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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

A For the 2021 cale

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

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

Open to Public Inspection

| <u>A</u> | ror the | 2021 calendar year, or tax year beginning 000 1, 2021 and e | inding U | UN 30, 2022 | |
|--------------------------------|----------------------------|--|------------|-------------------------------------|---|
| В | Check if applicable | ALLIANCE FOR YOUNG ARTISTS | | D Employer identific | cation number |
| | Addres | | | | |
| | Name change | Doing business as | | 13-37809 | 98 |
| | Initial return | | Room/suite | E Telephone numbe 212-389- | |
| | Final return/ termin | | | | |
| | ated Amend | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 3,924,836. |
| F | lreturn | NEW TORK, NI 10012 | | H(a) Is this a group re | |
| | Applic tion pendir | | ISKI | for subordinates | |
| | | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No |
| | | empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) oi | r 527 | If "No," attach a | list. See instructions |
| | | e: > WWW.ARTANDWRITING.ORG | | H(c) Group exemptio | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1994 N | ${f 1}$ State of legal domicile; ${f NY}$ |
| P | art I | Summary | | | |
| Φ | 1 | Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f S}$ | CHEDU | LE O | |
| Activities & Governance | | | | | |
| r | 2 | Check this box if the organization discontinued its operations or dispose | ed of more | than 25% of its net as | sets. |
| ove. | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 22 |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 22 |
| ος O | | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | | | 16 |
| iţie | 1 | Total number of volunteers (estimate if necessary) | | | 22 |
| 휹 | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| ĕ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. |
| | ۲, | Net unrelated business taxable income norm offin 990-1, 1 arti, line 11 | | Prior Year | Current Year |
| Revenue | | Contributions and grants (Dort VIII line 1b) | | 2,474,284. | 2,866,304. |
| | | Contributions and grants (Part VIII, line 1h) | | 828,773. | 904,932. |
| | | Program service revenue (Part VIII, line 2g) | | 63,925. | 85,452. |
| Вè | | 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) | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,366,982. | 3,856,688. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 388,337. | 518,675. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$ | | 1,817,420. | 1,997,691. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ă | b | Total fundraising expenses (Part IX, column (D), line 25) | <u> </u> | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,417,205. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,622,962. | 4,313,562. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | -255,980. | -456,874. |
| Net Assets or Fund Balances | 3 | · | | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 7,496,330. | 6,963,643. |
| ASS | 21 | Total liabilities (Part X, line 26) | | 1,669,144. | 1,985,696. |
|] | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 5,827,186. | 4,977,947. |
| P | art II | Signature Block | | · · | · · |
| Unc | ler pena | Ities of perjury, I declare that I have examined this return, including accompanying schedules | and statem | ents, and to the best of m | knowledge and belief, it is |
| | • | t, and complete. Declaration of preparer (other than officer) is based on all information of whi | | | ,,, |
| | ,, 0000 | L | | | |
| Sig | ın | Signature of officer | | Date | |
| He | | CHRISTOPHER WISNIEWSKI, EXECUTIVE DIRE | CTOR | | |
| пе | е | Type or print name and title | 101010 | | |
| _ | | | П | Date Check | II PTIN |
| Pai | d | Print/Type preparer's name JENNIFER COATES Preparer's signature | | if | |
| | | | | self-employe | 13-1655065 |
| | parer | | | Firm's EIN | TO-TODOOD |
| USE | Only | Firm's address 551 FIFTH AVENUE, SUITE 400 | | Di 21 | 2_607 2200 |
| _ | | NEW YORK, NY 10176 | | Phone no. 21 | 2-697-2299 |
| Ma | y the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| | 1990 (2021) AND WRITERS, INC. | 13-3/80998 | Page 2 |
|-----|---|---|----------------|
| Pai | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | <u></u> | X |
| 1 | Briefly describe the organization's mission: | ADDECCT ON | |
| | THE PURPOSE OF THE ORGANIZATION IS TO FOSTER CREATIVE EX | | ATD |
| | RECOGNIZE OUTSTANDING ARTISTIC ACHIEVEMENTS BY SECONDARY | | מעד |
| | TO PROVIDE INSPIRATION AND VALIDATION FOR THE NEXT GENER | ATTON OF | |
| | ARTISTS AND WRITERS. | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | X No |
| | prior Form 990 or 990-EZ? | Yes | L <u>A</u> ∟No |
| • | If "Yes," describe these new services on Schedule O. | | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Yes | L <u>A</u> ∟No |
| | If "Yes," describe these changes on Schedule O. | | _ |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as i | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | s, the total expenses, | anu |
| 4a | revenue, if any, for each program service reported. (Code:) (Expenses \$2 , 712 , 954 . including grants of \$ 468 , 175 .) (Revenue) | 898 | 880. |
| 44 | SCHOLARSHIPS AND AWARDS: | · • • • • • • • • • • • • • • • • • • • | <u> </u> |
| | BOHOLIMOHILO IMD IMMEDO. | | |
| | THE ALLIANCE MANAGES THE SCHOLASTIC ART & WRITING AWARDS | . A NATTONA | T. |
| | RECOGNITION PROGRAM FOR CREATIVE TEENS (GRADES 7-12, AGE | <u> </u> | |
| | WHO EXCEL IN ART AND WRITING, SERVING APPROXIMATELY 320, | | |
| | ANNUALLY. AWARDS ARE GIVEN IN 29 CATEGORIES, RANGING FR | | |
| | - <u></u> | ROXIMATELY | |
| | 90,000 AWARDS ARE DISTRIBUTED REGIONALLY THROUGH PARTNER | | 100+ |
| | AFFILIATE PARTNERS, INCLUDING COLLEGES, UNIVERSITIES, MU | | |
| | EDUCATIONAL ORGANIZATIONS, WHICH ADJUDICATE WORKS AND HO | | ARD |
| | CEREMONIES AND EXHIBITIONS. TOP WORKS ADVANCE TO THE NA | | |
| | APPROXIMATELY 2,700 AWARDS ARE DISTRIBUTED NATIONALLY BY | THE ALLIAN | CE, |
| 4b | (Code:) (Expenses \$231 , 276 • including grants of \$) (Revenue | | 052. |
| | PUBLICATIONS: | | |
| | | | |
| | THE ALLIANCE RECOGNIZES STUDENTS' ACCOMPLISHMENTS AND SH | | |
| | WORKS IN WIDE RANGE OF PUBLICATIONS THAT ARE DISTRIBUTED | | |
| | AN AUDIENCE OF EDUCATORS, STUDENTS, EDUCATIONAL AND ARTS | | |
| | <u> </u> | IDE THE ANNU | |
| | YEARBOOK, BEST TEEN ART, BEST TEEN WRITING, AND NATIONAL | | |
| | CHAPBOOK, AMONG OTHERS. IN ADDITION, PUBLICATIONS ARE F | | INE |
| | AT THE ALLIANCE WEBSITE, ARTANDWRITING.ORG, WHICH ALSO F | EATURES AN | |
| | ONLINE GALLERY OF THE MOST RECENT AWARDED WORKS. | | |
| | | | |
| | 267 027 | | |
| 4c | (Code:) (Expenses \$267,037. including grants of \$) (Revenue STUDENT ART EXHIBITIONS: | ÷\$ |) |
| | STUDENT ART EXHIBITIONS: | | |
| | IN COLLABORATION WITH ITS AFFILIATE PARTNERS, MUSEUMS, C | OMMITNITOV | |
| | CENTERS, GALLERIES AND OTHER INSTITUTIONS, THE ALLIANCE | | |
| | PRODUCES AND TOURS EXHIBITIONS OF SELECT AWARD-WINNING W | | |
| | STUDENTS THROUGHOUT THE COUNTRY. THESE EXHIBITIONS PRES | | ď |
| | WITH THE OPPORTUNITY TO SHARE THEIR WORK; ENABLE HOST IN | | |
| | ATTRACT NEW AUDIENCES TO THEIR PREMISES; AND EXPOSE THE | | |
| | TO STUDENT VOICES AND WORKS BY TEENAGERS. | TODDIC AT D | тись |
| | TO DIODENT VOICED TEAD MONTAGE DI TELEMAGEND. | | |
| | | | |
| | | | |
| 44 | Other program services (Describe on Schedule O.) | | |
| TU | (Expenses \$ 312,412 • including grants of \$ 50,500 •) (Revenue \$ | 1 | |
| 4e | Total program service expenses ► 3,523,679. | | |
| -10 | Total program doi vido expended p | Form 9 | 90 (2021 |
| | SEE SCHEDULE O FOR CONTINUATION(S | | - \ |

ALLIANCE FOR YOUNG ARTISTS AND WRITERS, INC.

Form 990 (2021)

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)? | | 37 | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | | - |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | X |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | X |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _^ |
| 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 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | - | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| • | the any irranment historic land green or historic structures 2 If "Vos." complete Schodule D. Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | <u> </u> | | ╁┈ |
| Ū | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | Ť | | <u> </u> |
| • | 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 | | Х |
| 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 | Х | |
| 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 | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| 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 | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | ÿ , | | | |
| | 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 | | 37 | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 401 | | x |
| 40 | 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 | , , , , , | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? 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 | | ╁┈ |
| | 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 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |
| 20a | | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

Part IV 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 | | | 1 |
| | 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 | | | x |
| h | Schedule K. If "No," go to line 25a | 24a 24b | | |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | 240 | | |
| C | 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 | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 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% | | | 37 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 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 | 27 | | x |
| 28 | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III | 21 | | |
| 20 | 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> | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | 177 |
| 0.4 | 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 | | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 32 | | x |
| 33 | Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | |
| 33 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? 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? | | | ٦, |
| | 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 | 0.7 | | x |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | х | |
| Pai | Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance | - 50 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

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 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | Х | | | | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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 Accounts (FBAR). | | | | | | | |
| 5а | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | X | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | ,, | | | | |
| | to file Form 8282? | 7с | | X | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | 37 | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f 7g | | | | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 8 | | | | | | |
| 9 | sponsoring organization have excess business holdings at any time during the year? | 8 | | | | | | |
| a | Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | - | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | |
| а | Gross income from members or shareholders 11a | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | |
| | Enter the amount of reserves on hand | | | 37 | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 4. | | Х | | | | |
| | excess parachute payment(s) during the year? | 15 | | | | | | |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | 16 | | Х | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 10 | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any | | | | | | | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | |
| | , | | | | | | | |

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | $\lfloor X \rfloor$ |
|----------|---|---------|----------|---------------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 22 | | | |
| | 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 22 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 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 to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 77 | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | v |
| _ | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | 401 | | |
| 800 | exempt status with respect to such arrangements? | 16b | | |
| | List the states with which a copy of this Form 000 is required to be filed NY PA | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed NY, PA | e only | \ avail | able |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. | o orny | , avalla | abie |
| | Own website | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d fina- | ncial | |
| 13 | statements available to the public during the tax year. | u midi | icial | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | CHRISTOPHER WISNIEWSKI - 212-389-3648 | | | |
| | 557 BROADWAY, NEW YORK, NY 10012 | | | |

4426____1

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 (A) | (B) | | | | | | | (D) | (E) | (F) |
|--|-----------------------|--------------------------------|---|---------|--------------|---------------------------------|------------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (C) Position | | | 1 | | Reportable | Reportable | Estimated | |
| rame and the | hours per | box | (do not check more than one box, unless person is both an | | compensation | compensation | amount of | | | |
| | week | | cer an | d a d | irecto | or/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for | or di | 99 | | | sated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | rustee | Institutional trustee | | 99 | nben | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | d ual t | ıtiona | _ | Key employee | st cor | 5 | 10001420) | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highest compensated employee | Former | | | J |
| (1) HUGH ROOME | 5.00 | | | | | | | | | |
| CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (2) WILLIAM WALKER ROBINSON | 2.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (3) STEVEN MERSON | 2.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (4) TINA SURH | 2.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) NANCY BERGMAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (6) ROBERT BUCHSBAUM | 1.00 | | | | | | | _ | _ | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) BRYAN DOERRIES | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) ERNEST B. FLEISHMAN | 1.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) MORGAN FORD | 1.00 | | | | | | | | | • |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) DAVID C. LEVY | 1.00 | | | | | | | | | • |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (11) ANDREW MERSON | 1.00 | ,, | | | | | | | | • |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (12) GREGORY R. MILLER | 1.00 | Ι., | | | | | | 0. | | 0 |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (13) OLIVIA MORGAN | 1.00 | х | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | ^ | | | | | | 0. | 0. | 0. |
| (14) KAREN PRITZKER | 1.00 | v | | | | | | | _ | n |
| BOARD MEMBER (15) SUZANNE RANDOLPH | 1.00 | X | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | 0. | 0. |
| (16) ANDREW SAFRAN | 1.00 | ^ | | | \vdash | | | | " | · · |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (17) KELLY SASSI (TO 6/2022) | 1.00 | ^`` | | | | | | | 0. | . |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | 0. |
| | | | | | <u> </u> | | | | | <u></u> |

132007 12-09-21 Form **990** (2021)

Form 990 (2021)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | | |
|---|-------------------|--------------------------------------|-----------------------|--|--------------|---------------------------------|----------|------------------------------|-------------------------------|-------|------------|---------------------|----------|
| (A) (B) | | | | | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average | Position (do not check more than one | | | | | one | Reportable | Reportable | | Es | timate | ed |
| | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | compensation | | an | nount | of |
| | week (list any | _ | cer an | u a u | recu | or/trus | iee) | from | from related | | | other | |
| | hours for | director director | | | | L | | the organization | organization (W-2/1099-MIS | | | pensa om the | |
| | related | 5 | stee | | | ısatec | | (W-2/1099-MISC/ | 1099-NEC) | | | anizati | |
| | organizations | truste | al tru | | yee | ımbei | | 1099-NEC) | , | | | d relat | |
| | below | In divid ual trustee | Institutional trustee | ser | Key employee | Highest compensated employee | Former | | | | orga | anizatio | ons |
| | | | | | | | | | | | | | |
| (18) REBECCA SHAPIRO | 1.00 | | | | | | | | | • | | | ^ |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | | 0. | | | 0. |
| (19) GWENN MASTERMAN SNIDER | 1.00 | ,, | | | | | | | | 0 | | | ^ |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | | 0. | | | 0. |
| (20) HANNAH YANG | 1.00 | | | | | | | | | 0 | | | 0 |
| BOARD MEMBER | 1 00 | Х | | | | | | 0. | | 0. | | | 0. |
| (21) DAWN DAVIS | 1.00 | x | | | | | | 0. | | 0. | | | 0. |
| BOARD MEMBER | 1.00 | ^ | | | | - | | 0. | | 0. | | | <u> </u> |
| (22) LAURIE RUBIN BOARD MEMBER | 1.00 | x | | | | | | 0. | | 0. | | | 0. |
| (23) GREG WORRELL | 1.00 | ^ | | | | | _ | 0. | | 0. | | | <u> </u> |
| BOARD MEMBER | 1.00 | X | | | | | | 0. | | 0. | | | 0. |
| (24) CHRISTOPHER WISNIEWSKI | 40.00 | | | | | | | 0. | | 0. | | | |
| EXECUTIVE DIRECTOR | 40.00 | 1 | | x | | | | 0. | 235,3 | 67. | | 7,6 | 62. |
| | | | | | | | | | 200,0 | | | . , 0 | |
| | | 1 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | 1 | | | | | | | | | | | |
| 1b Subtotal | | | | | | | — | 0. | 235,3 | 67. | | 7,6 | 62. |
| c Total from continuation sheets to Part V | | | | | | | • | 0. | - | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | • | 0. | 235,3 | 67. | | 7,6 | 62. |
| 2 Total number of individuals (including but n | | | | | | | าo r | received more than \$100 | | | | _ | |
| compensation from the organization | | | | | | • | | | • | | | | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, trust | ee, I | кеу е | emp | loye | e, o | r hiç | ghest compensated emp | oloyee on | | | | |
| line 1a? If "Yes," complete Schedule J for s | uch individual | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the su | ım of reportab | le c | omp | ensa | atior | n and | d ot | ther compensation from | the organization | | | | |
| and related organizations greater than \$150 | 0,000? If "Yes, | " co | mple | ete S | Sche | edule | e J | for such individual | | | 4 | Х | |
| 5 Did any person listed on line 1a receive or a | - | | | | - | | | _ | | | | | |
| rendered to the organization? If "Yes," com | plete Schedul | e J t | or st | ıch , | pers | son . | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | | | | | | | | | | npens | ation 1 | rom | |
| the organization. Report compensation for | the calendar y | ear | endi | ng v | vith | or w | ithi | | year. | | | | |
| (A) Name and business | addraga | NT/ | NTT | | | | | (B) Description of s | onioos | 0 |)) omno | ;) nsatio | n |
| INATTIC ATTO DUSTITESS | auuress | 1// | INC | <u>. </u> | | | | Description of s | ervices | | ompe | isatio | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | - | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contractors (i | ncluding but n | ot li | mite | d to | tho | se li | ste | d above) who received n | nore than | | | | |
| \$100,000 of compensation from the organi | • | | | | | 0 | | | | | | | |
| | - | | | | | | | | | | Form | 990 (2 | 2021) |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 474,852. c Fundraising events 1c d Related organizations 1d 369,525 e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2,021,927 similar amounts not included above 1f 353,913 g Noncash contributions included in lines 1a-1f 2,866,304. h Total. Add lines 1a-1f **Business Code** 611710 904,932. 904,932. 2 a PROCESSING FEE INCOME Program Service Revenue f All other program service revenue 904,932. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 85,452 85,452. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory 7a **b** Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 474,852. of contributions reported on line 1c). See 68,148 Part IV, line 18 68,148. **b** Less: direct expenses _____ 0. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 904,932. ,856,688. 85,452.

12 132009 12-09-21

Total revenue. See instructions

Part IX Statement of Functional Expenses

| - · · · | () (0) 1 = 0 4 () (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
|------------|---|----------------|
| Section 50 | c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete co | olumn (A) |
| OCCUION OC | onor and our long of hast complete all columns. The other organizations must complete of | Jiaiiii (7 t). |

| | Check if Schedule O contains a respon | | - | | |
|----------|---|-----------------------|---|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | 518,675. | 518,675. | | |
| 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 | 289,268. | 202,488. | 43,390. | 43,390 |
| 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 | 1,386,124. | 1,131,830. | 40,933. | 213,361 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 263,812. | 210,105. | 13,278. | 40,429 |
| 10 | Payroll taxes | 58,487. | 46,580. | 2,944. | 8,963 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 148,327. | 2,516. | 145,811. | |
| 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.) | 145,515. | 50,025. | 74,054. | 21,436 |
| 12 | Advertising and promotion | 62,291. | 62,291. | 24 254 | 40 564 |
| 13 | Office expenses | 275,851. | 234,216. | 21,874. | 19,761 |
| 14 | Information technology | 223,369. | 216,161. | 4,858. | 2,350 |
| 15 | Royalties | 000 004 | 0.40 0.00 | 00 555 | 00 500 |
| 16 | Occupancy | 297,204. | 243,707. | 23,777. | 29,720 |
| 17 | Travel | 58,257. | 47,027. | 3,545. | 7,685 |
| 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 | | | | <u></u> |
| 22 | Depreciation, depletion, and amortization | 13,027. | 13,027. | | |
| 23 | Insurance | 9,088. | 6,818. | 2,270. | |
| 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 34e expenses on Schedule (A). | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) EXHIBITION AND EVENTS | 273,997. | 267,766. | 696. | 5,535 |
| a b | JURY EXPENSES | 236,046. | 236,046. | 0,000 | 5,555 |
| C | DESIGNERS | 31,725. | 23,765. | | 7,960 |
| d | MATERIALS FULFILLMENT | 16,107. | 7,573. | | 8,534 |
| _ | All other expenses | 6,392. | 3,063. | 780. | 2,549 |
| e 25 | Total functional expenses. Add lines 1 through 24e | 4,313,562. | 3,523,679. | 378,210. | 411,673 |
| 25 26 | Joint costs. Complete this line only if the organization | 1,010,0024 | 3,323,073 | 3,3,210 | 111,075 |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | | | | | |
| | educational campaign and fundraising solicitation. | | | | |

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

| Ра | rt X | Balance Sheet | | | | | |
|-----------------------------|------|---|-------------|------------------------|---------------------------------|------------|---------------------------|
| | | Check if Schedule O contains a response or | note to ar | ny line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 471,076. | 1 | 233,813. |
| | 2 | Savings and temporary cash investments | | 2,609,619. | 2 | 2,201,910. | |
| | 3 | Pledges and grants receivable, net | 1,750,311. | 3 | 1,743,576 | | |
| | 4 | Accounts receivable, net | 28,571. | 4 | 21,500 | | |
| | 5 | Loans and other receivables from any curren | | | | | |
| | | trustee, key employee, creator or founder, su | | | | | |
| | | controlled entity or family member of any of t | | 5 | | | |
| | 6 | Loans and other receivables from other disqu | ualified pe | rsons (as defined | | | |
| | | under section 4958(f)(1)), and persons descri | ibed in se | ction 4958(c)(3)(B) | | 6 | |
| ţ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ř | 9 | Prepaid expenses and deferred charges | | | 141,161. | 9 | 238,646 |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 587,592. | | | |
| | b | Less: accumulated depreciation | 10b | 572,617. | 28,002. | | 14,975 |
| | 11 | Investments - publicly traded securities | | | 2,467,590. | 11 | 2,154,488 |
| | 12 | Investments - other securities. See Part IV, lin | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, li | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | 0. | 15 | 354,735 | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | qual line | 33) | 7,496,330. | 16 | 6,963,643 |
| | 17 | Accounts payable and accrued expenses | 1,265,668. | 17 | 1,676,262 | | |
| | 18 | Grants payable | 403,476. | 18 | 309,434 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Comple | te Part IV | of Schedule D | | 21 | |
| es | 22 | Loans and other payables to any current or f | ormer offi | cer, director, | | | |
| ≣ | | trustee, key employee, creator or founder, su | ıbstantial | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of t | hese pers | ons | | 22 | |
| _ | 23 | Secured mortgages and notes payable to un | related th | ird parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | ated third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on li | nes 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | 1 660 144 | 25 | 1 005 606 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,669,144. | 26 | 1,985,696 |
| ç | | Organizations that follow FASB ASC 958, | check he | re ▶ X | | | |
| nce | | and complete lines 27, 28, 32, and 33. | | | 2 015 006 | | 2 540 012 |
| ala | 27 | Net assets without donor restrictions | 3,815,006. | 27 | 3,548,913 | | |
| d B | 28 | Net assets with donor restrictions | 2,012,180. | 28 | 1,429,034. | | |
| ڃ | | Organizations that do not follow FASB AS | C 958, ch | eck here 🕨 📖 | | | |
| Ρ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current fur | | | | 29 | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| ťΑ | 31 | Retained earnings, endowment, accumulated | | | F 005 105 | 31 | 4 000 040 |
| Ž | 32 | Total net assets or fund balances | | | 5,827,186. | 32 | 4,977,947. |
| | 33 | Total liabilities and net assets/fund balances | | | 7,496,330. | 33 | 6,963,643. |

| 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) | | ,85 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | ,31 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | -45 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 5 | ,82 | 7,1 | 86. |
| 5 | Net unrealized gains (losses) on investments | 5 | -39 | 2,3 | 65. |
| 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. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 4 | ,97 | 7,9 | 47. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | e O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | | | | |
| | 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 | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | |
| | Act and OMB Circular A-133? | • | 3a | | Х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | , | | Form | 990 | (2021) |

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.
ALLIANCE FOR YOUNG ARTISTS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

AND WRITERS, INC. 13-3780998 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ 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 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

13-3780998 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | 7.1 | • | , | | | |
|------|--|-----------------------|---------------------------------------|----------------------|----------------------|------------------------|------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| | Gifts, grants, contributions, and | , , | ` ' | , , | , , | , , | ., |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3030820. | 4371031. | 2685219. | 2474284. | 2866304. | 15427658. |
| 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 | 22222 | 1071001 | 0605010 | 0.45.400.4 | 2266224 | 45405650 |
| 4 | Total. Add lines 1 through 3 | 3030820. | 4371031. | 2685219. | 2474284. | 2866304. | 15427658. |
| 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, | | | | | | 0000400 |
| • | column (f) | | | | | | 8082420. 7345238. |
| | Public support. Subtract line 5 from line 4. | | | | | | /343230. |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2019 | (a) 2010 | (4) 2020 | (a) 2021 | (f) Total |
| | Amounts from line 4 | 3030820. | (b) 2018 4371031. | (c) 2019 2685219. | (d) 2020 2474284. | (e) 2021 2866304 | (f) Total 15427658. |
| | Gross income from interest, | 30300201 | 13710311 | 20032131 | 21712010 | 20003011 | 131270301 |
| 0 | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 44,285. | 58,910. | 64,458. | 63,925. | 85,452. | 317,030. |
| 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.) | 1,000. | 95. | 7,061. | | | 8,156. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 15752844. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 1 | ,734,099. |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | |
| _ | organization, check this box and stop | | | | | | <u></u> |
| | ction C. Computation of Publ | | | | | <u> </u> | 16 62 |
| | Public support percentage for 2021 (I | | | | | 14 | 46.63 % 41.34 % |
| | Public support percentage from 2020 | | | | | 15 | |
| 16a | 33 1/3% support test - 2021. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| L | 33 1/3% support test - 2020. If the c | - | | | | | |
| 17- | and stop here. The organization qual 10 % -facts-and-circumstances test | | | | | | |
| 110 | and if the organization meets the fact | _ | | | | | |
| | meets the facts-and-circumstances te | | | = | | _ | |
| h | 10% -facts-and-circumstances tes | _ | · · · · · · · · · · · · · · · · · · · | | - | 17a and line 15 is | |
| | more, and if the organization meets the | _ | | | | | .570 01 |
| | organization meets the facts-and-circle | | | | - | | ightharpoonup |
| 18 | Private foundation. If the organization | | - | • | | | ns |
| | | | , 100 | , , , | , | | |

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | below, please con | ipiete i art ii.) | | | | |
|--|----------------------------|-----------------------|------------------------|---------------------|----------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 Gifts, grants, contributions, and | | | ` ' | , | , , | , |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | + | |
| are not an unrelated trade or bus- | | | | | | |
| in | | | | | | |
| | | | | | + | |
| 4 Tax revenues levied for the organ- | | | | | | |
| 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 | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | 1 | | | | | |
| 3 received from disqualified person | s | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesse | s | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated busines | | | | | | |
| 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.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12. | | <u> </u> | | L | 504()(0) : 1 | |
| 14 First 5 years. If the Form 990 is for | the organization's | first, second, third, | , fourth, or fifth tax | year as a section | 1501(c)(3) organizat | tion, |
| check this box and stop here | | | | | | <u></u> |
| Section C. Computation of Pul | | | . (2) | | 11 | |
| 15 Public support percentage for 2021 | | | column (f)) | | | |
| 16 Public support percentage from 20: | | | | | 16 | • |
| Section D. Computation of Inv | | | | | | |
| 17 Investment income percentage for | | | | | | • |
| 18 Investment income percentage from | | | | | 18 | |
| 19a 33 1/3% support tests - 2021. If the | e organization did | not check the box | on line 14, and line | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box | and stop here. The | e organization qual | ifies as a publicly s | supported organi | zation | ▶∟ |
| b 33 1/3% support tests - 2020. If the | ne organization did | not check a box of | n line 14 or line 19a | a, and line 16 is n | nore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, c | neck this box and s | stop here. The orga | anization qualifies a | as a publicly supp | oorted organization | ▶□ |
| 20 Private foundation. If the organizat | | | | | | |

132023 01-04-22

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 |
|------|---------|-------|------|
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| Pa | t 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 Part VI. | 11c | | |
| Sec | tion 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 | | |
| 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, | | | |
| 800 | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | ти на како на | | 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 | 4 | | |
| Sec | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| - | tion 5.7th Type in Supporting Organizations | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | 163 | NO |
| • | 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 ins | truction | | |
| 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 | 00 | | |
| h | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | 20 | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | За | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| ~ | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt v Type III Non-Functionally Integrated 509(a)(3) Supporti | ng Organ | izations | |
|------|---|-----------------|---------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifyi | ng trust on l | Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | 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 | | |
| e | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 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 | | |
| | Charly have if the augment year in the avantization's first as a non-function | ally into avote | d Type III supporting or | vanization (acc |

Schedule A (Form 990) 2021

instructions).

| Schedule A (Form 990) 2021 AND WRITERS, INC. | | | 1 | 3-3780998 Page 7 | |
|--|---|------------------------------|---------------------------------------|------------------|---|
| Pa | t V Type III Non-Functionally Integrated 509(a | a)(3) Supporting Orga | anizations _{(continu} | ıed) | |
| Sect | ion D - Distributions | | • | ĺ | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exem | npt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exempt | purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purposes | s of supported organization | s | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - prov | ride details in Part VI) | | 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 the | e organization is responsive |) | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2021 | ns | (iii) Distributable Amount for 2021 |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | |

| Section E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2021 | Distributable Amount for 2021 |
|---|----------------------|--------------------------------|-------------------------------|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reason | I - | | |
| able cause required - explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, | | | |
| line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if | | | |
| any. Subtract lines 3g and 4a from line 2. For result great | ter | | |
| than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | 1 | | |
| Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j | | | |
| and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Schedule A (Form 990) 2021

| Dort VI | 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|---------|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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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

Inspection

Name of the organization

ALLIANCE FOR YOUNG ARTISTS AND WRITERS, INC.

Employer identification number 13-3780998

| Par | t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin | | Similar Funds o | r Accounts. Complete if the |
|-----|---|------------------------------|--------------------------|--|
| | organization answered Tes Off Offices, Fartiv, in | (a) Donor advise | d 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 | | eld in donor advised | funds |
| | 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? | | | Yes No |
| Par | t II Conservation Easements. Complete if the org | ganization answered "Ye | s" on Form 990, Par | t IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | | |
| | Preservation of land for public use (for example, recrea | ation or education) | Preservation of a h | nistorically important land area |
| | Protection of natural habitat | | Preservation of a c | certified historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contrib | ution in the form of | |
| | 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 | | | |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | | 2c |
| d | Number of conservation easements included in (c) acquired | | | |
| | listed in the National Register | | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or | terminated by the or | rganization during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ea | | | |
| 5 | Does the organization have a written policy regarding the per | | | |
| _ | violations, and enforcement of the conservation easements i | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, ar | nd enforcing conser | vation easements during the year |
| - | | dition of circlestons and on | £ | and the second s |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | aling of violations, and er | forcing conservation | n easements during the year |
| 8 | ▶ \$ Does each conservation easement reported on line 2(d) above | vo patiofy the requiremen | to of acotion 170/h) | (4\/D\/i\ |
| 0 | | | | |
| 9 | and section 170(h)(4)(B)(ii)? | | | |
| 3 | balance sheet, and include, if applicable, the text of the foot | | · · | |
| | organization's accounting for conservation easements. | note to the organization s | ililailciai stateilleili | to that describes the |
| Par | t III Organizations Maintaining Collections o | f Art. Historical Tre | easures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form | - | , | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | | enue statement and | I balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | • | | |
| | service, provide in Part XIII the text of the footnote to its final | · | • | • |
| b | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | | | |
| | provide the following amounts relating to these items: | , | | , |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | > \$ |
| | | | | L 4 |
| 2 | If the organization received or held works of art, historical tre | | | |
| | the following amounts required to be reported under FASB A | | | · · |
| а | Revenue included on Form 990, Part VIII, line 1 | - | | > \$ |
| b | Assets included in Form 990, Part X | | | |

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Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

AND WRITERS, INC.

| Pai | t III Organizations Maintaining C | ollections of Ar | t, Historical Tr | easures, or Ot | her Sim | ilar Asse | ts (continu | ied) |
|----------|--|-------------------------|--------------------------|---------------------|--------------|---------------|--------------------|-------------|
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the | following that make | e significar | nt use of its | | |
| | collection items (check all that apply): | | | | | | | |
| а | Public exhibition | d | Loan or excl | nange program | | | | |
| b | Scholarly research | е | Other | | | | | |
| С | Preservation for future generations | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explain | n how they further th | ne organization's e | xempt pur | pose in Par | XIII. | |
| 5 | During the year, did the organization solicit or | r receive donations o | of art, historical treas | sures, or other sim | lar assets | | _ | |
| | to be sold to raise funds rather than to be ma | aintained as part of th | ne organization's co | llection? | | <u></u> | Yes | └── No |
| Pai | t IV Escrow and Custodial Arran | - | te if the organization | n answered "Yes" | on Form 99 | 90, Part IV, | line 9, or | |
| | reported an amount on Form 990, Par | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | iary for contribution | s or other assets n | ot include | d | 7 | |
| | on Form 990, Part X? | | | | | L | Yes | └── No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | |
| | | | | | | | Amount | |
| | Beginning balance | | | | | | | |
| | Additions during the year | | | | | | | |
| | Distributions during the year | | | | | | | |
| | Ending balance | | | | | | 1 | |
| | Did the organization include an amount on Fo | | | | • | L | Yes | ∐ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | |
| Pai | t V Endowment Funds. Complete if | | | | | aana baali | () Faur | vaava baalı |
| | | (a) Current year | (b) Prior year | (c) Two years back | + ` ' | - | (e) Four y | |
| | Beginning of year balance | 75,654. | 60,628. | 56,012 | • | 51,430. | | 47,367. |
| | Contributions | | | | | | | |
| | Net investment earnings, gains, and losses | -9,471. | 15,026. | 4,616 | • | 4,582. | | 4,063. |
| | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities | | | | | | | |
| | and programs | | | | | | | |
| f | Administrative expenses | | | | | | | |
| g | End of year balance | 66,183. | 75,654. | 60,628 | • | 56,012. | | 51,430. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | |)) held as: | | | | |
| | Board designated or quasi-endowment | | _% | | | | | |
| | Permanent endowment ► 30.2190 | % | | | | | | |
| С | Term endowment ▶ 69.7810 g | = | | | | | | |
| _ | The percentages on lines 2a, 2b, and 2c short | · · | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiza | ition that are held a | nd administered fo | r the orgar | nization | [S | /aa Na |
| | by: | | | | | | | Yes No |
| | (i) Unrelated organizations | | | | | | | X |
| | (ii) Related organizations | | | | | | | |
| | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | |
| 4 Dai | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | wment tunds. | | | | | |
| ı aı | Complete if the organization answered | | Part IV line 11a S | ee Form 990 Part | X line 10 | | | |
| | Description of property | (a) Cost or ot | 1 | 1 | Accumula | tod | (d) Book | volue |
| | Description of property | basis (investm | | | depreciatio | | (u) book | value |
| 10 | Land | ` ` | 54313 | 0.101) | .opi colatio | | | |
| | Land | | | | | | | |
| | Buildings Leasehold improvements | | | | | | | |
| | | | 2 | 8,994. | 17,6 | 592. | 11 | ,302. |
| | Equipment Other | | | 8,598. | 554,9 | | | ,673. |
| | . Add lines 1a through 1e. (Column (d) must e | | | | /- | D | | ,975. |
| tu | in the second in the secon | -, , r art / | ., - 5.5 (D), m/O 1 | / | | 🗲 📗 | | |

| hedule D (Form 990) 2021 AND WRITERS, INC. |
|--|
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| Part VII Investments - Of | | on Form 000. Bort IV. II | 11h Con Form 000 Dort V line 10 | |
|--|-----------------------------|------------------------------|--|-------------------------|
| (a) Description of security or category | | (b) Book value | 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or er | id-of-year market value |
| 1) Financial derivatives | | . , | | • |
| 2) Closely held equity interests | | | | |
| B) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| otal. (Col. (b) must equal Form 990, P | | | | |
| Part VIII Investments - Pr | _ | | | |
| | | | 11c. See Form 990, Part X, line 13. | |
| (a) Description of inv | vestment | (b) Book value | (c) Method of valuation: Cost or er | ια-οτ-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) (8) | | | | |
| (9) | | | | |
| Total . (Col. (b) must equal Form 990, P | Part X. col. (B) line 13.) | | | |
| Part IX Other Assets. | a. e., g ee (2)e .e., p | | | |
| Complete if the organ | nization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | | Description | | (b) Book value |
| (1) SOFTWARE DEVE | LOPMENT IN P | ROGRESS | | 354,735 |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | 000 B 1 1 (B) " | 45) | | 254 725 |
| Total. (Column (b) must equal Form Part X Other Liabilities. | | e 15.) | > | 354,735 |
| | | on Form 000 Port IV line | 11e or 11f. See Form 990, Part X, line 2 | F |
| (a) Dage | cription of liability | Offi Offi 990, Part IV, line | The of Thi. See Form 990, Part A, line 2 | (b) Book value |
| (1) Federal income taxes | onpulon or hability | | | (b) Book value |
| | | | | |
| \ / | | | | |
| (2) | | | | |
| (2) (3) | | | | |
| (2) (3) (4) | | | | |
| (2) (3) (4) (5) | | | | |
| (2) (3) (4) (5) (6) | | | | |
| (2) (3) (4) (5) (6) (7) | | | | |
| (2) (3) (4) (5) (6) | | | | |
| (2) (3) (4) (5) (6) (7) (8) | n 990, Part X, col. (B) lin | e 25.) | | |
| (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form | | | ▶ o the organization's financial statements | that reports the |

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Schedule D (Form 990) 2021 AND WRITERS, INC.

Part XI Reconciliation of Revenue per Audited Financial

| Pai | Reconciliation of Revenue per Audited Financial | | i Revenue per H | eturr | 1. |
|--------|---|-------------------------|-----------------|---------|-------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part I | | | | 2 050 221 |
| 1 | Total revenue, gains, and other support per audited financial statements | 3 | | 1 | 3,858,234. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | -392,365. | | |
| a | Net unrealized gains (losses) on investments | | 393,911. | - | |
| b | Donated services and use of facilities | | 333,311. | - | |
| С. | Recoveries of prior year grants | | | - | |
| d | Other (Describe in Part XIII.) | - | | - | 1,546. |
| _ | Add lines 2a through 2d | | | 2e | 3,856,688. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,030,000. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| b | Other (Describe in Part XIII.) | | | - | 0 |
| _C | Add lines 4a and 4b | | | 4c | <u>0.</u> 3,856,688. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line t XII Reconciliation of Expenses per Audited Financial | 12.) | h Evponsos por | Dotu | |
| Ра | | | ii Expenses per | netu | 111. |
| | Complete if the organization answered "Yes" on Form 990, Part I | | | | 4,707,473. |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,707,473. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | اما | 202 011 | | |
| a | Donated services and use of facilities | | 393,911. | - | |
| b | Prior year adjustments | | | - | |
| C | Other losses | | | - | |
| d | , | | | | 202 011 |
| _ | Add lines 2a through 2d | | | 2e | 393,911. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,313,562. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1.1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | | | - | |
| | Other (Describe in Part XIII.) | <u></u> | | | 0 |
| | Add lines 4a and 4b | | | 4c | 0. 4,313,562. |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 4 VIIII Supplemental Information | ne 18.) | | 5 | 4,313,302. |
| | t XIII Supplemental Information. | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a | | | 4; Part | X, line 2; Part XI, |
| lines | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | de any additional infor | mation. | | |
| | | | | | |
| ד ע כד | om vo time A. | | | | |
| PAI | RT V, LINE 4: | | | | |
| miti | TNCOME DEDITIED EDOM MILE ENDOWNEND E | יוואוס דם שס | סם נוכהט הס | л ш | u to |
| THI | INCOME DERIVED FROM THE ENDOWMENT F | UNDS IS TO | BE USED FO | K T | HE |
| וסס | SENTATION OF THE LOIS VINETTE AWARD, | 7 NT 7 W 7 D D T | OD EVCETTE | יאורידי | TNI |
| PKI | SENIATION OF THE LOIS VINETIE AWARD, | AN AWARD I | OK EVCETIFE | INCE | TIN |
| рци | OTOGRAPHY TEACHING. | | | | |
| РП | TOGRAPHI TEACHING. | | | | |
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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

2027

Open to Public Inspection

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.

132081 10-21-21

Schedule G (Form 990) 2021

LHA 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 gre | oss income on Form 990 | EZ, lines 1 and 6b. List | events with gross receip | ots greater than \$5,000. |
|-----------------|-------|---|----------------------------|---------------------------|--------------------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | ANNUAL GALA | | | col. (c)) |
| e l | | | (event type) | (event type) | (total number) | (-)/ |
| Revenue | 1 | Gross receipts | 543,000. | | | 543,000. |
| | 2 | Less: Contributions | 474,852. | | | 474,852. |
| | 3 | Gross income (line 1 minus line 2) | 68,148. | | | 68,148. |
| | 4 | Cash prizes | | | | |
| es | 5 | Noncash prizes | | | | |
| -xpens | 6 | Rent/facility costs | 10,750. | | | 10,750. |
| Direct Expenses | 7 | Food and beverages | 52,210. | | | 52,210. |
| | 8 | Entertainment | 5,188. | | | 5,188. |
| | 9 | Other direct expenses | 2: / / / / | | | 68,148. |
| | | Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li | | | | 00,140. |
| Pa | | | | 990. Part IV. line 19. or | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | , , , , | | |
| Φ | | | (a) Bingo | (b) Pull tabs/instant | (c) Other gaming | (d) Total gaming (add |
| Revenue | | | (a) Birigo | bingo/progressive bingo | (c) Other garming | col. (a) through col. (c)) |
| Rev | | | | | | |
| \dashv | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| \neg | _ | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | □ No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | · · - | | | |
| | | the organization licensed to conduct gaming a | ctivities in each of these | states? | | Yes No |
| b | If " | No," explain: | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or te | erminated during the tax | year? | Yes No |
| | | Yes," explain: | | | | · — — |
| | | | | | | |
| | | | | | | |
| 13208 | 32 10 | 0-21-21 | | | Sche | dule G (Form 990) 2021 |

ALLIANCE FOR YOUNG ARTISTS AND WRITERS, INC.

| Sch | edule G (Form 990) 2021 AND WRITERS, INC. | -3780 | <u>998</u> | Page 3 |
|-----|--|----------------|------------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | ☐ No |
| 12 | Indicate the percentage of gaming activity conducted in: | — | | |
| | | 140- | I | 0/ |
| | The organization's facility | | | <u>%</u> |
| | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | Name | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | ☐ No |
| b | If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party \$\bigs\square\$ | | | |
| c | If "Yes," enter name and address of the third party: | | | |
| · | The root, officer frame and address of the tring party. | | | |
| | Namo N | | | |
| | Name | | | |
| | Address ▶ _ | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | Director/officer Employee Employee | | | |
| | | | | |
| | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | └── No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | е | | |
| | organization's own exempt activities during the tax year ▶ \$ | | | |
| Pa | rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and | l Part III, li | nes 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
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ALLIANCE FOR YOUNG ARTISTS

| Schedule G (Form 990) | AND WRITERS, | INC. | 13-3780998 Page 4 |
|--|-----------------------|------|-------------------|
| Schedule G (Form 990) Part IV Supplemental Inf | formation (continued) | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization ALLIANCE | FOR YOUNG | ARTISTS | | | | | Employer identification number 13-3780998 |
|---|-----------------------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|---|
| AND WRITE Part I General Information on Grants a | | | | | | | 13-3700990 |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr Part II Grants and Other Assistance to recipient that received more than | to substantiate the stance? | toring the use of grant | t funds in the Unite | ed States. Complete if the org | | | X Yes No |
| 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 |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| 2 Enter total number of section 501(c)(3) a | | | ne line 1 table | | | | _ |

AND WRITERS, INC. Schedule I (Form 990) 2021 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance COLLEGE SCHOLARSHIPS TO STUDENTS 0.FMV 116 329,500 0.FMV EDUCATOR CASH AWARDS 106 40,000 OTHER CASH AWARDS TO STUDENTS 91 94 206 0.FMV MEDALS & RIBBONS FOR AWARD MEDALS FOR STUDENT & EDUCATOR WINNERS 3650 0 18,704.COST WINNERS KEYS AND CERTIFICATES FOR STUDENTS & TEACHERS 36,265.COST GOLD & SILVER PINS AND KEYS 119400 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE GRANTS ARE AWARDS AND SCHOLARSHIPS TO STUDENTS AND TEACHERS FOR AN ARTISTIC COMPETITION. THEY ARE ONE-TIME GRANTS AND HAVE NO RESTRICTIONS.

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.

Employer identification number 13-3780998

| Pa | art I Questions Regarding Compensation | | | |
|----|--|----------|-----|----|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | 1 |
| | 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 | | | 1 |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee | | | 1 |
| | Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations Approval by the board or compensation committee | | | 1 |
| | | | | |
| 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: | 4- | | Х |
| | Receive a severance payment or change-of-control payment? | 4a | | X |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b 4c | | X |
| C | Participate in or receive payment from an equity-based compensation arrangement? | 40 | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| - | contingent on the revenues of: | | | |
| а | The organization? | 5a | | Х |
| | Any related organization? | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| а | The organization? | 6a | | Х |
| | Any related organization? | 6b | | Х |
| | 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 | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | X |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2021

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) Breakdown of W | J-2 and/or 1099-MIS compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|----------------------------|------|-----------------------|---|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|
| (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. | 0. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 235,367. | 0. | 0. | 0. | 7,662. | 243,029. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

| Schedule J (Form 990) 2021 AND WRITERS, INC. | 13-3780998 | Page 3 |
|---|---|---------------|
| Schedule J (Form 990) 2021 AND WRITERS, INC. 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 com | pplete this part for any additional informati | ion. |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

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

AND WRITERS, INC. **Employer identification number** 13-3780998

| Pai | T I Types of Property | | | | | | | | |
|-----|---|----------------|----------------------------|--------------------------------|--------------|----------------|----------------|-------|----|
| | | (a) | (b) | (c) | | | (d) | | |
| | | Check if | Number of contributions or | Noncash contr amounts repor | | | od of determin | _ | |
| | | applicable | | Form 990, Part VI | | noncash o | contribution a | mount | .S |
| 1 | Art - Works of art | | | · | | | | | |
| 2 | Art - Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | X | | 11 | ,275. | FMV | | | |
| 5 | Clothing and household goods | | | | , | | | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | X | 2 | 286 | ,103. | FMV | | | |
| 10 | Securities - Closely held stock | | | | , | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| •• | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other ► (EXPENSES PAID) | X | 1 | | | ACTUAL Z | AMOUNTS | PA | ID |
| 26 | Other (OFFICE MATERI) | X | 1 | | ,535. | | | | |
| 27 | Other ► (EXHIBITION MA) | X | 1 | 6 | ,000. | FMV | | | |
| 28 | Other () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organization | zation durin | g the tax year for o | contributions | | | | | |
| | for which the organization completed Form 828 | 33, Part V, [| Donee Acknowledg | jement | 29 | | | 0 | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contribution | on any property rep | oorted in Part I, line | es 1 throu | gh 28, that it | | | |
| | must hold for at least three years from the date | | , | | | | | | |
| | exempt purposes for the entire holding period? | ? | | | | | 30a | | X |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that r | equires the review | of any nonstanda | rd contribi | utions? | 31 | Х | |
| 32a | Does the organization hire or use third parties | | • | | | | | | |
| | contributions? | | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of propert | y for which columr | n (a) is che | ecked, | | | |
| | describe in Part II. | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

ALLIANCE FOR YOUNG ARTISTS

| Schedule M | (Form 990) 2021 | AND | WRITERS | , | INC. | 13-3780998 | Page 2 |
|------------|--|--------------------|--|---------------|---|------------|----------------|
| Part II | Supplemental is reporting in Part this part for any ac | Inforr I, colum | nation. Provi nn (b), the numb information. | de t oer (| the information required by Part I, lines 30b, 32b, and 33, of contributions, the number of items received, or a comb | | ition plete |
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132142 11-17-21

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. 2021
Open to Public Inspection

OMB No. 1545-0047

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 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WHICH ADJUDICATES WORK AND HOSTS THE NATIONAL CEREMONIES AND

EXHIBITION, AND PUBLISHES SELECT STUDENT ART AND WRITING IN NATIONAL

PUBLICATIONS. IN ADDITION, THE ALLIANCE OFFERS CLOSE TO \$300,000 IN

DIRECT SCHOLARSHIP AWARDS, RANGING FROM \$500-\$10,000 TO MORE THAN 100

STUDENTS, AND PARTNERS WITH SELECT HIGHER-EDUCATION INSTITUTIONS, WHICH

EARMARK AND ADDITIONAL \$5,000,000 IN SCHOLARSHIP FUNDS FOR STUDENTS WHO

HAVE RECEIVED AN AWARD.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

NATIONAL STUDENT POETS PROGAM; STUDENT WORKSHOPS AND PRE-COLLEGE SUMMER
PROGRAMS; RESIDENCIES FOR EDUCATORS AND ALUMNI; AND MICROGRANT PROGRAMS
FOR ALUMNI.

EXPENSES \$ 312,412. INCLUDING GRANTS OF \$ 50,500. 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:

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

Schedule O (Form 990) 2021