions))				oort?	ļ	S?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
							-				
Tota	I										0.00

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.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants ")					156,850.00	156,850.00
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities					ļ. 	
3	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3		<u> </u>		<u> </u>	156 950 00	156 050 00
	· · · · · · · · · · · · · · · · · · ·					136,830.00	156,850.00
5	The portion of total contributions by each person (other than a	ı					
	governmental unit or publicly	ı			1	1	
	supported organization) included on						
	line 1 that exceeds 2% of the amount	1				•	
	shown on line 11, column (f)	1					112,493.00
6	Public support. Subtract line 5 from line 4.						44,357.00
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4					156,850.00	156,850.00
8	Gross income from interest, dividends,	1					
	payments received on securities loans,	1					
	rents, royalties and income from similar	1					
_	sources						
9	Net income from unrelated business	1					
	activities, whether or not the business is regularly carried on	1					
40							
10	Other income. Do not include gain or loss from the sale of capital assets	1				1	
	(Explain in Part IV)	1					
11	Total support. Add lines 7 through 10						156 950 00
	Gross receipts from related activities, etc	(see instruction	l			12	156,850.00
13	First five years. If the Form 990 is for th			d. third. fourth.	or fifth tax ve		501(c)(3)
	organization, check this box and stop he				,		▶ □
Secti	on C. Computation of Public Suppor	t Percentag	<u></u> е				
14	Public support percentage for 2011 (line 6			1, column (f))		14	28.28%
15 ،	Public support percentage from 2010 Sch	edule A, Part I	I, line 14			15	%
16a	331/3% support test—2011. If the organiz				d line 14 is 33 ¹	13% or more, c	neck this
	box and stop here. The organization qua	•	• • •	•	•	•	▶ 🗀
b	331/3% support test—2010. If the organ					15 is 331/3%	or more,
	check this box and stop here. The organ	ızation qualıfie	s as a publicly	supported org	anızatıon .		▶ □
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa	acts-and-circui	mstances" test	The organiza	tion qualifies a	s a publicly su	
	organization	•				•	
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization				•		•
	Explain in Part IV how the organization m supported organization				e organization	qualifies as a	· · · -
18	supported organization				or 17h ohoel	this boy and -	P
10	instructions	a not check a l	oox on line 13,	10a, 10b, 17a	, or 170, check	tulis sox and s	.ee ▶ □

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

• •	•	\ /\ /	
(Complete only if y	you checked the box o	on line 9 of Part I or if the organization failed to qualify ui	nder Part II
If the organization	fails to qualify under t	the tests listed below, please complete Part II.)	

Sec <u>ti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
_	received (Do not include any "unusual grants ")	i 					
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						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		<u></u>				
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000					ł	
	or 1% of the amount on line 13 for the year				1		
С	Add lines 7a and 7b		 		-		
8	Public support (Subtract line 7c from		1				
•	line 6.)					1	
Secti	on B. Total Support				<u>. </u>		<u> </u>
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6 .						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources		1				İ
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business				İ		
	-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						}
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth,	or fifth tax ye	ar as a sectior	n 501(c)(3)
	organization, check this box and stop he		·	• •	•		
<u> 5ecu</u> 15	on C. Computation of Public Support Public support percentage for 2011 (line 8)			2 column (fl)		15	
16	Public support percentage from 2010 Sch		•			16	
	on D. Computation of Investment Inc			<u>·</u>		1 10 1	
17	Investment income percentage for 2011 (v line 13. colui	mn (fl)	17	%
18	Investment income percentage from 2010	•		•	(177	18	
19a	331/3% support tests—2011. If the organ				nd line 15 is m		
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2010. If the organiz						
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box a	and see instruc	ctions 🕨 🗌

Part IV	Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)
The corpo	oration comes very close to meeting the 33 1/3% test as line 14 of Part II is 28.28%.
Moreover	, the corporation (an all-volunteer operation) maintains a continuous and bona fide program
for soli	citing the general public, receives its support from a geographically broad group of donors,
has a di	stinguished and broadly-based board reflecting the public interest, and conducts open
programs	available free of charge. Thus, on a facts-and-circumstances basis, the corporation is
publicly	supported.
	······································
	·
	
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SCHEDULE 0 (Form.990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization		Employer identification number
The William F. Buckley Jr. Program at	Yale, Inc.	27-5131268
Part I, line 16 other expenses		
gifts for speakers	\$ 953.93	
dinners for speakers and attendees	\$ 5,006.91	•
travel reimbursement for speakers	\$ 5,285.82	
honoraria for speakers	\$ 7,000.00	
advertising	\$ 7,880.09	
annual gala dınner expenses	\$32,160.56	
printing	\$ 2,671.95	······································
fellows dinners	\$ 413.26	
label pıns	\$ 695.00	·····
miscellaneous	\$ 728.85	
TOTAL for line 16:	\$62,796.37	
diverse discourse at Yale		