## <sub>Form</sub> 990

**Return of Organization Exempt From Income Tax** 

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

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

**2023** 

Open to Public Inspection

Department of the Treasury

Inter	nal Rever	nue Service Go to www.irs.gov/Form990 for instructions and the late		Inspection
Α	For the	2023 calendar year, or tax year beginning $$ JUL $1,$ $2023$ and ending	g JUN 30, 2024	
В	Check if applicable	C Name of organization	D Employer identif	ication number
_		ALLIANCE FOR TOUNG ARTISTS		
F	Addres change			١.٥٥
Ļ	Name change	· ·	13-37809	998
L	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/		
	Final return/	557 BROADWAY	212-389-	
_	termin- ated		<b>G</b> Gross receipts \$	5,616,338.
Ļ	Ameno	NEW TORK, NI 10012	H(a) Is this a group	
	Application pending			
		SAME AS C ABOVE	H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or e: WWW.ARTANDWRITING.ORG	<del></del> 1	a list. See instructions
	Websit	<del></del>	H(c) Group exemption	
			Year of formation: 1994	<b>M</b> State of legal domicile; <b>NY</b>
P	art I	Summary		
S	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{SEE}}$ $\overline{ ext{SCHI}}$	FDOTE O	
Governance	_ :	Check this box if the organization discontinued its operations or disposed of	was their OFO/ of its mate	
Veri	-	·	I	1 04
Ĝ	1			
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)		13
ţį	1	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	_	24
Activities &		Total number of volunteers (estimate if necessary)		<del> </del>
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		·
	l b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII line 1b)	F 140 000	
	1	Contributions and grants (Part VIII, line 1h)	1 264 700	
	1	Program service revenue (Part VIII, line 2g)	1000	
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,514,620	• 1
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	450 005	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	1	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0,	0.
)en	loa .	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  512,310.		
Ä	47		2,203,713	2,528,175.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,761,988	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,752,632	
- S		nevertue less experises. Subtract life to front life 12	Beginning of Current Year	
ets (	20	Total assets (Part X, line 16)	8,554,245	
ASS	21		1,654,561	
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	6,899,684	
	art II	Signature Block	7 070557001	7720072000
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	tatements, and to the best of r	nv knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		,
			, , , ,	
Sig	ın	Signature of officer	Date	
He		CHRISTOPHER WISNIEWSKI, EXECUTIVE DIRECTOR		
	_	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	d	JENNIFER COATES	if self-emplo	P02247728
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP		3-1655065
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		
	-	NEW YORK, NY 10176	Phone no. 21	12-697-2299
Ma	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No
_				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE PURPOSE OF THE ORGANIZATION IS TO FOSTER CREATIVE EXPRESSION,
	RECOGNIZE OUTSTANDING ARTISTIC ACHIEVEMENTS BY SECONDARY STUDENTS AND
	TO PROVIDE INSPIRATION AND VALIDATION FOR THE NEXT GENERATION OF
	ARTISTS AND WRITERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
_	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	
	SCHOLARSHIPS AND AWARDS:
	THE ALLIANCE MANAGES THE SCHOLASTIC ART & WRITING AWARDS, A NATIONAL
	RECOGNITION PROGRAM FOR CREATIVE TEENS, GRADES 7-12, AGES 13 AND UP,
	WHO EXCEL IN ART AND WRITING, SERVING APPROXIMATELY 300,000 STUDENTS
	ANNUALLY. AWARDS ARE GIVEN IN 28 CATEGORIES, RANGING FROM SHORT
	STORIES, JOURNALISM AND PAINTING, ETC.
<del></del>	
4b	(Code: ) (Expenses \$ 416,994 • including grants of \$ 100 • ) (Revenue \$)
	STUDENT ART EXHIBITIONS:
	THE COLLABORATION WITHIN THE ABELL TARE RARRIEDS MISSING COMMITTEE
	IN COLLABORATION WITH ITS AFFILIATE PARTNERS, MUSEUMS, COMMUNITY
	CENTERS, GALLERIES AND OTHER INSTITUTIONS THE ALLIANCE CURATES,
	PRODUCES AND TOURS EXHIBITIONS OF SELECT AWARD-WINNING WORKS BY
	STUDENTS THROUGHOUT THE COUNTRY. THESE EXHIBITIONS PRESENT THE STUDENTS
	WITH THE OPPORTUNITY TO SHARE THEIR WORK.
4c	(Code: ) (Expenses \$ 223,765 • including grants of \$ ) (Revenue \$ 407 • )
	. PUBLICATIONS
	THE ALLIANCE RECOGNIZES STUDENTS' ACCOMPLISHMENTS AND SHOWCASES THEIR
	WORKS IN A WIDE RANGE OF PUBBLICATIONS THAT ARE DISTRIBUTED NATIONALLY
	TO AN AUDIENCE OF EDUCATORS, STUDENTS, EDUCATIONAL AND ARTS
	ORGANIZATIONS, LEADERS IN THE FIELDS AND OTHER SUPPORTERS. THESE
	INCLUDE THE YEARBOOK, BEST TEEN WRITING & OTHERS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 443,851 • including grants of \$ 44,527 •) (Revenue \$ )
4e	Total program service expenses 4,303,660.
	Form <b>990</b> (2023)

332002 12-21-23

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			\ \ •
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del></del>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_0.0		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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Partiv	Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	200		ᢡ
·	"Vea " complete Cabadyla I Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<del></del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		┢▔
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		<del></del>
55	"	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
J-7		34		x
35.2		35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		<del></del>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is defiduate a cooperide of flote to diff fine in this fact v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 108		163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	Х	
	Garming/withings to prize withers:	IC		Щ_

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# ALLIANCE FOR YOUNG ARTISTS AND WRITERS, INC.

Form 990 (2023)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b			5b		X
С			5c		
6a					
			6a		X
b		ions or gifts			
			6b		
7				37	
а		l	7a	X	
b			7b	X	
С		· ·	_		v
		ı	7c		X
d	·	· ·	_		Х
e			7e 7f		X
f					
g			7g 7h		
h 8		l	/11		
0		-	8		
9					
а			9a		
b			9b		
10					
а		10a			
b		10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b					
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b		_			
		13b			
		13c			37
			14a		X
			14b		
15	It at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  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 accounts?  If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization or party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in Foreign State and the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of				v
			15		X
40		1 in a cons 0	40		Х
16		t income?	16		Λ
47		tivition			
17			17		
			17		
	n roo, complete i unii ooca.				

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Form **990** (2023)

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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 on Schedule O. See instructions.

						Λ
Sec	tion A. Governing Body and Management					
		1 1	O 4 F		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form		г	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as		г	5		X
6	Did the organization have members or stockholders?		г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		····			
	more members of the governing body?			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,		····			
-				7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year.		····			
				8a	Х	
a	The governing body?  Each committee with authority to act on behalf of the governing body?			8b	22	Х
b			···· ⊦	OD		21
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reconstruction in a stationary of the part of th					Х
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		71
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Coae.)				
			Г		Yes	No X
	Did the organization have local chapters, branches, or affiliates?		├-	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\ _{\cdot }$		г	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form	1?	11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		L	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe				
	on Schedule O how this was done		[	12c	X	
13	Did the organization have a written whistleblower policy?		L	13		Х
14	Did the organization have a written document retention and destruction policy?		L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official		L	15a	Х	
b	Other officers or key employees of the organization		[	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		ſ			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
	taxable entity during the year?		[	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic					
	exempt status with respect to such arrangements?		Г	16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NY, PA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 501)	c)(3)s	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,	,	,		
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		/. anc	l finar	ncial	
	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 bo	ooks and records				
	CHRISTOPHER WISNIEWSKI - 212-389-3648	.55 4.14 1500140				
	557 BROADWAY, NEW YORK, NY 10012					
	· · · · · · · · · · · · · · · · · · ·					

4426\_\_\_\_1

### Form 990 (2023) 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	COI	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week	_						from the	from related	other
	(list any hours for	director				-		organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ıal tru		)yee	ompe		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	je.	Key employee	Highest compensated employee	ner			organizations
	line)	ib	Inst	Officer	Key	High	Former			
(1) STEVEN MERSON	2.00			l						
TREASURER	1 00	Х		Х				0.	0.	0.
(2) NANCY BERGMAN	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(3) ROBERT BUCHSBAUM	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(4) BRYAN DOERRIES	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(5) ERNEST B. FLEISHMAN (RESIGNED 2	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(6) MORGAN FORD	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) DEREK FORDJOUR	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) JUAN FELIPE HERRERA (RESIGNED 2	1.00	,,						_		•
BOARD MEMBER	1 00	Х						0.	0.	0.
(9) DAVID C. LEVY	1.00	,,						_		•
BOARD MEMBER	1 00	Х						0.	0.	0.
(10) ANDREW MERSON (RESIGNED 2024)	1.00	٠,,						_	0	•
BOARD MEMBER	1.00	Х				_		0.	0.	0.
(11) GREGORY R. MILLER	1.00	\ \						_	0	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) OLIVIA MORGAN	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(13) KAREN PRITZKER BOARD MEMBER	1.00	x						0.	0.	0.
	1.00	^				-		0.	0.	0.
(14) SUZANNE RANDOLPH BOARD MEMBER	1.00	Х						0.	0.	0.
(15) LAURIE RUBIN	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) ANDREW SAFRAN	1.00	<u> </u>			$\vdash$			· ·	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) REBECCA SHAPIRO	1.00							· ·	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
DOIND HENDER		77								0.

332007 12-21-23

Form 990 (2023)

13-3780998 Form 990 (2023) AND WRITERS, INC. Page 8 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any ndividual trustee or director the organizations compensation hours for organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations (ey employee 1099-NEC) and related below organizations line) (18) GWENN MASTERMAN SNIDER 1.00 BOARD MEMBER 0. 0. 0. X (19) GREG WORRELL 1.00 X 0 0. 0. BOARD MEMBER 1.00 (20) HANNAH YANG (RESIGNED 2024) 0 X 0. 0. BOARD MEMBER 1.00(21) BILLY DIMICHELE X 0 0. BOARD MEMBER 0. (22) JULIA PISTOR 1.00 0 0 BOARD MEMBER X Ο. (23) LAURA FORDE 1.00 X 0. 0. BOARD MEMBER 0. (24) MARCI KLEIN 1.00 X 0. 0. 0. BOARD MEMBER 1.00 (25) MORGAN FORD X 0. 0. 0. BOARD MEMBER 1.00(26) VANESSA CHO 0. BOARD MEMBER Х 0 0 0. 0. 1b Subtotal

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

c Total from continuation sheets to Part VII, Section A

Yes No
3 X
4 X

0.

0.

3

X

489,330.

489,330.

0.

0.

line 1a? If "Yes," complete Schedule J for such individual
 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? If "Yes," complete Schedule J for such individual
 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Section B. Independent Contractors

d Total (add lines 1b and 1c)

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SCHOLASTIC INC.	RENT, BACK OFFICE	
557 BROADWAY, NEW YORK, NY 10012	SERVICES	986,353.
CHANGE CX LLC		
7700 WINDROSE AVE - G30, PLANO, TX 75024	SOFTWARE DEVELOPMENT	600,370.
CORE Z OPERATIONS DBA ZIEGFELD BALLROOM	RENTAL AND CATERING	
1356 BROADWAY, NEW YORK, NY 10018	SERVICES	113,460.
PAOLA ARINCI	BOOKKEEPING,	
42 MAPLE STREET, DANVILLE, PA 17821	ACCOUNTING SERVICES	109,987.
CARNEGIE HALL CORPORATION	RENTAL AND CATERING	
881 SEVENTH AVE, NEW YORK, NY 10019	SERVICES	106,710.
2 Total number of independent contractors (including but not limited to those list	ed above) who received more than	
\$100,000 of compensation from the organization 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

Form 990

Form 990 AND WRIT:	ERS, INC	J.							13-378	0998
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(E)	(F)								
Name and title	(B) Average				C) ition	1		( <b>D</b> ) Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	(					,,, 	from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				old m		organization	(W-2/1099-MISC)	from the
	hours for	or din	a.			ited e		(W-2/1099-MISC)		organization
	related	stee (	ruste			seusa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	livid	it it	Officer	y em	hest	Former			
	line)	트	si	₽	a,	'불'	훈			
(27) WILLIAM WALKER ROBINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) HUGHE ROOME	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) CHRISTOPHER WISNIEWSKI	40.00									
EXECUTIVE DIRECTOR				Х				0.	271,047.	0.
(30) MICHIKO GRASSO	40.00									
DIRECTOR OF DEVELOPMENT		1				Х		0.	108,937.	0.
(31) TENDO MUTANDA	40.00									
DEPUTY DIRECTOR OF PROGRAMS		1				Х		0.	109,346.	0.
		1								
		1								
		1								
		1								
		1								
		1								
		-								
		-								
		-								
		-								
							<u> </u>			
		L	L							
Total to Part VII, Section A, line 1c	<u></u>			<u></u>	<u></u>	<u></u>			489,330.	

Ра	rt V	Ш								
			Check if Schedule O	contains a re	sponse	or note to any li				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions, gifts, similar amounts not included Noncash contributions included in <b>Total.</b> Add lines 1a-1f	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o c d e e e e e e e e e e e e e e e e e e	483,862. 426,560. 308,593. 172,953.				360110113 012 - 014
						Business Code				
ė,	2	а	PROCESSING FE	E INCO	ME	611710	1,114,704.	1,114,704.		
اه ک		b								
Se		С								
an eve		d								
Program Service Revenue		e								
Pro			All other program service	revenue						
			Total. Add lines 2a-2f				1,114,704.			
	3	9	Investment income (include							
	Ŭ		other similar amounts)	ū	•	•	195,521.			195,521.
	4		Income from investment of							
	5									
	3		Royalties	(i) F		(ii) Personal				
		_	Overe wente		- Cui	(ii) i croonar	-			
	О		Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	[6c]						
			Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other	_			
			assets other than inventory	7a						
•		b	Less: cost or other basis							
une			and sales expenses	7b						
Revenue		С	Gain or (loss)	7c						
		d	Net gain or (loss)		<u></u>					
Other	8	а	Gross income from fundraisir including \$ 483	,862. o	f					
			contributions reported on	-		07.000				
			Part IV, line 18			87,098.				
		b	Less: direct expenses		8b	87,098.	_			
			Net income or (loss) from	•			0.			
	9	а	Gross income from gamin	g activities. S	See					
			Part IV, line 19		9a					
		b	Less: direct expenses		9b					
		С	Net income or (loss) from	gaming activ	ities					
	10	а	Gross sales of inventory, I	ess returns						
			and allowances		10a					
		b	Less: cost of goods sold							
			Net income or (loss) from			•				
<u></u>			· · ·		,	Business Code				
on a	11	а								
ane nu(		b								
Miscellaneous Revenue		c								
lsc R			All other revenue				1			
2			Total. Add lines 11a-11d							
	12		Total revenue. See instruction				5,529,240.	1,114.704.	0.	195,521.
	12		. G.ar 1010mag. Occ mondident							

### 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).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	423,579.	423,579.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	508,487.	336,991.	46,136.	125,360
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,535,132.	1,356,859.	24,116.	154,157
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	356,215.	295,248.	12,245.	48,722
10	Payroll taxes	27,323.	22,647.	939.	3,737
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	223,495.		223,495.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	442,156.	261,588.	156,603.	23,965
12	Advertising and promotion	173,129.	172,954.	60.455	175
13	Office expenses	235,526.	148,149.	63,155.	24,222
14	Information technology	328,658.	326,273.	1,759.	626.
15	Royalties	200 047	264 242	25 700	20 004
16	Occupancy	322,247.	264,243.	25,780.	32,224
17	Travel	90,147.	79,870.	4,797.	5,480
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	100 000	100 000		
22	Depreciation, depletion, and amortization	120,897.	120,897.	0.061	
23	Insurance	9,159.	6,898.	2,261.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	EXHIBITION AND EVENTS	274,538.	204,017.		70,521
b	JURY EXPENSES	243,275.	243,275.		
С	MATERIALS FULFILLMENT	38,686.	38,686.		
d	INDIRECT BENEFIT EXPENS	20,621.			20,621
е	All other expenses	5,641.	1,486.	1,655.	2,500
25	Total functional expenses. Add lines 1 through 24e	5,378,911.	4,303,660.	562,941.	512,310
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2023)

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			415,453.	1	392,132.
	2	Savings and temporary cash investments			2,213,741.	2	2,438,816.
	3	Pledges and grants receivable, net	2,170,502.	3	1,325,739		
	4	Accounts receivable, net			281,069.	4	100,432
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	fied per	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ŕ	9	Prepaid expenses and deferred charges			118,481.	9	214,833
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,300,027.			
	b	Less: accumulated depreciation	10b	704,914.	3,575.	10c	1,595,113
	11	Investments - publicly traded securities			2,410,870.	11	3,267,076
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	940,554.	15	0		
	16	Total assets. Add lines 1 through 15 (must equ	8,554,245.	16	9,334,141		
	17	Accounts payable and accrued expenses	1,378,127.	17	1,872,497		
	18	Grants payable	276,434.	18	175,476		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%			
iab		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
		of Schedule D			1 (54 561	25	0 047 072
	26	Total liabilities. Add lines 17 through 25			1,654,561.	26	2,047,973.
S		Organizations that follow FASB ASC 958, che	eck her	e X			
nce	l	and complete lines 27, 28, 32, and 33.			4 22E 020		4 624 700
ala	27	Net assets without donor restrictions			4,335,038.	27	4,624,790.
g B	28	Net assets with donor restrictions			2,564,646.	28	2,661,378.
'n		Organizations that do not follow FASB ASC 9	58, che	eck here			
o -		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
SS	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			6 000 601	31	7 206 160
ž	32	Total net assets or fund balances			6,899,684. 8,554,245.	32	7,286,168. 9,334,141.
	33	Total liabilities and net assets/fund balances			0,004,440.	33	9,334,141.

	ADDIANCE FOR TOONS ARTISTS					
orm	1990 (2023) AND WRITERS, INC.	<u> 13-</u> 3	378099	<del>3</del> 8	Paç	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			, 2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			),3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			6,6	
5	Net unrealized gains (losses) on investments	5		236	5,1	55.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	7,2	<u> 286</u>	5,1	68.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∍ O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>_</u>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				1
	separate basis, consolidated basis, or both:					1
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u>	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

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### **SCHEDULE A**

(Form 990)

Total

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.

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

OMB No. 1545-0047

ALLIANCE FOR YOUNG ARTISTS **Employer identification number** Name of the organization AND WRITERS, INC. 13-3780998 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).) 3 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: 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 X 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.) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 III, 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

A (Form 990) 2023 AND WRITERS, INC.

Pa	rt II Support Schedule for	_					-		
	(Complete only if you checke			-	n failed to qualify	under Part III. If the	e organization		
<u> </u>	fails to qualify under the tests	s listed below, plea	ise complete Part	III.)					
	ction A. Public Support								
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	2685219.	2474284.	2866304.	5149008.	4210015	17393830.		
•	include any "unusual grants.")	2003219.	24/4204.	2000304.	3149000.	4219015.	1/393630.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
_	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	2685219.	2474284.	2866304.	5149008.	1219015	17393830.		
	Total. Add lines 1 through 3	2005215.	24/4204.	2000304.	3147000.	4217013.	17333030.		
5	The portion of total contributions								
	by each person (other than a governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						8103081.		
6							9290749.		
	ction B. Total Support						J Z J O 7 4 J •		
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	2685219.	2474284.	2866304.	5149008.	4219015.	17393830.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	64,458.	63,925.	85,452.	100,823.	195,521.	510,179.		
9	Net income from unrelated business		, , , , , , , , , , , , , , , , , , ,	,		,			
_	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	7,061.					7,061.		
11	<b>Total support.</b> Add lines 7 through 10						17911070.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 4	,113,198.		
	First 5 years. If the Form 990 is for the								
	organization, check this box and stop	here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2023 (	line 6, column (f), c	divided by line 11,	column (f))		14	51.87 %		
	Public support percentage from 2022						47.82 %		
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and		
	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual								
17a	10% -facts-and-circumstances tes	<b>t - 2023.</b> If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact			-	•	VI how the organiz	ation		
	meets the facts-and-circumstances to								
b	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								

Schedule A (Form 990) 2023

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### Part 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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	` `	<u> </u>	<u> </u>	1 ,	`,
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization'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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2023 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage	•			
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	
k	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	· ·			*	•	
20	Private foundation. If the organization			•		ū	

332023 12-21-23

### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	JD		
	3с		
	4a		
	4h		
	4b		
	4c		
	F		
	5a		
	5b		
	5c		
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	7		
	8		
	0-		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forr	n 990'	2023
	, ,		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	ction C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u>Sac</u>	the supported organization(s). etion D. All Type III Supporting Organizations	1		Ь
366	Tion D. All Type III Supporting Organizations		Vaa	Na
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	ıstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	, , ,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

32025 12-21-23 Schedule A (Form 990) 2023

Pa	rt $\mathbf{v} \mid \mathbf{v}$ rype iii Non-Functionally integrated 509(a)(3) Supporti	ng Orgar	ilzations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Charle have if the current year in the arganization's first as a non-function	ally intograte	ad Type III ayanadina ara	anization (and

Schedule A (Form 990) 2023

instructions).

Scho	edule A (Form 990) 2023 AND WRITERS,	TNC.		1	3-3780998 Page 7
	rt V Type III Non-Functionally Integrated 509		anizations (continu	<u>-</u>	3 3700330 Fage /
	tion D - Distributions	(u)(o) oupporting org	COILLIIL	ieu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	<u> </u>
2	Amounts paid to perform activity that directly furthers exem	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3	Excess distributions carryover, if any, to 2023				
a	From 2018				

**b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023 Schedule A (Form 990) 2023

Part VI	Cumplemental Information Devide the surface worked by Det II Fre 40 Det II Fre 47 and 75 Det III Fre 40
i dit 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.)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047 Open to Public

Inspection

ALLIANCE FOR YOUNG ARTISTS Name of the organization AND WRITERS, INC.

**Employer identification number** 13-3780998

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		milar Funds or A	Accounts. Complete if the
	organization answered Tes Official 350,1 artiv, iii	(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		d in donor advised fun	nds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			•
	impermissible private benefit?		• •	
Par				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included on line 2a		2c
d	Number of conservation easements included on line 2c acqu	uired after July 25, 2006, ar	nd not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	rminated by the orgar	nization during the tax
	year			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and	l enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	orcing conservation ea	asements during the year
•				(2)
8	Does each conservation easement reported on line 2d above			
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's i	manciai statements tr	iat describes trie
Par	t III Organizations Maintaining Collections o	f Art. Historical Trea	sures or Other	Similar Assets
	Complete if the organization answered "Yes" on Form	•	.04.00, 0. 04.10.	
12	If the organization elected, as permitted under FASB ASC 95		nue statement and ha	lance sheet works
ıu	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	,		nee of public
h	If the organization elected, as permitted under FASB ASC 95			e sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.	2 S. G. Holdon, Of I		
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A			F. 5 30
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			- · · · - · - · - · - · · · · · · · · ·

	111101	1 010	100110	111(11010
AND	WRITE	ERS,	INC.	

Par	t III   Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, oi	r Other	r Simila	ar Asse	<b>ts</b> (contin	ued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sig	gnificant	use of its				
	collection items (check all that apply).										
а	Public exhibition	d	Loan or excl	nange progran	n						
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be ma							Yes		No	
Par	t IV Escrow and Custodial Arran		e if the organization	answered "Ye	es" on F	orm 990,	Part IV, li	ne 9, or			
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	•	•					7	_	,	
	on Form 990, Part X?						L	Yes		No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:								
						$\vdash$		Amount			
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance					1f		1		T	
	Did the organization include an amount on Fo					y?		Yes	H	∐ No	
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds Complete if										
Fai	Endowment i unus Compiete ii	(a) Current year	(b) Prior year	(c) Two years			ears back	(a) Four	vears	hack	
4.	Designing of year balance	73,258.	66,183.	• •	,654.		60,628.	(e) i oui		012.	
	Beginning of year balance	500,000.	00,103.	75	,054.		00,020.			012.	
	Contributions  Not investment carnings, gains, and lesses	9,814.	7,075.	_ 9	,471.	71. 15,026. 4					
q	Net investment earnings, gains, and losses Grants or scholarships	5,014.	7,075.	,	, = / = •		13,020.		<u> </u>	616.	
	Other expenditures for facilities										
е	. '										
f	Administrative expenses										
g	End of year balance	583,072.	73,258.	66	183.		75,654.		60	628.	
2	Provide the estimated percentage of the curr		•		,		, , , , , ,				
a	Board designated or quasi-endowment		%	,,,							
b	Permanent endowment 89.1830	%	_^~								
С	Term endowment 10.8170	<u></u> *									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administer	ed for the	е					
	organization by:							Γ	Yes	No	
	(i) Unrelated organizations?							3a(i)		X	
								3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?					3b			
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	· · · · · · · · · · · · · · · · · · ·		Part X, li	ine 10.					
	Description of property	(a) Cost or of basis (investment)	, , ,	1		cumulate reciation	d	(d) Bool	( value	э	
1a	Land							·			
b	Buildings										
С	Leasehold improvements										
d	Equipment			8,994.		28,9				0.	
	Other			1,033.	6	75,9		1,59			
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, line 10c, column	(B))				1,59	<u>1 , د</u>	<u>13.</u>	

Part VII Investments - Other Securities  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.		
	n Form 000 Dort IV line	11a Cas Form 000 Dart V line 12
Complete if the organization answered "Yes" o		•
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX Other Assets		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
(a) D	escription	(b) Book value
(1)		
(2)		
(3)		
(4)		
. ,		
(5)		
(6)		
(7)		
(8)		
(9)	(D))	
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))	
Part X Other Liabilities	- Faura 000 D. 134 "	44a au 44f Caa Faura 000 David V. Bras 05
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	
(a) Description of liability		(b) Book value
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))	
Liability for uncertain tax positions. In Part XIII, provide t		·
		here if the text of the footnote has been provided in Part XIII

332053 09-28-23

Schedule D (Form 990) 2023

			ALLIANCE			ARTIS	STS				
			AND WRIT								3780998 <sub>Page</sub>
Par	t XI	Reconciliation of	Revenue per	r Audite	ed Finan	ncial State	ements	With	n Revenue per P	leturr	1
		Complete if the organiz	ation answered	"Yes" on I	Form 990,	Part IV, line	12a.				
1	Totalı	revenue, gains, and othe	r support per au	ıdited fina	ncial state	ments				1	6,252,099
2	Amou	nts included on line 1 bu	ıt not on Form 99	90, Part V	'III, line 12:						
а	Net ur	nrealized gains (losses) o	n investments				1_2	2a	236,155.		
b	Donat	ed services and use of f	acilities				🚅	2b	486,704.		
С	Recov	eries of prior year grants	s				🗀	2c			
d	Other	(Describe in Part XIII.)					🚅	2d			
е	Add li	nes 2a through 2d								2e	722,859
3	Subtra	act line <b>2e</b> from line <b>1</b>								3	5,529,240
4		nts included on Form 99		•							
а	Invest	ment expenses not inclu	ıded on Form 99	00, Part VI	II, line 7b			4a			
b	Other	(Describe in Part XIII.)					<u>L</u>	4b			
С	Add li	nes <b>4a</b> and <b>4b</b>								4c	0
		revenue. Add lines 3 and								5	5,529,240
Par	t XII	Reconciliation of						s Wit	h Expenses per	Retu	rn
		Complete if the organiz									
1	Total o	expenses and losses pe	audited financia	al stateme	ents					1	5,865,615
		nts included on line 1 bu		•	•				406 504		
		ed services and use of f						2a	486,704.	_	
b	Prior y	ear adjustments					🗀	2b		_	
								2c		_	
		(Describe in Part XIII.)						2d			406 504
										2e	486,704
		act line <b>2e</b> from line <b>1</b>								3	5,378,911
		nts included on Form 99		•							
		ment expenses not inclu						4a		-	
		(Describe in Part XIII.)					<u>L</u>	4b			0
										4c	U F 270 011
		expenses. Add lines 3 ar		t equal Fo	rm 990, Pa	art I, line 18.,	)			5	5,378,911
		Supplemental Info					5		101 5 111 11		V. "
		descriptions required fo								4; Part	X, line 2; Part XI,
ines 2	2d and	I 4b; and Part XII, lines 2	d and 4b. Also c	omplete ti	his part to	provide any	y addition	al infor	mation.		
D 7 D	от 77	, LINE 4:									
CAN	LI V	, DINE 4.									
ант	. TN	COME DERIVED	FROM TH	ESE G	פתיקדי	TS TO	BE II	CED	FOR THE PR	ESEI	итаттои об
		COM DERIVED	11(011 111	<u> </u>	11115	10 10	<u> </u>	סםס	TOR THE TR		W11111101 01
чнт	. LO	IS VINETTE A	WARD. AN	AWAR	D FOR	EXCEL	TENC:	E TN	J PHOTOGRAP	י אוי	TEACHING.
			, interpretation	11//111	<u> </u>		11110		1 11101001411		I LIIOII IIIO /
AND	тн (	E DOROTHEA T	ANNING A	WARD	то но	NOR TH	E LE	GACS	OF ARTIST	' AN	D WRITER
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DOR	ОТН	EA TANNING.									

Schedule D (Form 990) 2023

### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Schedule G (Form 990) 2023

Name of the organization ALLIANCE FOR YOUNG ARTISTS **Employer identification number** AND WRITERS, INC. 13-3780998 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. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

LHA 332081 09-13-23

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

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

		of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			ANNUAL GALA			col. (c)
O)			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	570,960.			570,960.
	2	Less: Contributions	483,862.			483,862.
	3	Gross income (line 1 minus line 2)	87,098.			87,098.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs	28,168.			28,168.
Jirect E	7	Food and beverages	49,893.			49,893.
	8	Entertainment				
	9	Other direct expenses	0 0 0			9,037.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)			87,098.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	ti a Dull taka (inatant	1	l.n=
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
3eve						
_	1	Gross revenue				
	_					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	0	Net gaming income summary. Subtract line 7	from line 1 selume (=1)			
	0	Net garning income summary. Subtract line 7	from line 1, column (a)			
9	Fnt	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			•	Yes No
b	lf "	Yes," explain:				

332082 09-13-23 Schedule G (Form 990) 2023

# ALLIANCE FOR YOUNG ARTISTS

Sch	nedule G (Form 990) 2023	AND WRITERS	, INC.		13-3	780998	Page 3
11	Does the organization conduct	gaming activities with nonr	nembers?			Yes	□ No
12				of a partnership or other entity form		Yes	□ No
13	Indicate the percentage of gam						
a	The organization's facility					13a	%
k	An outside facility				[	13b	<u>%</u>
14	Enter the name and address of	the person who prepares t	he organization's	s gaming/special events books and	records:		
	Name						
	Address						
15a	a Does the organization have a co	ontract with a third party fro	om whom the or	ganization receives gaming revenue	?	Yes Yes	☐ No
Ŀ	If "Yes," enter the amount of ga	aming revenue received by	the organization	\$ and th	e amount		
	of gaming revenue retained by						
c	If "Yes," enter name and addre						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	n \$					
	g	•	_				
	Description of services provide	d					
	Director/officer	Employee	Indepe	ndent contractor			
17	Mandatory distributions:						
	Is the organization required und	der state law to make charit	able distribution	s from the gaming proceeds to			
	retain the state gaming license?	•				Yes	☐ No
k		•		d to other exempt organizations or s	pent in the		
Do	organization's own exempt acti		\$	ired by Part I, line 2b, columns (iii) ar	-1 ( )1 D1		01- 101-
Га	• • •			red by Part I, line 2b, columns (iii) ar nformation. See instructions.	id (v); and Pari	ı III, iines 9,	90, 100,
	100, 100, 10, and 170,	as applicable. Also provide	arry additional in	mormation. Get instructions.			

# ALLIANCE FOR YOUNG ARTISTS

Schedule G (Forr	m 990)	AND WRITERS, ation (continued)	INC.	13-3780998 Page 4
Part IV Su	pplemental Inform	ation (continued)		
				<u> </u>

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization ALLIANCE AND WRITE	FOR YOUNG RS, INC.	ARTISTS					Employer identification number $13-3780998$
Part I General Information on Grants a	and Assistance						
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance?						
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	izations and Domest	ic Governments.	Complete if the org	anization answered "\	es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							

ALLIANCE FOR YOUNG ARTISTS

Schedule I (Form 990) 2023 AND WRITERS, II	NC.				13-3780998	Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.		organization answe	ered "Yes" on Form	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash as	sistance
COLLEGE SCHOLARSHIPS OR CASH AWARDS	55	265,125.	0.			
EDUCATOR CASH AWARDS	41	21,666.	0	FMV		
EDUCATOR CADIL AWARDS	41	21,000.		. Av		
OTHER CASH AWARDS TO STUDENTS	92	136,788.	0.	FMV		
MEDALS FOR STUDENTS AND EDUCATORS	2814	0.	13,760.	COST	MEDALS AND RIBBONS FOR A	.WARD
KEYS PINS FOR STUDENTS AND EDUCATORS	48821	0.	25,875.		GOLD AND SILVER PINS AND	KEYS
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	ı (b); and any other a	additional information.		
PART I, LINE 2:						
THE GRANTS ARE AWARDS AND SCHOLARS	SHIPS TO	STUDENTS A	ND TEACHER	RS FOR AN		
ARTISTIC COMPETITION. THEY ARE ON	E-TIME GR	ANTS AND H	AVE NO RES	STRICTIONS.		

### **SCHEDULE J** (Form 990)

**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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ALLIANCE FOR YOUNG ARTISTS AND WRITERS, INC.

**Questions Regarding Compensation** 

**Employer identification number** 13-3780998

			Yes	No
<b>1</b> a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  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	1b		
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?	2		
3	Indicate which, if any, of the following the 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.			
	Compensation committee			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X 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:			37
а	1,	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0   11   504( )(0)   504( )(4)   1504( )(00)   11   11   12   10			
_	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:			Х
a	The organization?	5a 5b		X
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	contingent on the net earnings of:			
а		6a		х
h	The organization? Any related organization?	6b		X
	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	7		х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

	<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER WISNIEWSKI	(i)	0.	0.	0.	0.	0.		
EXECUTIVE DIRECTOR	(ii)	271,047.	0.	0.	0.	0.	271,047.	0.
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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.	

### **SCHEDULE M** (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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 for instructions and the latest information.

ALLIANCE FOR YOUNG ARTISTS

Open to Public Inspection

**Employer identification number** 

AND WRITERS, INC. 13-3780998 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures Art - Fractional interests ..... 3 Books and publications 25,895.FMV 4 5 Clothing and household goods Cars and other vehicles ..... 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 99,739.FMV (OFFICE MATERIAL) 25 Other 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, 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 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 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) 2023

## ALLIANCE FOR YOUNG ARTISTS

Schedule M	1 (Form 990) 2023	AND	WRITERS,	INC.				13-3780	1998	Page 2
Part II	Supplementa is reporting in Par this part for any a	l Inforr	mation. Provide	the inform:	ation required by	y Part I, lines 30 per of items rec	0b, 32b, and 33 eived, or a com	and whether th	e organizati	ion
	triis part for arry a	duitional	i information.							

332142 09-11-23

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

ALLIANCE FOR YOUNG ARTISTS AND WRITERS, INC.

**Employer identification number** 13-3780998

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE PURPOSE OF THE ORGANIZATION IS TO FOSTER CREATIVE EXPRESSION, RECOGNIZE OUTSTANDING ARTISTIC ACHIEVEMENTS BY SECONDARY STUDENTS AND TO PROVIDE INSPIRATION AND VALIDATION FOR THE NEXT GENERATION OF ARTISTS AND WRITERS. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: NATIONAL STUDENT POETS PROGRAM; STUDENT WORKSHOPS AND PRE-COLLEGE SUMMER PROGRAMS; RESIDENCIES FOR EDUCATORS AND ALUMNI; AND MICROGRANT PROGRAMS FOR ALUMNI EXPENSES \$ 443,851. INCLUDING GRANTS OF \$ 44,527. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 2: STEVEN MERSON AND ANDREW MERSON ARE FATHER AND SON, AND WORK FOR THE SAME BUSINESS. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH THIS AUTHORITY. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR REVIEWS AND SIGNS THE FORM 990. THE BOARD TREASURER

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

EACH DIRECTOR IS REQUIRED TO COMPLETE A DIRECTOR DISCLOSURE STATEMENT ON AN ANNUAL BASIS.

REVIEWS THE FORM 990 PRIOR TO SIGNING THE NYS FORM CHAR500.

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

Schedule O (Form 990) 2023