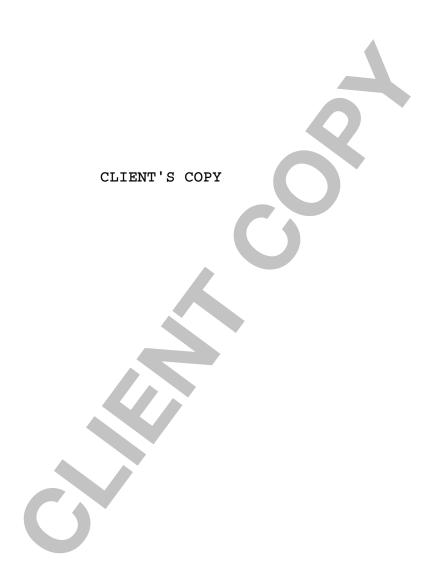
BROCK, SCHECHTER & POLAKOFF, LLP 726 EXCHANGE STREET, SUITE 822 BUFFALO, NY 14210



YOUNG AUDIENCES OF WESTERN NEW YORK, INC.
1 LAFAYETTE SQ
BUFFALO, NY 14203

laallalalaldlaaadlallaad



Brock, Schechter & Polakoff, LLP 726 Exchange St. | Suite 822 | Buffalo, NY 14210

Phone: 716-854-5034 | Fax: 716-854-7195

www.BSPcpa.com

MARCH 16, 2022

YOUNG AUDIENCES OF WESTERN NEW YORK, INC. 1 LAFAYETTE SQ BUFFALO, NY 14203

YOUNG AUDIENCES OF WESTERN NEW YORK, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2020 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2020 FORM 990

2020 NEW YORK FORM CHAR500

PLEASE REVIEW THE RETURN(S) FOR COMPLETENESS AND ACCURACY. SEE THE ENCLOSED TRANSMITTAL(S) FOR THE FILING INSTRUCTIONS. ALSO ENCLOSED ARE THE E-FILE AUTHORIZATION FORM(S) THAT NEED TO BE SIGNED AND RETURNED TO OUR OFFICE AS SOON AS POSSIBLE.

INSTRUCTIONS FOR FILING THE ABOVE FORMS ARE FURNISHED FOR EASY REFERENCE. YOUR COPIES SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

ALISON M CLOHESSY

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

YOUNG AUDIENCES OF WESTERN NEW YORK, INC. 1 LAFAYETTE SQ BUFFALO, NY 14203

PREPARED BY:

BROCK, SCHECHTER & POLAKOFF, LLP 726 EXCHANGE STREET, SUITE 822 BUFFALO, NY 14210

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 16, 2022

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

r calendar year 2020, or fiscal year beginning	\mathtt{JUL}	1	, 2020, and ending	JUN	30	, 20 2

1

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number YOUNG AUDIENCES OF WESTERN NEW YORK, INC. 16-0916472

Name and title of officer or person subject to tax

LAURA DOUGLAS BOARD PRESIDENT

Part I	Type of Return and Return Information	(Whole Dollars Only

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ►X b	Total revenue, if any (Form 990, Part VIII, column (A), lin	ne 12) 1b	545,280.
2a Form 990-EZ check here	b Total revenue, if any (Form 990-EZ, line 9)	2t	
3a Form 1120-POL check here ►	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, P)
5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶	b Total tax (Form 990-T, Part III, line 4))
7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1))
Part II Declaration and Sig	nature Authorization of Officer or Person S	ubject to Tax	
Under penalties of perjury, I declare that	X I am an officer of the above organization or	am a person subject to ta	x with respect to
(name of organization)	(EIN)	ar	d that I have exemined a se

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X	I authorize	BROCK,	SCHECHTER	&	POLAKOFF,	LLP

to enter my PIN

ERO firm name

Enter five numbers, but

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ignature of officer or person subject to tax **Certification and Authentication** Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16718750116

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BROCK, SCHECHTER & POLAKOFF, LLP

Date $= \frac{03}{16/22}$

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **88**79-EO (2020)

EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

▶ 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

OMB No. 1545-0047

AF	or the	2020 calendar year, or tax year beginning 00L 1, 2020 and	ں enaing	UN 30, 4041	
B c	heck if pplicable	IOUNG AUDIENCES OF WESTERN NEW IORK,		D Employer identifi	cation number
	Addres change Name			16 00164	70
	_change □Initial		Room/suite	16-09164	
	_ return Fiṇal _,	Number and street (or P.O. box if mail is not delivered to street address) 1 LAFAYETTE SQ	Room/suite	E Telephone numbe 716-881-	
	اreturn√ termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	547,104.
	Amend return			H(a) Is this a group re	
	Application			for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: X 501(c)(3)	or 527		list. See instructions
		e: ► WWW.YAWNY.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile: NY
		Summary			-
-	1 1	Briefly describe the organization's mission or most significant activities: ${ m ARTS}$ -	-IN-ED	UCATION PER	FORMANCES &
Activities & Governance		RESIDENCIES IN SCHOOLS AND COMMUNITY VENU			
rna	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
es &	5	Fotal number of individuals employed in calendar year 2020 (Part V, line 2a)			36
vitie	6	Fotal number of volunteers (estimate if necessary)			3
\cti	7 a ⁻	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)		356,320.	367,240.
enr		Program service revenue (Part VIII, line 2g)		241,883.	178,167.
3ev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		77.	17.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,534.	-144.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		612,814.	545,280.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		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)		292,894.	231,632.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Fotal fundraising expenses (Part IX, column (D), line 25)		283,786.	214,164.
_	''' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		576,680.	445,796.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		36,134.	99,484.
_ s	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20 -	Fotal assets (Part X, line 16)	DE	ginning of Current Year 218,888.	End of Year 300,706.
Asse Bala	20 ⁻ 21 ⁻	Fotal liabilities (Part X, line 26)		93,676.	76,010.
Vet/	22	Net assets or fund balances. Subtract line 21 from line 20		125,212.	224,696.
Pa	rt II	Signature Block		123/2124	221/0300
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			
			1 1		
Sigr	,	Signature of officer		Date	
Her		LAURA DOUGLAS, BOARD PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	į	ALISON M CLOHESSY ALISON M CLOHESS	sy 0	3/16/22 if self-employ	P01268933
Prep		Firm's name ▶ BROCK, SCHECHTER & POLAKOFF, LLP			16-1003516
Use	- 1	Firm's address 726 EXCHANGE STREET, SUITE 822			
		BUFFALO, NY 14210		Phone no.71	6-854-5034
May	the IR	S discuss this return with the preparer shown above? See instructions			X Yes No

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO MAKE THE VISUAL, PERFORMING, AND LITERARY ARTS A PART OF YOU	
	PEOPLE'S LIVES IN ORDER TO ENHANCE THEIR DEVELOPMENT AS CREATIV	
	PRODUCTIVE HUMAN BEINGS. THE ORGANIZATION SERVES THE EIGHT COUN	TIES OF
	WESTERN NEW YORK.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$	178,167.
	YOUNG AUDIENCES CORE SERVICES: CONNECTING YOUNG PEOPLE WITH	
	PROFESSIONAL ARTISTS IN SCHOOLS, COMMUNITY CENTERS, AND	
	OUT-OF-SCHOOL-TIME PROGRAMS THROUGH LONG-TERM PARTNERSHIPS,	
	RESIDENCIES, WORKSHOPS AND ASSEMBLIES.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
		,
4d		
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 334,601.	Form 990 (2020)
		FORM 330 (2020)

INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 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> </u>		
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,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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			
	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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 -		
ızu	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12		13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			x
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> </u>
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	17		<u> </u>
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		<u> X</u>
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 S	chedules (continue	od)					
Form 990 (20	20) INC.						16-0916472	Page 4
	YOUNG	AUDIENCES (OF	WESTERN	NEW	YORK,		

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	<u> NO</u>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	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	l		37
	Schedule L, Part I	25b		<u> </u>
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%	000		х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
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
	A 35% controlled entity of one or more individuals and/or organizations described in lines 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			
	contributions? If "Yes," complete Schedule M	30	Х	<u></u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			37
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	254		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
30		36		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			 -
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 27			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
032004	4 12-23-20	Form	990	(2020)

Form 990 (2020) INC .

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

	tax compliance (continued)				.,	
20	Enter the number of employees reported an Earm W.2. Transmittel of Wags and Tay Statements	ı	1		Yes	No
Zd	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	36			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	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?			За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	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 Advanced in the Financi	ccoun	ts (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	ction?		5b		X
	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	e orga	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts	٠.		
_	were not tax deductible?)	·····	6b		
7	Organizations that may receive deductible contributions under section 170(c).	vione n	rouided to the never	7-		Х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices p	Tovided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	7.0		
·	to file Form 8282?	-		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	44-				
a L	Gross income from members or shareholders Gross income from other sources (Do not not amounts due or paid to other sources against	11a				
IJ	Gross income from other sources (Do not net amounts due or paid to other sources against	11b				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					₹7
	excess parachute payment(s) during the year?			15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.		0	40		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ıncon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.			_	990	(0000)

INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line da, da, or real below, december the circumstances, proceeded, or changes on contended of			
	Check if Schedule O contains a response or note to any line in this Part VI			X
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			
	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 9			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	and the state of t	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
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			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	This Section B requests information about policies not required by the internal nevertie code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		
		12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	21	
C		12c	х	
12	in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
			21	Х
D	Other officers or key employees of the organization	15b		-27
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IOa		160		Х
L	taxable entity during the year?	16a		
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	16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed ▶NY			
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	o only d	avoile	blo.
18	for public inspection. Indicate how you made these available. Check all that apply.	o orny)	avalla	DIE
10	(l fine-	oio!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıınanı	Jiai	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records AMELIA SCHRADER, YOUNG AUDIENCES OF WESTERN NEW YORK - 716-881-0	917		
	1 LAFAYETTE SQUARE, BUFFALO, NY 14203	<i>) 1 </i>		
	I DATAIBIIE DYOARE, DOTTABO, NI 14200			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization	n nor any related	orga	niza	tion	con	nper	sate	ed any current officer, di	irector, or trustee.	.
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		Cei ai	lu a u	II ecit	i / ii us	(66)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ndividual trustee or director	l trus		99/	n ben		(***2/1099*181130)		and related
	below	dual t	rtiona	L	l old n	st col	15			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER SIEPIERSKI	40.00									
FORMER EXECUTIVE DIRECTOR				Х				43,856.	0.	4,226.
(2) AMELIA SCHRADER	40.00									
EXECUTIVE DIRECTOR				Х				5,000.	0.	590.
(3) ARLOW LINTON	1.00									
PRESIDENT		Х		X				0.	0.	0.
(4) LAURA DOUGLAS	1.00									
VICE PRESIDENT	1 00	X						0.	0.	0.
(5) MICHAEL LESLIE	1.00	77	\mathbf{M}						0	_
BOARD MEMBER (6) DAYCIA CLARKE	1.00	X		М				0.	0.	0.
COMMITTEE MEMBER	1.00	X						0.	0.	0.
(7) MICHAEL THOMAS	1.00	Λ		-				0.	0.	<u></u>
TREASURER	1.00	x		Х				0.	0.	0.
(8) VALERIE STANEK	1.00	Ť								
SECRETARY		х		х				0.	0.	0.
(9) ROBIN HIBBERT	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JIM HOWE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) KYLE YOUNG	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
						_				
		-								
						L				
		1	l	1	1	1	l			

Form **990** (2020)

Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	ΙΗις	ghes	t C	ompensated Employee	s (continued)			
(A)	Desition		(E)			(F)						
Name and title	Average		not cl	heck r	k more than one			Reportable	Reportable			mated
	hours per week					s both or/trust		compensation from	compensation from related			ount of ther
	(list any	tor						the	organizations	, ا		ensation
	hours for	r direc				ted		organization	(W-2/1099-MIS			m the
	related	stee o	trustee		an an	pensat		(W-2/1099-MISC)			•	nization
	organizations below	ual tru	tio nal 1		ploye	t com	_					related izations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations
		_	_		×	1						
										\bot		
										-		
										-		
		•										
										-		
							7					
										-		
					K							
1b Subtotal							•	48,856.		0.	4	,816.
c Total from continuation sheets to Part VII								0.		0.		0.
d Total (add lines 1b and 1c)			-				lacksquare	48,856.		0.	4	,816.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization	4	4		\angle								(
			◥	М.							,	es No
3 Did the organization list any former officer,				-	-		_		•		3	X
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3	
and related organizations greater than \$150											4	х
5 Did any person listed on line 1a receive or a			•									
rendered to the organization? If "Yes." com	olete Schedule	e J fo	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor										ensatio	n fron	า
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wit	thin T		ear.		(0)	
(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	Cor	(C)	ation
		110) I V I	-								
							\dashv					
							\dashv					
Total number of independent contractors (ir	ncludina but n	ot lin	niter	t ot	thos	se liet	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz					(.54	0.0, 10001000 IIIC				
,	-								•	Fc	orm 9	90 (2020

Form 990 (2020) INC .
Part VIII Statement of Revenue INC.

			Check if Schedule O contains a respon	nse or n	ote to any lin	e in this Part VIII			
			Officer if Octredule O Cortains a respon	136 01 11	ote to arry iiri	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	а	Federated campaigns 1a						
irai our	ı	b	Membership dues 1b						
Y.G		С	Fundraising events						
ar /			Related organizations 1d						
s, G milk			Government grants (contributions) 1e	18	6,565.				
Sij	1		All other contributions, gifts, grants, and						
uti her			similar amounts not included above 1f	18	0,675.				
trib			Noncash contributions included in lines 1a-1f		8,309.				
o d	•	_	Total. Add lines 1a-1f			367,240.			
0 10		<u>'' </u>	Total: Add lines Ta-11		siness Code	30772101			
	•	_	PERFORMANCE FEES		00099	178,167.	178,167.		
ice	2 6			_ <u> </u> -³	00033	170,107.	170,107.		
er v	'	b		_					
n S en	•	С		_					
ran }ev	•	d		_					
Program Service Revenue	•	е		_					
Ā	1	f	All other program service revenue						
		g	Total. Add lines 2a-2f)	178,167.			
	3		Investment income (including dividends, in	iterest, a	and				
			other similar amounts)			17.			17.
	4		Income from investment of tax-exempt bor						
	5		Royalties						
			(i) Real	(i	i) Personal				
	6 :	a	Gross rents 6a	<u> </u>	•				
	_		Less: rental expenses 6b						
			Rental income or (loss) 6c						
			` ,						
				05	(ii) Other				
	/ 3		(7)	65	(ii) Other				
			assets other than inventory 7a						
	'		Less: cost or other basis						
Revenue			and sales expenses						
, Ve	•	С	Gain or (loss) 7c						
Re			Net gain or (loss)		<u> </u>				
Other I	8 8	а	Gross income from fundraising events (not						
ð			including \$ of						
			contributions reported on line 1c). See		•				
			Part IV, line 18	8a	1,680.				
	ı		Less: direct expenses	8b	1,824.				
		С	Net income or (loss) from fundraising even	ts		-144.			-144.
	9 8	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns	<u> </u>					
			• •	10a					
				10b					
			Less: cost of goods sold						
		<u>c</u>	Net income or (loss) from sales of inventor						
<u>s</u>				В	siness Code				
e e	11 a	а		_					
lant	ı	b		_ _					
Miscellaneous Revenue	•	С							
Mis(•		All other revenue						
		е	Total. Add lines 11a-11d)				
	12		Total revenue. See instructions			545,280.	178,167.	0.	-127.

Form 990 (2020) INC. Part IX Statement of Functional Expenses

2,00,00,00,00 20 20 20 20 20	Check if Schedule O contains a respons				
and domestic governments. See Part IV, line 21 (2 Grants and other assistance to domestic individuals. Sae Part IV, line 20 (2 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. Sae Part IV, lines 15 and 16 (3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. Sae Part IV, lines 15 and 16 (4 Grants and the sense of the part of	, , , , , , , , , , , , , , , , , , , ,	(A) Total expenses			(D) Fundraising expenses
2 Grants and other assistance to domestic inclividuals. See Part IV, Ine 2 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign inclividuals. See Part IV, Ine 2 5 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustsees, and key employees 4 3, 856. 30,700. 6,578. 6,5 Compensation of current officers, directors, trustsees, and key employees 4 3, 856. 30,700. 6,578. 6,5 Compensation of current officers, directors, trustsees, and key employees 4 3, 856. 30,700. 6,578. 6,5 Compensation of current officers, directors, trustsees, and key employees 4 3, 856. 30,700. 6,578. 6,5 Compensation of current officers, directors, trustsees, and key employees 4 3, 856. 30,700. 6,578. 6,5 Compensation of current officers, directors, trustsees, and key employees 4 3, 856. 30,700. 6,578. 6,5 Compensation of current officers, directors, trustsees, and t	l l				
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation not included above to disqualified persons (as defined under section 4958(1)(1) and persons described in ascelan 4958(1)(1) and person described in ascelan 4958(1)(1) an					
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation of current officers, directors, trustees, and key employees 9 Compensation of current officers, directors, trustees, and key employees 9 Compensation of current officers, directors, trustees, and key employees 9 Compensation of current officers and wages 9 Persons described in section 4558(c)(3)(8) 9 Cother employee benefits 1					
Companizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members					
individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation on tinudued above to disqualified persons (as defined under section 4958(r)(1) and persons (as defined under section 4958(r)(1) and persons described in section 4958(r)(3)(B) Other stainers and wages Pension plan accruals and contributions (include section 4916); and 403(s) employer contributions) Other employee benefits Payrol taxes 17,948. 12,564. 2,692. 2,6 Pess for services (nonemployees): a Management b Legal 3,518. c Accounting 6,575. 4,603. 986. 9 Other (It is the 10 generals of 6,575. 4,603. 986. 9 Other (It is the 10 generals of 6,575. 4,603. 986. 9 Other (It is the 11 general exceeds 10% of line 26, column (A) amount, list line 11 generals on 50. 0, 2,876. 2,013. 288. 5 Office expenses Office expenses Office expenses Office expenses Office expenses Office of travel or entertainment expenses for any tederal, state, or local public officials Conference, conventions, and meetings in line rest of fravel or entertainment expenses for any tederal, state, or local public officials Conference, conventions, and meetings in line rest of travel or entertainment expenses for any tederal, state, or local public officials Conference, conventions, and meetings in line 24, 13, 31. 32, 33. 33. 34. 34. 34. 35. 35. 36. 37. 37. 37. 37. 37. 37. 37. 37. 37. 37	· ·			A	
## Benefits piet to or for members Compensation of current officers, directors, trustees, and key employees					
5 Compensation of current officers, directors, trustees, and key employees 1 Compensation in included above to disqualified persons (as defined under section 4958(()(1)) and persons described in section 4958(()(3)(8) 2 Other salaries and wages 3 Persion plan accruals and contributions (include section 4958(()(3)(8) 3 Other employee benefits 4 1, 105, 506, 22, 609, 22, 6 3 Persion plan accruals and contributions (include section 4018), and 403(b) employer contributions) 4 Cher employee benefits 1 19, 104, 13, 372, 2, 866, 2, 8 4 Persion plan accruals and contributions (include section 4018), and 403(b) employer contributions) 5 Other employee benefits 1 17, 948, 12, 564, 2, 692, 2, 6 5 Pess for services (nonemployees): 3 Management 5 Legal 6 Accounting 6 Accounting 7 Cother, (if line 11g amount exceeds 10% of line 25, column (/A) amount, list line 11g expenses on Sch 0.) 7 Cother, (if line 11g amount exceeds 10% of line 25, column (/A) amount, list line 11g expenses on Sch 0.) 8 Coffice expenses 1 1, 675, 837, 670, 1 1 Information technology 1 1, 675, 837, 670, 1 1 Information technology 1 24, 670, 14, 802, 9, 868, 1 1 102, 5 1 100, 551, 4, 723, 4 1 100, 551, 4, 723, 4 1 100, 551, 5, 837, 670, 1 1 Information technology 1 1, 675, 837, 670, 1 1 Information technology 1 1, 675, 837, 670, 1 1 Information technology 1 1, 675, 837, 670, 1 1 Information technology 1 1, 7096, 5, 677, 1, 419, 1 1 Payments of travel or entertainment expenses for any federal, state, or local public officials continued and amortization 1 11, 351, 8, 513, 2, 838, 1 1 100, 2, 836, 1 1 100, 2, 836, 1 1 11, 699, 1 1 11, 69					
trustees, and key employees					
Compensation not included above to disqualified persons (as defined under section 4558(1)(1)) and persons (described in section 4558(1)(1)) and persons (described in section 4588(1)(1)) and persons (described in section 4588(1)(1) and persons (described in section 4588(1)(1)) and persons (described in section 4588(1)(1) and persons (described in section 4588(1) and persons (described in section 4588(1) and persons (described in section 4588(1)(1) and persons (described in section 4588(1) and persons (described in section 4588(1) and persons (described in section 4588(1) and persons (de		13 956	30 700	6 579	6 579
persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Personin plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 19,104. 13,372. 2,866. 2,8 Payroll taxes 17,948. 12,564. 2,692. 2,6 Fees for services (nonemployees): a Management b Legal 3,518. 3,518. C Accounting 6,575. 4,603. 986. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 2,876. 2,013. 288. 5 Occupancy 1,675. 837. 670. 1 Information technology 8,000 and payrol and promotion 2,4,670. 14,802. 9,868. Travel 3,163. 1,581. 791. 7 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Other expenses. Itemize expenses not covered above (List mickles) and amortization and mortization and mortization and mortization and mortization and mortization and mortization proported in expenses. See SCH O 7,096. 5,677. 1,419. Insurance Other expenses. Itemize expenses not covered above (List mickles) column (A) amount, ist in the proportion of the		43,030.	30,700.	0,370.	0,570
Design of the section 4958(c)(3)(B) 150,724. 105,506. 22,609. 22,609 22,	· · · · · · · · · · · · · · · · · · ·				
Other salaries and wages 150 , 724 . 105 , 506 . 22 , 609 . 22 , 609					
Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions) 19,104.		150 724	105 506	22 609	22 609
Section 401(k) and 403(b) employer contributions 19,104.		130,724.	103,300.	22,003.	22,00.
Other employee benefits	,				
Payroll taxes Fees for services (nonemployees): a Management b Legal		19 104.	13 372	2 866.	2 86
Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e 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 0.) Advertising and promotion Office expenses Occupancy Travel Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a ARTIST AND DIRECT PROGR b MISCELLANEOUS MISCELLANEOUS All other expenses. SEE SCH O Total functional expenses. SEE SCH O Total functional expenses. SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					2,69
## Management		17,540.	12,301.	2,052.	2,05
Social Content Soci	` , , ,				
C Accounting C		3 518		3 518	
Cobbying Professional fundraising services. See Part IV, line 17 Investment management fees Gother, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 15,689. 10,551. 4,723. 4,723. 4,723			4 603.		98
Professional fundraising services. See Part IV, line 17 Investment management fees		0,373.	1,003.	300.	
Investment management fees Groumn (A) amount, list line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses 1,675. 837. 670. 1 1,675. 837. 670. 1 1,675. 837. 670. 1 1,102. 5 80,20 line 25, 511. 3,858. 1,102. 5 80,20 line 25, 511. 3,858. 1,102. 5 80,20 line 26, 670. 14,802. 9,868. 7 Fravel Payments of travel or entertainment expenses for any federal, state, or local public officials. Conferences, conventions, and meetings linterest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on line 24e. If line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR DUES POSTAGE All other expenses SEE SCH O Total functional expenses. Set mice 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	, , , , , , , , , , , , , , , , , , , ,	-			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e amount exceeds 10% of line 24e. If line 24e expenses on Schedule 0.) a ARTIST AND DIRECT PROGR b DUES C POSTAGE d MI SCELLANEOUS All other expenses. SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	· · · · · · · · · · · · · · · · · · ·				
column (A) amount, list line 11g expenses on Sch 0.) 15,689. 10,551. 4,723. 4 Advertising and promotion 2,876. 2,013. 288. 5 Office expenses 1,675. 837. 670. 1 Information technology 5,511. 3,858. 1,102. 5 Royalties 0ccupancy 24,670. 14,802. 9,868. Travel 3,163. 1,581. 791. 7 Payments of travel or entertainment expenses for any federal, state, or local public officials 641. 641. 791. 7 Payments to affiliates 0 641. 641. 641. 641. 641. 11,351. 8,513. 2,838. 641.					
Advertising and promotion Office expenses Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0, and amorti, list line 24e expenses on Schedule 0, and and the school of the school o	- '	15.689.	10.551.	4.723.	41
Office expenses					57
Information technology					16
Royalties					55
Description			,	,	
Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance State amount, list line 24e expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a ARTIST AND DIRECT PROGR DUES DUES DUES DUES DUES DUES DUES DUES	<u> </u>	24,670.	14,802.	9,868.	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR DUES POSTAGE MISCELLANEOUS All other expenses SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	1				79
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR DUES POSTAGE MISCELLANEOUS All other expenses SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	Payments of travel or entertainment expenses		·		
Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR DUES DUES DOSTAGE MISCELLANEOUS All other expenses Ald lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					
Interest					
Payments to affiliates Depreciation, depletion, and amortization 7,096		641.		641.	
Depreciation, depletion, and amortization 1,419					
Insurance		7,096.	5,677.	1,419.	
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR DUES 13,090. 6,545. 5,236. 1,3 POSTAGE 2,676. 892. 892. 892. 8 MISCELLANEOUS 1,777. 888. 711. 1 All other expenses SEE SCH O 7 2,157. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					
Iline 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR 111,699. 111,699. DUES	Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.) ARTIST AND DIRECT PROGR DUES POSTAGE MISCELLANEOUS All other expenses SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					
DUES					
POSTAGE 2,676. 892. 892. 8					
MISCELLANEOUS All other expenses SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	DUES			-	1,30
All other expenses SEE SCH O Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined					89
Total functional expenses. Add lines 1 through 24e 445,796. 334,601. 70,585. 40,6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			888.		17
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	All other expenses SEE SCH O			-	
reported in column (B) joint costs from a combined	Total functional expenses. Add lines 1 through 24e	445,796.	334,601.	70,585.	40,61
	Joint costs. Complete this line only if the organization				
educational campaign and fundraising solicitation	reported in column (B) joint costs from a combined				
outdate of the same and turner	educational campaign and fundraising solicitation.				
					Earm 990 (

Form **990** (2020)

Form 990 (2020)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	87,411.		183,108.		
	2	Savings and temporary cash investments			80,334.	2	81,975.
	3	Pledges and grants receivable, net	22,920.	3	14,782.		
	4	Accounts receivable, net		150.	4	150.	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese pers	sons		5	
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	*
ğ	9	Duran did assessment all defenses diele sons			2,187.	9	1,901.
	10a	Land, buildings, and equipment: cost or othe	r	1			
		basis. Complete Part VI of Schedule D	10a	43,918. 25,128.			
	b	Less: accumulated depreciation	25,886.	10c	18,790.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			218,888.		300,706. 16,963.
	17	Accounts payable and accrued expenses			23,358.	17	16,963.
	18	Grants payable				18	4 500
	19	Deferred revenue				19	4,500.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the			70 210	22	F A F A 7
_	23	Secured mortgages and notes payable to unr			70,318.	23	54,547.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin				0.5	
	06			·····	93,676.	25 26	76,010.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, or	book bo	70 N Y	23,010.	20	70,010.
S		and complete lines 27, 28, 32, and 33.	Heck He				
Se l	27				99,289.	27	181,410.
sala	28	Net assets with donor restrictions			25,923.	28	43,286.
Ā	20	Organizations that do not follow FASB ASC			20,7200		23,2000
Ē		and complete lines 29 through 33.	, 950, Ci	eck liefe			
5	29	Capital stock or trust principal, or current fun	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				125,212.	32	224,696.
Z	33	Total liabilities and net assets/fund balances			218,888.	33	300,706.
	_ 55	Total habilities and flet assets/fully baidfless				_ 55	Form 990 (2020)

L6-0916472	Page 12
------------	----------------

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		45	, 2	80.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	<u>. 45</u>	<u>, 7</u>	96.
3	Revenue less expenses. Subtract line 2 from line 1	3				84.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	<u>.25</u>	<u>, 2</u>	12.
5	Net unrealized gains (losses) on investments	5				
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	2	24	, 6	96.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				<u> </u>
				`	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 in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		1	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	X 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 separate	basis,				
	consolidated basis, or both:					
	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			_	37	
	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 Sin	•				x
	Act and OMB Circular A-133?			Ba		
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits.			NI_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Bb C	90	(2020)
			FC	1111 S		(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

YOUNG AUDIENCES OF WESTERN NEW YORK. **Employer identification number** Name of the organization INC 16-0916472 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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	tion A. Public Support	, , , , , , , , , , , , , , , , , , , ,	,	,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-)	(3) = 2 · ·	(5) = 5 · 5	(=, == : =	(5) = = = =	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	258,761.	239,842.	376,530.	338,739.	281,946.	1495818.
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						
4	Total. Add lines 1 through 3	258,761.	239,842.	376,530.	338,739.	281,946.	1495818.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						458,752.
	Public support. Subtract line 5 from line 4.						1037066.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	258,761.	239,842.	376,530.	338,739.	281,946.	1495818.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1.0	1.0	07	77	1 🗖	21.0
	and income from similar sources	10.	18.	97.	77.	17.	219.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	6,589.	200.	29,783.	18,077.		54,649.
11	assets (Explain in Part VI.)	0,303.	200.	25,705	10,0774		1550686.
	Gross receipts from related activities,	etc (see instruction	ine)			12 1	,443,033.
	First 5 years. If the Form 990 is for th			ourth or fifth tax v	year as a section 5		711370331
10	organization, check this box and stop			•			
Sec	etion C. Computation of Publi						············
	Public support percentage for 2020 (li			olumn (f))		14	66.88 %
	Public support percentage from 2019					15	65.16 %
	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies						▶ ▽
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu			•			▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	· >

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

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

Section A. Public Support	iow, piease comp	note i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			,,			
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
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 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	(4) 23:3	(2)	(5) = 5 : 5	(4,) = 0.10	(6) = 5 = 5	(.,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is	C					
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.)						
14 First 5 years. If the Form 990 is for the	organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
check this box and stop here						>
Section C. Computation of Public		<u>_</u>				
15 Public support percentage for 2020 (lin					15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Invest						
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2020. If the o						7 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the c	-	-				
line 18 is not more than 33 1/3%, chec	•			•	•	
20 Private foundation. If the organization						

032023 01-25-21

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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
		162	140
	1		
	2		
	20		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Oh		
	9b		
	9с		
	10a		
n 9	10b	n-F7)	2000
. u	wii or uc	" 1- - /\	フロンロ

Par	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in 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			
	<u> </u>		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		103	140
•	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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
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,			
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
366	tion 6. Type it oupporting organizations			·
			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	_		
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations			l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 year (see instruction	ıs).		
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	instruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co		•	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Sche	dule A (Form 990 or 990-EZ) 2020 INC.		•	1	6-0916472	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)		
Secti	on D - Distributions				Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpose	<u> </u>	3			
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9_	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount		7/2	10	, , , , , , , , , , , , , , , , , , ,	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributab Amount for 2	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
a	From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
e	From 2019					
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2020 distributable amount					
_ <u>i</u> _	Carryover from 2015 not applied (see instructions)					
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
<u>b</u>	Applied to 2020 distributable amount					
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2016					
	Excess from 2017					
С	Excess from 2018					
	Excess from 2019					
	Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

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.)
PART II, SECTION B, LINE 10
OTHER INCOME CONSISTS OF REVENUE FROM SPECIAL EVENTS AND OTHER
MISCELLANEOUS ITEMS.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
OISHEI FOUNDATION	99,000.	67,986.
COMMUNITY FOUNDATION FOR GREATER BUFFALO	65,000.	33,986.
FUND FOR THE ARTS	259,800.	228,786.
PETER AND ELIZABETH C TOWER FOUNDATION	78,050.	47,036.
FIRST NIAGARA FOUNDATION	75,000.	43,986.
UNITED WAY	39,500.	8,486.
NYS COUNCIL ON THE ARTS	59,500.	28,486.
Total Excess Contributions to Schedule A, Part II, Line 5		458,752.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

2020

OMB No. 1545-0047

Name of the organization	Emp	oloyer identification number
YOUNG AUDIENCES OF WESTERN NEW YORK,		
INC.	1	6-0916472

Filers of:		Section:
Form 990 or	990-EZ	X 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-P	F	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule.
Note: Only a	a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Ru	le	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ne contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rul	es	
sed an <u>y</u>	ctions 509(a)(1) ar y one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
coi	ntributor, during t rary, or educatior	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, all purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
yea is c pu	ar, contributions e checked, enter he rpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box re the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it must	answer "No" on F	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
YOUNG AUDIENCES OF WESTERN NEW YORK,
INC.

Employer identification number
16-0916472

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FUNDS FOR THE ARTS C/O COMMUNITY FOUNDATION FOR GREATER BUFF 726 EXCHANGE STREET BUFFALO, NY 14210	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	NEW YORK STATE COUNCIL ON THE ARTS 300 PARK AVENUE SOUTH NEW YORK, NY 10010	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CITY OF BUFFALO ONE NIAGARA SQUARE BUFFALO, NY 14202	\$ 25,204.	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No. 4	Name, address, and ZIP + 4 ERIE COUNTY 95 FRANKLIN STREET BUFFALO, NY 14202	\$ 10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	UNITED WAY 742 DELAWARE AVENUE BUFFALO, NY 14209	\$ 19,500.	Person X Payroll
(a)	(b) Name address and 7IP + 4	(c) Total contributions	(d) Type of contribution
No6_	Name, address, and ZIP + 4 ERIE COUNTY YOUTH BUREAU 810 EAST FERRY STREET BUFFALO NY 14211	\$ 12,026.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
YOUNG AUDIENCES OF WESTERN NEW YORK,
INC.

Employer identification number
16-0916472

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7	FIRST NIAGARA FOUNDATION 726 EXCHANGE STREET, SUITE 701 BUFFALO, NY 14210	\$ 25,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>8</u>	NATIONAL FUEL 6363 MAIN STREET BUFFALO, NY 14221	\$ 5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	MOLINA HEALTHCARE 5232 WITZ DRIVE NORTH SYRACUSE, NY 13213	\$ 10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10	RALPH C WILSON FOUNDATION 726 EXCHANGE STREET BUFFALO, NY 14210	\$10,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11	PETER & ELIZABETH C. TOWER FOUNDATION 2351 FOREST RD. #106 GETZVILLE, NY 14068	\$ 20,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12	ERIE COUNTY PRIMETIME 810 EAST FERRY STREET	\$9,000.	Person X Payroll Noncash (Complete Part II for		

Name of organization
YOUNG AUDIENCES OF WESTERN NEW YORK,
INC.

Employer identification number
16-0916472

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	

	rganization				Employer identification number	
	AUDIENCES OF WESTERN NI	EW YORK,			16 0016470	
INC. Part III	Exclusively religious, charitable, etc., contribut	ions to organizations descri	bed in section 50	11(c)(7), (8), or (10) ti	16-0916472	
ı artın	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following	a line entry. For o	rganizations		
	Use duplicate copies of Part III if additional	space is needed.	1,000 or less for t	ne year. (Enter this into. onc	e.) P ———————————————————————————————————	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfe	er of aift			
		(1)				
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
	-					
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held	
Part I						
-						
		(e) Transfe	er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
				•		
(a) No. from	(h) Dumaga of sift	(c) Use of g	:41	(d) Door	ription of how gift is held	
Part I	(b) Purpose of gift	(c) Use of g		(d) Desc	anplion of now girt is neid	
				-		
	(e) Transfer of gift					
	Transferee's name address a	nd 7ID + 4	В	alationahin of tra	noforar to transferoe	
-	Transferee's name, address, and ZIP + 4 Re			elationship of tra	nsferor to transferee	
(a) No.		<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held	
- runti						
-		(e) Transfe	er of gift			
		(c) Transie	Ji giit			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
	-					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUNG AUDIENCES OF WESTERN NEW YORK, INC.

Employer identification number 16-0916472

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	-	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	
Da			
Par	Sempleton and one		Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
C	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year	want is bound by	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri	la a la la O	Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, I		
U	Starr and volunteer flours devoted to morntoning, inspecting, i	rialiding of violations, and emorcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
•	S	ing of violations, and emoreing conserva	non casements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1700	h)(4)(B)(i)
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
·	balance sheet, and include, if applicable, the text of the footne	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	ırtherance of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these item	IS.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L .
2	If the organization received or held works of art, historical trea		I gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b	Assets included in Form 990, Part X		

032051 12-01-20

Schedule D (Form 990) 2020

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

	t III Organizations Maintaining Co	ollections of Art	t. Historical Tr	easures o	r Other S		S (times)
_	•						(
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	tollowing that	make sign	ificant use of its	
	collection items (check all that apply):	_					
а	Public exhibition	d		change progra			
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	the organization	on's exempt	t purpose in Part	ı XIII.
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	asures, or othe	er similar as	sets	_
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang		ete if the organizati	on answered	"Yes" on Fo	orm 990, Part IV,	line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	ns or other as	sets not inc	luded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a						
							Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
	Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIII.					·	
Par							
	острых п	(a) Current year	(b) Prior year	(c) Two yea		1 Three years hack	(e) Four years back
10	Paginning of year balance		(b) Filor year	(C) Two yea	15 Dack (u	Tillee years back	(e) I our years back
	Beginning of year balance						
b	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Term endowment	%					
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.					
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held a	and administer	red for the o	organization	
	by:						Yes No
	(i) Unrelated organizations						3a(i)
	(ii) Related organizations						3a(ii)
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?	?			3b
4	Describe in Part XIII the intended uses of the						
Pai	t VI Land, Buildings, and Equipm						
	Complete if the organization answered	l "Yes" on Form 990	. Part IV. line 11a.	See Form 990	. Part X. lin	e 10.	
	Description of property	(a) Cost or o		st or other		umulated	(d) Book value
	becompared property	basis (investr	, ,	s (other)		eciation	(a) Book value
12	Land	,	,	. ,			
	Land						
	Buildings						
	Leasehold improvements						
	Equipment			43,918.	2	25,128.	18,790.
	Other						18,790.
ıota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990.Part	X. column (B). line	10c.)		P	10,/30.

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			UJIUI/I rage u
Complete if the organization answered "Yes" of		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	от-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
	F 000 D IV I'	11 1 0 - Farm 000 Bart V Far 15	
Complete if the organization answered "Yes" (Description	Tid. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) BOOK Value
(1)			
(2)	. • • • • • • • • • • • • • • • • • • •		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	[5.]		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5111 61111 666, 1 411 14, 11116	110 01 111. Gee 1 0111 000,1 are X, iii 0 20.	(b) Book value
(1) Federal income taxes			, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	>	
2. Liability for uncertain tax positions. In Part XIII, provide	•		at reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 INC •		16-0916472 Page 4
Par	t XI Reconciliation of Revenue per Audited Fin	nancial Statements With Revenue	per Return.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial si	tatements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on lin		
а	Investment expenses not included on Form 990, Part VIII, line	7b 4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990.	Part I. line 12.)	
Pa	t XII Reconciliation of Expenses per Audited Fi	nancial Statements With Expense	es per Return.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 2		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)	2d	
е			
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line		
a	Investment expenses not included on Form 990, Part VIII, line		
b	Other (Describe in Part XIII.)	<u> </u>	40
c			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990 t XIII Supplemental Information.), Part I, line 18.)	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4: Part IV lines 1b and 2b: Par	t V line 1: Part Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this par		t v, mic 4, r art X, mic 2, r art Xi,
	za ana 15, ana 1 ar 7m, mise za ana 15.7me complete une par	tio provide any additional information.	

Schedule D (Form 990) 2020

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

VOLING AUDIENCES OF WESTERN NEW YORK

Employer identification number

INC.										16-0916472					
Part I	Excess Bene	fit Transac	ctions (section 50	01(c)(3), secti	on 501(c)(4), and se	ction	n 501(c)(29) orga	nizatio	ns on	ly).				
	Complete if the c					urt IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ne 40	b.				
(a) Name of disqualified person			Relationship betw person and or	ified (d	(c) Description of trans				saction			(d) Corrected? Yes No			
			person and or									No			
									-						
												+			
									-						
										+	_				
section	n 4958					ualified persons dur				▶ \$ ▶ \$		•	•		
Part II	Loans to and	l/or From I	nterested Pers	ons.											
	· ·	-	nswered "Yes" on F 990, Part X, line 5, 6			Part V, line 38a or F	orm	990, Part IV, lin	e 26; d	or if the	e orga	nizatio	n		
		(b) Relationsh	nip (c) Purpose			(e) Original	(f) Balance due		(g)		(i) Written				
		with organizat	nization of loan		zation?	principal amount			default?			ommittee?		ment?	
				То	From				Yes	No	Yes	No	Yes	No	
							_								
							_								
							\vdash							_	
														_	
				1											
otal						> \$	•								
Part III	Grants or As	sistance B	enefiting Inter	estec	Per	sons.									
	Complete if the c	organization a	nswered "Yes" on F	orm 9	90, Pa	rt IV, line 27.		T							
(a) Name of interested person			(b) Relationship between interested person and the organization			(c) Amount of assistance							e) Purpose of assistance		
										\perp					
										_					
										-+					
										+					
										-+					
										\dashv					

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

Schedule L (Form 990 or 990-EZ) 2020

	AUDIENCES OF WESTER	N NEW YORK,		
Schedule L (Form 990 or 990-EZ) 2020 INC.			16-0916	472 Page 2
Part IV Business Transactions Involv	ing Interested Persons.			
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	T	L (-) Chavina af
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's
	person and the organization	transaction	transaction	revenues?
		1 222		Yes No
LE BALLET TOUBA	ROBIN HIBBERT IS ON		ROBIN HIBBE	X
GOLDBERG SEGALLA	ARLOW LINTON IS ON	3,518.	ARLOW LINTO	X
	<u> </u>			<u> </u>
				
	 			
	 			
	 			
Dowt V Complemental Information	<u> </u>			
Part V Supplemental Information.				
Provide additional information for response	onses to questions on Schedule L (see i	instructions).		
COLL I DADM IN DUCTNESS W		C TMMEDECHE	D DEDCOMO.	
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	IG INTERESTE	D PERSONS:	
(A) NAME OF PERSON: LE BAL	LET TOUBA			
(A) NAME OF PERSON: LE BALL	LEI IOUBA			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	OPCANTZATT	ON.	
(B) REDATIONSHIP BETWEEN 1.	NIERESIED FERSON AND	ORGANIZATI	ON.	
ROBIN HIBBERT IS ON THE BO.	ARD OF DIRECTORS.			
KODIN HIDDERT ID ON THE BO	ARD OF BIRECTORS.			
(D) DESCRIPTION OF TRANSACT	TION: ROBIN HIBBERT	TS THE OWNE	R OF LE BAL	LET
(2) BEDORIET TON OF THE MINISTER	IION NODIN HIBBENT	25 2112 011112	01	
TOUBA. THE ORGANIZATION PA	ID LE BALLET TOUBA F	OR CONTRACT	ED SERVICES	
(A) NAME OF PERSON: GOLDBE	RG SEGALLA			
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:	
ARLOW LINTON IS ON THE BOA	RD OF DIRECTORS			
(D) DESCRIPTION OF TRANSAC	TION: ARLOW LINTON I	S AN ATTORN	EY AT GOLDB	ERG
SEGALLA. THE ORGANIZATION	PAID GOLDBERG SEGALL	A FOR LEGAL	SERVICES.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

 Go to www.irs.gov/Form990 for instructions and the latest information. YOUNG AUDIENCES OF WESTERN NEW YORK,

Open to Public Inspection

Employer identification number

16-0916472 INC Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 17,530. FAIR MARKET VALUE (RENT 25 X 1 779. FAIR MARKET VALUE Other > 26 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

YOUNG AUDIENCES OF WESTERN NEW YORK,

Employer identification number 16-0916472

INC. 16-0916472 FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS THE 990 AND THE BOARD IS PROVIDED A COPY FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ORGANIZATION REQUIRES ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES TO COMPLETE ANNUAL CONFLICT OF INTEREST STATEMENTS. THE BOARD PRESIDENT REVIEWS THE CONFLICT OF INTERESTS ANNUALLY AND REPORTS TO THE BOARD WHO AGREES TO ANY APPROPRIATE RESTRICTIONS. FORM 990, PART VI, SECTION B, LINE 15A: FOR EXECUTIVE DIRECTOR, THE SALARY AND COMPENSATION OF THE EXECUTIVE DIRECTOR FOR THREE COMPARABLE ORGANIZATIONS WERE REVIEWED FOR THE TWO HIGHEST PAID EMPLOYEES BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: ANNUAL REPORT/NEWSLETTER: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 1,080. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,080.

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

Schedule O (Form 990 or 990-EZ) 2020

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

JUNE 30, 2021

PREPARED FOR:

YOUNG AUDIENCES OF WESTERN NEW YORK, INC. 1 LAFAYETTE SQ BUFFALO, NY 14203

PREPARED BY:

BROCK, SCHECHTER & POLAKOFF, LLP 726 EXCHANGE STREET, SUITE 822 BUFFALO, NY 14210

AMOUNT OF TAX:

BALANCE DUE OF \$75

MAKE CHECK PAYABLE TO:

DEPARTMENT OF LAW

MAIL TAX RETURN TO:

NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 28 LIBERTY STREET NEW YORK, NY 10005

RETURN MUST BE MAILED ON OR BEFORE:

MAY 16, 2022

SPECIAL INSTRUCTIONS:

THE REPORT SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL(S).

NEW YORK FORM CHAR500 REPORTS SHOULD ALSO BE FILED WITH THE DEPARTMENT OF STATE VIA THE WEB AT: HTTPS://MY.NY.GOV/

THE ATTACHED COPY OF THE FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020

Open to Public Inspection

1.General In	formation
i.General III	iorination

	g (mm/dd/yyyy) 07/01/	$^{\prime}2020$ and Ending (mm/dd/yyyy) 06/30/	2021
Check if Applicable:	Name of Organization:			Employer Identification Number (EIN):
Address Change	YOUNG AUDIENCE	S OF WESTERN I	NEW YORK, INC	16-0916472
Name Change	Mailing Address:			NY Registration Number:
Initial Filing	1 LAFAYETTE SQ			00-76-05
Final Filing	City / State / ZIP:			Telephone:
Amended Filing	BUFFALO, NY 1	4203		716 881-0917
Reg ID Pending	Website:			Email:
	WWW.YAWNY.ORG			INFO@YAWNY.ORG
Check your organization'		TT.		Confirm your Registration Category in the
registration category:	7A only EPTL	only X DUAL (7A &	EPTL) EXEMPT*	Charities Registry at <u>www.CharitiesNYS.com</u> .
2. Certification				
See instructions for certif	ication requirements. Imprope	r certification is a violation	of law that may be subject	to penalties. The certification requires
two signatories.				
We certify under a	penalties of perjury that we revi	iewed this report, including	all attachments, and to the	best of our knowledge and belief,
	e true, correct and complete in			
			LAURA DOUG	LAS
President or Authorized	Officer:		BOARD PRES	IDENT
	Signature		Print Nam	e and Title Date
			MICHAEL TH	OMAS
Chief Financial Officer o	r Treasurer:		TREASURER	
	Signature		Print Nam	e and Title Date
2 Annual Departin	- Everenties			
3. Annual Reporting	•			(7.4 EDT) (1.1) (1.1)
				egory (7A or EPTL only filers) or both
categories (DUAL filers) t				al Objection No. for a selection of
_ ·				ed Char500. No fee, schedules, or
additional attachments a	re required. If you cannot clain			ed Char500. No fee, schedules, or e exemption, you must file applicable
additional attachments a				
additional attachments a schedules and attachment	re required. If you cannot clain nts and pay applicable fees.	n an exemption or are a DU	AL filer that claims only on	e exemption, you must file applicable
additional attachments a schedules and attachme	re required. If you cannot clain nts and pay applicable fees. ng exemption: Total contribution	n an exemption or are a DU	AL filer that claims only on gresidents, foundations, gr	e exemption, you must file applicable overnment agencies, etc. did not
additional attachments a schedules and attachments a 3a. 7A filinexceed \$2	re required. If you cannot clain nts and pay applicable fees. ng exemption: Total contribution 25,000 and the organization di	n an exemption or are a DU	AL filer that claims only on gresidents, foundations, gr	e exemption, you must file applicable
additional attachments a schedules and attachments a 3a. 7A filinexceed \$2	re required. If you cannot clain nts and pay applicable fees. ng exemption: Total contribution	n an exemption or are a DU	AL filer that claims only on gresidents, foundations, gr	e exemption, you must file applicable overnment agencies, etc. did not
additional attachments a schedules and attachme 3a. 7A filii exceed \$2 contributi	re required. If you cannot clain nts and pay applicable fees. In a exemption: Total contributions and the organization dispute the fiscal year.	n an exemption or are a DU ons from NY State including d not engage a professiona	AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit
additional attachments a schedules and attachme 3a. 7A filii exceed \$2 contributi 3b. EPTL	re required. If you cannot claim nts and pay applicable fees. In a exemption: Total contribution 25,000 and the organization disputs during the fiscal year. If the filling exemption: Gross receiptions during the filling exemption:	n an exemption or are a DU ons from NY State including d not engage a professiona	AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	e exemption, you must file applicable overnment agencies, etc. did not
additional attachments a schedules and attachme 3a. 7A filii exceed \$2 contributi 3b. EPTL	re required. If you cannot clain nts and pay applicable fees. In a exemption: Total contributions and the organization dispute the fiscal year.	n an exemption or are a DU ons from NY State including d not engage a professiona	AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit
additional attachments a schedules and attachme 3a. 7A filii exceed \$2 contributi 3b. EPTL	re required. If you cannot claim that and pay applicable fees. In examption: Total contributions and the organization disputed that the second that the secon	n an exemption or are a DU ons from NY State including d not engage a professiona	AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit
additional attachments a schedules and attachments and attachments and attachments and attachments and an arrangement and an arrangement and arrangement and arrangement and arrangement and arrangement and arrangement and arrangement a	re required. If you cannot claim that and pay applicable fees. In examption: Total contributions and the organization disputed that the second that the secon	n an exemption or are a DU ons from NY State including d not engage a professiona	AL filer that claims only on g residents, foundations, g I fund raiser (PFR) or fund	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit
additional attachments a schedules and attachments a sched	re required. If you cannot claim that and pay applicable fees. In exemption: Total contributions and the organization disposed during the fiscal year. If the fiscal year of the fiscal year. If the fiscal year of the fiscal year. It the the fiscal year of the fiscal year. It the fiscal year of the fiscal year.	on an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000	AL filer that claims only on gresidents, foundations, go I fund raiser (PFR) or fund and the market value of as	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time
additional attachments a schedules and attachments as schedules are schedules and attachments as schedules and attachments as schedules are schedules as schedules and attachments as schedules and attachments as schedules and attachments as schedules are schedules and attachments as schedules are schedules and attachments as schedules as schedules are schedules as schedules and attachments as schedules are schedules as sc	re required. If you cannot claim nts and pay applicable fees. In gexemption: Total contributions and the organization disposed during the fiscal year. If the contribution of the fiscal year. It achments Yes X No 4a. Did year.	n an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000 a	AL filer that claims only on presidents, foundations, go I fund raiser (PFR) or fund and the market value of as	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time
additional attachments a schedules and attachments a sched	re required. If you cannot claim nts and pay applicable fees. In gexemption: Total contributions and the organization disposed during the fiscal year. If the contribution of the fiscal year. It achments Yes X No 4a. Did year.	on an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000	AL filer that claims only on presidents, foundations, go I fund raiser (PFR) or fund and the market value of as	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time
additional attachments a schedules and attachment and attachment and attachment and attachment and attachment and attachment and attachments and attachments and attachments and attachments and attachments and attachment and attachment attachm	re required. If you cannot claim nts and pay applicable fees. Ing exemption: Total contributions and the organization disputed the fiscal year. Itachments Yes X No 4a. Did you cannot claim nts and pay applicable fees. The filing exemption: Gross receipted fiscal year. The filing exemption: Gross receipted fiscal year.	n an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000 a	AL filer that claims only on gresidents, foundations, go I fund raiser (PFR) or fund and the market value of as ressional fund raiser, fund to P If yes, complete Schedule	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a.
additional attachments a schedules and attachments as a schedules and attachments as a schedules and attachments as a schedules and attachments to complete your filing.	re required. If you cannot claim nts and pay applicable fees. Ing exemption: Total contributions and the organization disputed the fiscal year. Itachments Yes X No 4a. Did you cannot claim nts and pay applicable fees. The filing exemption: Gross receipted fiscal year. The filing exemption: Gross receipted fiscal year.	on an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000 and your organization use a pro- raising activity in NY State	AL filer that claims only on gresidents, foundations, go I fund raiser (PFR) or fund and the market value of as ressional fund raiser, fund to P If yes, complete Schedule	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a.
additional attachments a schedules and attachment and attachment and attachment and attachment and attachment and attachment and attachments and attachments and attachments and attachments and attachments and attachment and attachment attachm	re required. If you cannot claim nts and pay applicable fees. Ing exemption: Total contributions and the organization disputed the fiscal year. Itachments Yes X No 4a. Did you cannot claim nts and pay applicable fees. The filing exemption: Gross receipted fiscal year. The filing exemption: Gross receipted fiscal year.	on an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000 and your organization use a pro- raising activity in NY State	AL filer that claims only on gresidents, foundations, go I fund raiser (PFR) or fund and the market value of as ressional fund raiser, fund to P If yes, complete Schedule	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a.
additional attachments a schedules and attachments as a schedules and attachments as a schedules and attachments as a schedules and attachments to complete your filing.	re required. If you cannot claim nts and pay applicable fees. Ing exemption: Total contributions and the organization disputed the fiscal year. Itachments Yes X No 4a. Did you cannot claim nts and pay applicable fees. The filing exemption: Gross receipted fiscal year. The filing exemption: Gross receipted fiscal year.	on an exemption or are a DU ons from NY State including d not engage a professional ts did not exceed \$25,000 and your organization use a pro- raising activity in NY State	AL filer that claims only on gresidents, foundations, go I fund raiser (PFR) or fund and the market value of as ressional fund raiser, fund to P If yes, complete Schedule	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a. omplete Schedule 4b.
additional attachments a schedules and attachments as a schedules and attachments to complete your filing.	re required. If you cannot claim nts and pay applicable fees. In gexemption: Total contributions and the organization disputed by the fiscal year. If the fiscal year and the contributions during the fiscal year. If the fiscal year are a filling exemption: Gross receiptors fiscal year. It achments Yes X No 4a. Did you for fund the fiscal year are a filling exemption. The filling fee:	ons from NY State including d not engage a professional ts did not exceed \$25,000 cour organization use a prograising activity in NY State the organization receive governments.	g residents, foundations, go I fund raiser (PFR) or fund and the market value of as ressional fund raiser, fund of If yes, complete Schedule vernment grants? If yes, co	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a. omplete Schedule 4b. Make a single check or money order
additional attachments a schedules and attachments as a schedules and attachments to complete your filing. 3a. 7A filing exceed \$2 contribution. 3b. EPTL during the schedules and attachments of schedules and attachments to complete your filing. 5. Fee See the checklist on the	re required. If you cannot claim nts and pay applicable fees. Ing exemption: Total contributions and the organization disputed ones during the fiscal year. Itachments Yes X No 4a. Did you for fund X Yes No 4b. Did to 7A filling fee: ur	ons from NY State including d not engage a professional ts did not exceed \$25,000 from the organization use a prograising activity in NY State the organization receive got EPTL filing fee:	AL filer that claims only on gresidents, foundations, go I fund raiser (PFR) or fund and the market value of as sessional fund raiser, fund of the grants? If yes, complete Schedule vernment grants? If yes, complete Total fee:	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a. omplete Schedule 4b. Make a single check or money order payable to:
additional attachments a schedules and attachments a schedules and attachments a schedules and attachments a schedules and attachments to complete your filing. 3a. 7A filing exceed \$2 contribution and attachments and attachments to complete your filing.	re required. If you cannot claim nts and pay applicable fees. In gexemption: Total contributions and the organization disputed by the fiscal year. If the fiscal year and the contributions during the fiscal year. If the fiscal year are a filling exemption: Gross receiptors fiscal year. It achments Yes X No 4a. Did you for fund the fiscal year are a filling exemption. The filling fee:	ons from NY State including d not engage a professional ts did not exceed \$25,000 cour organization use a prograising activity in NY State the organization receive governments.	g residents, foundations, go I fund raiser (PFR) or fund and the market value of as ressional fund raiser, fund of If yes, complete Schedule vernment grants? If yes, co	e exemption, you must file applicable overnment agencies, etc. did not raising counsel (FRC) to solicit sets did not exceed \$25,000 at any time raising counsel or commercial co-venturer e 4a. omplete Schedule 4b. Make a single check or money order

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

The Exempt Gategory releas to all organizations who registration status. It does not refer to its mo tax designation.

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) If you answered "yes" in Part 4b, submit with your CHAR500: If Sorm 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors), Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filled an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: If you are a 7A only or DUAL filer, submit and a submit of the Alternation of the Solidate	Check the schedules you must submit with your CHAR500 as described in Part 4:	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:	If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X IRS Form 990, 990.EZ, or 990.PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.	X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	Α.
X IRS Form 990, 990.EZ, or 990.PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.		
X additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990 N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$250,000 and up to \$750,000. No Review Report or Audit Report is required because total revenue and support is less than \$250,000. We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required So, if you checked the 7A exemption in Part 3a	Check the financial attachments you must submit with your CHAR500:	
disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Fleview or Audit Report: X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$750,000. No Review Report or Audit Report is required because total revenue and support is less than \$250,000. We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required. Calculate Your Fee S.my Registration Category 7A. EPTI., DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: So, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a So, if you checked the EPTL exemption in Part 3b So, if you checked the EPTL exemption in Part 3b So, if you checked the EPTL exemption in Part 3b So, if you checked the EPTL exemption in Part 3b So, if the NET WORTH is \$50,000 or more but less than \$250,000 So, if the NET WORTH is \$50,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 So, if the NET WORTH is \$50	X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Fleview or Audit Report: X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$750,000. No Review Report or Audit Report is required because total revenue and support is less than \$250,000. We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required. Calculate Your Fee S. my Registration Category 7A. EPTL, DUAL or EXEMPT2 Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: So, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: So, if you checked the EPTL exemption in Part 3b \$25, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is \$50,000 or more but less than \$250,000 \$310, if the NET WORTH is \$50,000 or more but less than \$50,000,000 \$3750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$3750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$31500, if the NET WORTH is \$50,000,00	X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cont	ributors). Schedule B of public charities is exempt from
filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: X		
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: X	Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue	e exceeded \$25,000 and/or our assets exceeded \$25,000 in the
X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is \$50,000 or more but less than \$250,000 \$250, if the NET WORTH is \$50,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,0	filing year. We have included an IRS Form 990-EZ for state purposes only.	
X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is \$50,000 or more but less than \$250,000 \$250, if the NET WORTH is \$50,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,0		
X Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000. Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a \$25, if you checked the FPIL exemption in Part 3b \$25, if the NET WORTH is \$50,000 or more but less than \$250,000 \$250, if the NET WORTH is \$50,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if t	If you are a 7A only or DUAL filer, submit the applicable independent Certified Public A	Accountant's Review or Audit Report:
Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee For 7A and DUAL filers, calculate the 7A fee: \$\begin{array}{cccccccccccccccccccccccccccccccccccc		
No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required Calculate Your Fee		
Calculate Your Fee S	No Review Report or Audit Report is required because total revenue and support	rt is less than \$250,000
S my Registration Category 7A, EPTL, DUAL or EXEMPT2		
S my Registration Category 7A EPTL, DUAL or EXEMPT?	, , ,	
Smy Registration Category 7A. EPTL, DUAL or EXEMPT?		
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$25, if the NET WORTH is less than \$50,000 \$250, if the NET WORTH is \$50,000 or more but less than \$250,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 o	Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3a For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$250, if the NET WORTH is \$50,000 or more but less than \$250,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less tha		Is my Registration Category 7A FPTI DUAL or FXFMPT?
For 7A and DUAL filers, calculate the 7A fee: \$ 0, if you checked the 7A exemption in Part 3a \$ 25, if you did not check the 7A exemption in Part 3a TA filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") FOR EPTL and DUAL filers, calculate the EPTL fee: \$ 0, if you checked the EPTL exemption in Part 3b \$ 25, if the NET WORTH is less than \$50,000 \$ 350, if the NET WORTH is \$\$50,000 or more but less than \$1,000,000 \$ 250, if the NET WORTH is \$10,000,000 or more but less than \$1,000,000 \$ 3750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$50,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$50,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$ 1		
\$0, if you checked the 7A exemption in Part 3a X \$25, if you did not check the 7A exemption in Part 3a TA filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") FOR EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$250, if the NET WORTH is \$250,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$210,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$210,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$210,000,000 or more but less than \$10,000,000 \$250, if t	For 7A and DUAL filers, calculate the 7A fee:	
\$25, if you did not check the 7A exemption in Part 3a 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 \$\frac{X}{2}\$ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$\$100, if the NET WORTH is \$50,000 or more but less than \$1,000,000 \$\$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$\$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$\$260, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$\$750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$\$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$\$260, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$\$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 \$\$1500, if the NET WORTH is \$10,000,000 \$\$1500, if the	\$0, if you checked the 7A exemption in Part 3a	
For EPTL and DUAL filers, calculate the EPTL fee: \$\begin{array}{c} \text{EPTL} \text{ filers are registered under the Estates, Powers & Trusts \\ \text{Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. \\ \$\begin{array}{c} \text{S0, if the NET WORTH is less than \$50,000} \\ \$\text{S50, if the NET WORTH is \$\$50,000 or more but less than \$250,000} \\ \$\text{S250, if the NET WORTH is \$\$250,000 or more but less than \$1,000,000} \\ \$\text{S250, if the NET WORTH is \$\$1,000,000 or more but less than \$10,000,000} \\ \$\text{S750, if the NET WORTH is \$\$10,000,000 or more but less than \$50,000,000} \\ \$\text{S1500, if the NET WORTH is \$\$50,000,000 or more but less than \$50,000,000} \\ \$\text{Send Your Filing} \\ Send Your Filing Send Your CHAR500, all schedules and attachments, and total fee to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street Total Assets at Fair Market Value (Part II, line 16(c)) and Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Form 990 PF Standard PTL Standard PTL Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes is NY. DUAL filers are registered under both 7A and EPTL EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered under both 7A and EPTL EXEMPT filers have registered u		•
For EPTL and DUAL filers, calculate the EPTL fee: \$\[\] \\$0, if you checked the EPTL exemption in Part 3b \\ \$\[\] \\$25, if the NET WORTH is less than \$50,000 \\ \[\] \\$50, if the NET WORTH is \$\$50,000 or more but less than \$250,000 \\ \$\[\] \\$50, if the NET WORTH is \$\$250,000 or more but less than \$1,000,000 \\ \$\[\] \\$250, if the NET WORTH is \$\$250,000 or more but less than \$1,000,000 \\ \$\[\] \\$250, if the NET WORTH is \$\$1,000,000 or more but less than \$1,000,000 \\ \$\[\] \\$750, if the NET WORTH is \$\$1,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$50,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$50,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$50,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$50,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$50,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$\$0,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$\$0,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$\$0,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or more but less than \$\$0,000,000 \\ \$\[\] \\$1500, if the NET WORTH is \$\$0,000,000 or		under Article 7-A of the Executive Law ("7A")
activities for charitable purposes in NY. DUAL fillers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily. Send Your Filing Send Your Filing Send Your Filing Send Your General Charities Bureau Registration Section 28 Liberty Street activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily. Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com. Where do I find my organization's NET WORTH2 NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and		EPTL filers are registered under the Estates, Powers & Trusts
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000 EXEMPT filers have registered under both 7A and EPTL. EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration \$250, if the NET WORTH is \$1,000,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$1500,00	For EPTL and DUAL filers, calculate the EPTL fee:	•
□ \$25, if the NET WORTH is less than \$50,000 ☑ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 □ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 □ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 □ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 □ \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 □ \$1500, if the NET WORTH is \$50,000,000 or more ■ \$750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 □ \$1500, if the NET WORTH is \$50,000,000 or more ■ \$750, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 □ \$1500, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 ■ \$750, if the NET WORTH is \$10,000,000 ■ \$750,	\$0, if you checked the EPTL exemption in Part 3b	activities for charitable purposes in NY.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 \$250, if the NET WORTH is \$10,		DUAL filers are registered under both 7A and EPTL.
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000 \$250, if the NET WORTH is \$10,000,000 \$250, if the NET WORTH is \$10,000,000 \$250, if the NET WORTH is \$		EXEMPT filers have registered with the NV Charities Bureau
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$50,000,000 or more \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$250,000		~
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to: Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and		
\$1500, if the NET WORTH is \$50,000,000 or more Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to: Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and		organizations are not required to file annual financial reports
Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to: Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and		but may do so voluntarily.
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to: Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 Charities Bureau Registration Section 28 Liberty Street Iaw at www.CharitiesNYS.com. Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and		Confirm your Registration Category and learn more about NY
Send your CHAR500, all schedules and attachments, and total fee to: Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between - IRS Form 990 PF, calculate the difference between - IRS Form 990 TR II, line 21 - IRS Form 990 PF, calculate the difference between - IRS Form 990 TR II, line 16(c)) and		
Send your CHAR500, all schedules and attachments, and total fee to: Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between - IRS Form 990 PF, calculate the difference between - IRS Form 990 TRS Form 990 TRS Form 990 PF, calculate the difference between - IRS Form 990 TRS Form 990 TRS Form 990 PF, calculate the difference between - IRS Form 990 TRS Form 990 TRS Form 990 PF, calculate the difference between - IRS Form 990 TRS Form 990 PF, calculate the difference between - IRS Form 990 TRS Form 990 PF, calculate the difference between	Send Your Filing	
NET WORTH for fee purposes is calculated on: - IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between - IRS Form 990 PF, calculate the difference between - Total Assets at Fair Market Value (Part II, line 16(c)) and		Where do I find my organization's NET WORTH?
NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street - IRS Form 990 EZ Part I, line 21 - IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and	Solid your of will look, an confedence and accommones, and colar look to.	NET WORTH for fee purposes is calculated on:
Charities Bureau Registration Section IRS Form 990 PF, calculate the difference between 28 Liberty Street Total Assets at Fair Market Value (Part II, line 16(c)) and	NYS Office of the Attorney General	•
28 Liberty Street Total Assets at Fair Market Value (Part II, line 16(c)) and	·	·
	· ·	•
	New York, NY 10005	Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

068461 01-07-21 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Page 2

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2020

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:			
YOUNG AUDIENCES OF WESTERN NEW YORK, INC.	00-76-05			

2. Government Grants		
Name of Government Agency		Amount of Grant
1. CITY OF BUFFALO	1.	25,204.
2. COUNTY OF ERIE ARTS	2.	15,750.
3. ERIE COUNTY YOUTH BUREAU	3.	12,026.
4. ERIE COUNTY PRIMETIME	4.	9,000.
5. NY HUMANITIES	5.	2,500.
6. NYSCA SERVICES	6.	65,100.
7. PPP LOAN	7.	56,985.
8.	8.	
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	186,565.





Young Audiences of Western New York, Inc.

Financial Statements June 30, 2021 and June 30, 2020

Independent Accountants' Review Report	-2
Financial Statements	
Statements of Financial Position	3
Statements of Activities	4
Statements of Functional Expenses.	5
Statements of Cash Flows	6
Notes to Financial Statements 7-	-13



www.BSPcpa.com



Independent Accountants' Review Report

To the Board of Directors Young Audiences of Western New York, Inc.

We have reviewed the accompanying financial statements of Young Audiences of Western New York, Inc. (a not-for-profit organization), which comprise the statements of financial position as of June 30, 2021 and June 30, 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Accountants' Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

Accountants' Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.



Emphasis of Matter

As discussed in Notes 1 and 10, the Organization has elected to account for the Paycheck Protection Program (PPP) loans it received in 2020/2021 in accordance with Financial Accounting Standards Board (FASB) Codification Subtopic 958-605, *Not-for-Profit Entities – Revenue Recognition*. Under FASB ASC 958-605, when a government grant is awarded and the conditions have been substantially met, the grant is recognized as income. Under the terms of the PPP, the loan and any related accrued interest are forgivable as long as the borrower uses the loan proceeds for eligible purposes (such as payroll, benefits, rent and utilities) and maintains its payroll and employment levels. Formal forgiveness from the lender for the 2020 and 2021 PPP loans was obtained on February 1, 2021 and October 18, 2021, respectively. Our conclusion is not modified with respect to this matter.

Buffalo, New York

Brook Scheehter & Palakaff, LLP

March 16, 2022



Statements of Financial Position

		June	e 30,	,		
		2021		2020		
Assets						
Current assets						
Cash and equivalents	\$	265,083	\$	167,745		
Receivables		14,932		23,070		
Prepaid expenses		1,901		2,187		
Total current assets		281,916		193,002		
Property and equipment						
Office and computer equipment		30,318		30,318		
Website		13,600		13,600		
	-	43,918		43,918		
Less: accumulated depreciation		(25,128)		(18,032)		
Net property and equipment		18,790		25,886		
Total assets	\$	300,706	\$	218,888		
Liabilities and No	et Asset	s				
Current liabilities						
Current portion of long-term debt	\$	_	\$	5,000		
Accounts payable		14,222		9,033		
Accrued expenses		2,741		14,325		
Deferred revenue		4,500		-		
Total current liabilities		21,463		28,358		
Long-term liabilities						
Long-term debt		_		8,333		
Paycheck Protection Program loan		54,547		56,985		
Total long-term liabilities		54,547		65,318		
Net assets						
Without donor restrictions		181,410		99,289		
With donor restrictions		43,286		25,923		
Total net assets		224,696		125,212		
Total liabilities and net assets	\$	300,706	\$	218,888		

Statements of Activities

	For the Year Ended June 30, 2021						For the Year Ended June 30, 2020						
		Without Donor Restrictions		With Donor Restrictions		Total	Without Donor Restrictions			ith Donor		Total	
Support and revenue													
Contributions	\$	33,616	\$	-	\$	33,616	\$	28,848	\$	-	\$	28,848	
Government grants		104,376		25,204		129,580		67,750		91,941		159,691	
Foundation grants		53,750		75,000		128,750		20,000		129,800		149,800	
Corporation grants		-		-		-		400		-		400	
Program income		178,167		-		178,167		241,883		-		241,883	
Special events revenue		1,680		-		1,680		9,095		-		9,095	
Non-cash		18,309		-		18,309		17,581		_		17,581	
Miscellaneous income		_		-		-		8,982		_		8,982	
Paycheck Protection Program loan forgiveness		56,985		-		56,985		-		_		-	
Interest income		17		-		17		77		_		77	
Net assets released from restrictions		82,841		(82,841)		-		195,818		(195,818)		-	
Total support and revenue		529,741		17,363		547,104		590,434		25,923		616,357	
Expenses													
Program services		337,251		-		337,251		435,012		-		435,012	
Management and general		69,260		-		69,260		91,225		_		91,225	
Fundraising		41,109		-		41,109		53,986		_		53,986	
Total expenses		447,620				447,620		580,223		-		580,223	
Change in net assets		82,121		17,363		99,484		10,211		25,923		36,134	
Net assets - beginning of year		99,289		25,923		125,212		89,078		-		89,078	
Net assets - end of year	\$	181,410	\$	43,286	\$	224,696	\$	99,289	\$	25,923	\$	125,212	

Statements of Functional Expenses For the Years Ended June 30, 2021 and June 30, 2020

	Program Services			Management & General			Fundraising				Total				
		2021		2020	2021		2020		2021		2020		2021		2020
Annual report and newsletter	\$	-	\$	-	\$ 1,080	\$	-	\$	-	\$	_	\$	1,080	\$	_
Artist and direct program costs		111,699		164,242	-		-		-		-		111,699		164,242
Bad debt expense		-		-	-		1,736		-		-		-		1,736
Conferences and travel		1,581		1,905	791		952		791		952		3,163		3,809
Consultants		8,617		9,267	4,308		4,633		-		-		12,925		13,900
Depreciation		5,677		5,791	1,419		1,448		-		-		7,096		7,239
Dues and subscriptions		6,545		5,478	5,236		4,382		1,309		1,096		13,090		10,956
Insurance		8,513		10,026	2,838		3,342		-		-		11,351		13,368
Interest		-		-	641		1,205		-		-		641		1,205
Miscellaneous		888		547	711		437		178		109		1,777		1,093
Office expenses		837		1,340	670		1,072		168		268		1,675		3,561
Payroll taxes and benefits		13,662		16,211	2,928		3,474		2,928		3,474		19,518		23,159
Postage		892		589	892		588		892		588		2,676		1,765
Professional services		9,187		9,271	3,594		14,338		76		1,987		12,857		25,596
Promotion and advertising		2,013		3,330	288		476		575		952		2,876		3,877
Rent and parking		14,802		14,303	9,868		9,536		-		-		24,670		23,839
Salaries and benefits		148,480		188,815	31,817		40,460		31,817		40,460		212,114		269,735
Special events fundraising		-		-	-		-		1,824		3,543		1,824		3,543
Staff and board development		-		-	1,077		2,033		-		-		1,077		2,033
Telephone and internet		3,858		3,897	 1,102		1,113		551		557		5,511		5,567
	\$	337,251	\$	435,012	\$ 69,260	\$	91,225	\$	41,109	\$	53,986	\$	447,620	\$	580,223

Statements of Cash Flows

	For the Years Ended June 30,			
		2021		2020
Cash flows from operating activities				
Change in net assets	\$	99,484	\$	36,134
Adjustments to reconcile change in net assets				
to net cash provided by (used in) operating activities				
Depreciation		7,096		7,239
Bad debt expense		-		1,736
Forgiveness of Paycheck Protection Program loan		(56,985)		-
Changes in assets and liabilities				
Receivables		8,138		(7,875)
Prepaid expenses		286		(81)
Accounts payable		5,189		(57,794)
Accrued expenses		(11,584)		2,455
Deferred revenue		4,500		-
Net cash provided by (used in) operating activities		56,124		(18,186)
Cash flows from investing activities				
Purchases of property and equipment		-		(5,825)
Cash flows from financing activities				
Proceeds from issuance of Paycheck Protection Program loan		54,547		56,985
Payments of long-term debt		(13,333)		(5,000)
Net cash provided by (used in) financing activities		41,214		51,985
Net increase in cash		97,338		27,974
Cash and equivalents at beginning of year		167,745		139,771
Cash and equivalents at end of year	\$	265,083	\$	167,745
Supplemental disclosure of cash flows information Interest paid	\$	641	\$	1,205

1. Summary of Significant Accounting Policies

Nature of Organization

Young Audiences of Western New York, Inc. ("Organization") is a not-for-profit corporation formed for the purpose of arranging and subsidizing performing arts presentations to schools and other institutions in Western New York. It is an autonomous chapter of the national organization, Young Audiences, Inc. The Organization's support comes from individual, foundation, and corporate donors, various government grants, an annual donor drive, annual fundraising event(s), corporate underwriting, and direct program income from school and community venues.

Basis of Accounting

The Organization's policy is to prepare its financial statements on the accrual basis of accounting. An accrual basis financial statement gives effect to all support and revenue billed but not collected, expenses incurred but not yet paid, and expenses prepaid but not yet incurred.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash Equivalents

For purposes of the statements of financial position and statements of cash flows, the Organization considers all highly liquid investments purchased with maturities of three months or less to be cash equivalents.

Receivables and Allowance for Doubtful Accounts

Receivables are carried at their estimated collectible amounts. Bad debts are provided on the allowance method based on historical experience and management's evaluation of outstanding accounts receivable. Management believes no allowance is necessary as of June 30, 2021 and June 30, 2020.

Property and Equipment

Property and equipment are stated at cost or fair market value at the date of gift. Depreciation is computed over the estimated useful lives of the assets, ranging from 3 to 5 years, using the straight-line method. The cost of maintenance and repairs is charged to expense as incurred; significant renewals and betterments are capitalized. Depreciation charged to expense for the years ended June 30, 2021 and June 30, 2020 was \$7,096 and \$7,239, respectively.

Impairment of Long-Lived Assets

The Organization reviews its long-lived assets for potential impairment whenever events or changes in circumstances indicate that the carrying value may not be recoverable. An impairment loss is recognized when the carrying amount of the asset exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposition. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value.

Revenue Recognition

The Organization recognizes revenue to depict the transfer of promised goods or services to the Organization's customers in an amount reflecting the consideration to which the Organization expects to be entitled in exchange for such goods or services. In order to apply this revenue recognition principle, the Organization applies the following five step approach: (1) identify the contract with a customer, (2) identify the performance obligations in the contract, (3) determine the transaction price, (4) allocate the transaction price to the performance obligations in the contract, and (5) recognize revenue when, or as, a performance obligation is satisfied.

1. Summary of Significant Accounting Policies (Continued)

Revenue Recognition (Continued)

Program income and other revenue is recognized when persuasive evidence of an arrangement exists, the program services have been rendered, the price is fixed or determinable and collectability is reasonably assured. Contribution revenue is recognized when the donor makes a promise to the Organization that is, in substance, unconditional. Contributions received are recorded as net assets with donor restrictions or net assets without donor restrictions depending on the existence or nature of any donor restrictions.

The Organization receives its grants from various local government agencies and other charitable organizations. Support received from these agencies is recognized when expenditures are incurred or when a promise is made to the Organization that is, in substance, unconditional.

Special event revenue is recognized upon the completion of the event and collectability is reasonably assured.

Classification of Net Assets

The accompanying financial statements have been prepared in conformity with Financial Accounting Standards Board Codification No. 958, *Not-for-Profit Entities*, that requires the Organization to report its net assets and changes therein in the categories described below:

Without Donor Restrictions

Without donor restrictions net assets represent resources whose uses are not restricted by donor-imposed stipulations. These resources are available for support of the Organization's activities.

With Donor Restrictions

With donor restrictions net assets represent resources whose use are limited by donor-imposed stipulations that either expire by the passage of time or are removed by specific actions of the Organization. Specific actions most often involve completion of expenditures for purposes consistent with the donor's stipulations such as re-granting of resources. When such donor-imposed stipulations are met, with donor restrictions net assets are reclassified to without donor restrictions net assets and reported in the statements of activities as net assets released from restrictions.

Promotion and Advertising

Promotion and advertising costs are expensed as incurred. Total promotion and advertising costs were \$2,876 and \$3,877 for the years ended June 30, 2021 and June 30, 2020, respectively.

Income Taxes

The Organization, as a not-for-profit organization, is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Functional Expenses

The cost of providing the various programs and activities has been summarized on a functional basis in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The expenses that are allocated include salaries and benefits, which are allocated on the basis of estimates of time and effort, as well as depreciation and occupancy, which are allocated on a square footage basis. Professional services are allocated based upon the functions for which the costs were incurred.

1. Summary of Significant Accounting Policies (Continued)

In-Kind Contributions

Donations of non-cash assets are recorded at their fair values in the year received. Donated services that create or enhance non-financial assets or that require specialized skills, provided by individuals possessing those skills and would typically need to be purchased if not donated are recorded at their fair values in the year received.

In-kind contribution revenue recognized in the statements of activities consists of:

	For the Years Ended June 30,						
		2021	2020				
Donated non-cash assets	\$	779	\$	4,956			
Donated rental space		17,530		12,625			

Paycheck Protection Program Loans

The Organization has elected to account for the Paycheck Protection Program (PPP) loans it received in 2021 and 2020 in accordance with Financial Accounting Standards Board (FASB) Codification Subtopic 958-605, *Not-for-Profit Entities – Revenue Recognition*. Under FASB ASC 958-605, a forgivable loan from the government is treated as a government grant and is recognized as income when the Organization has substantially met the conditions of the program. Recognition of income can occur prior to official forgiveness from the lender or legal release of indebtedness.

Subsequent Events

The Organization has evaluated for subsequent events through March 16, 2022, which is the date the financial statements were made available to be issued.

2. Revenue Recognition

Services Provided to Customers

The Organization earns its program revenue from arranging and subsidizing performing arts presentations. The Organization accounts for its contracts when it has obtained the approval and commitment from both parties, the rights of the parties are identified, the payment terms are identified, the contract has commercial substance and collectability of consideration is probable.

The Organization's significant customers are schools and other institutions. The Organization's customers are primarily located in the Western New York area. The Organization's major service lines are performing arts presentations and the contracts are typically six months to two years in length and vary depending on the program.

Performance Obligations

When determining whether the customer has obtained control of the services provided, the Organization considers all future performance obligations. A performance obligation is a promise in a contract to transfer a distinct good or service to the customer. A contract's transaction price is allocated to each distinct performance obligation and recognized as revenue when, or as, the performance obligation is satisfied. All of the Organization's contracts have a single performance obligation as the promise to transfer the individual services is not separately identifiable from other promises in the contracts and, therefore, not distinct. Revenue on the Organization's contracts is recognized when obligations under the terms of the contract are satisfied.

2. Revenue Recognition (Continued)

Performance Obligations (Continued)

For performance obligations related to the services provided, control transfers to the customer at a point in time. Standard terms of payment are within 30 days of the date services are provided.

The Organization does not have any significant financing components in its contracts with customers as payment is received at or shortly after the point when services are provided.

Contract Assets and Liabilities

The Organization did not have any specific contract assets or contract liabilities as of June 30, 2021, 2020 and 2019. The balance of accounts receivable net of allowance for doubtful accounts as of June 30, 2021, 2020 and 2019 was \$14,782, \$22,920 and \$16,781, respectively.

3. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes or periods:

	June 30,			
	2021		2020	
Subject to expenditure for specified purposes				
Foundation grants	\$	34,286	\$	20,315
Government grants		9,000		5,608
Total net assets with donor restrictions	\$	43,286	\$	25,923

4. Affiliated Organization

The Organization is party to certain agreements with Young Audiences, Inc., an affiliated organization. Significant affiliated organization balances and transactions not disclosed elsewhere as of June 30, 2021 and June 30, 2020 are:

5. Line of Credit

The Organization has a \$75,000 demand line of credit with M&T Bank which carries interest at the prime rate (3.25 percent at June 30, 2021) plus 3.5 percent per annum. The line of credit is secured by the assets of the Organization. There was no outstanding balance on the line of credit as of June 30, 2021 and June 30, 2020.

6. Current and Long-Term Debt

A summary of the Organization's current and long-term debt is as follows:

	Current	Long-Term	J	une 30,
	Portion	Portion	2021	2020
Loan payable to M&T Bank - monthly installments				
of \$417 plus interest at prime rate plus 2.45 percent				
payable through February 2023. The loan was				
collateralized by the Organization's assets. The loan				
was paid off during the year.	\$ -	\$ -	\$ -	\$ 13,333

7. Operating Lease

The Organization leases space under an operating lease arrangement requiring monthly payments. Effective July 1, 2021, the required monthly payments increased from \$222 to \$230. Rental payments for the years ended June 30, 2021 and June 30, 2020 were \$2,758 and \$2,667, respectively. The lease agreement may be terminated by either party at any time by giving 120 days written notice.

In addition, the lease requires in-kind services valued at a minimum of \$5,000 annually. The lease ended during the year ended June 30, 2021. In-kind programs, including Teen Center programs, provided by the Organization for the years ended June 30, 2021 and June 30, 2020 amounted to \$779 and \$4,956, respectively. During the year ended June 30, 2021, program services valued at \$4,106 were provided toward the lease through grant support from United Way, in addition to the in-kind services.

8. Concentration of Risk

The Organization earns a significant portion of its revenue from government funding and other charitable organizations. The loss of a funding source would have a significant effect on the Organization.

During the year ended June 30, 2021, revenue from two major funding sources totaled 33 percent of the Organization's total revenue. There were no amounts included in receivables at June 30, 2021 from these funding sources.

During the year ended June 30, 2020, revenue from one major funding source totaled 19 percent of the Organization's total revenue. There were no amounts included in receivables at June 30, 2020 from this funding source.

At June 30, 2021, approximately 94 percent of the Organization's total receivables were from two funding sources.

At June 30, 2020, approximately 76 percent of the Organization's total receivables were from two funding sources.

The Organization maintains cash balances in commercial banks. The total cash balance with each bank is insured up to the limits established by the Federal Deposit Insurance Corporation (FDIC).

9. Liquidity and Availability of Financial Assets

The following reflects the Organization's financial assets as of the statement of financial position date, reduced by amounts not available for general use within one year of the statement of financial position date because of contractual or donor-imposed restrictions or internal designations:

	June 30,			
	2021		2020	
			(Restated)	
Cash and equivalents	\$	265,083	\$	167,745
Receivables		14,932		23,070
		280,015		190,815
Less: donor restrictions for specific purposes		(43,286)		(25,923)
Financial assets available to meet cash needs for general				
expenditures within one year	\$	236,729	\$	164,892

The Organization is funded by government grants and contributions. This support is necessary in order for the Organization to continue its operations in the future.

The Organization also has a \$75,000 demand line of credit with M&T Bank as discussed in Note 5. This line of credit is available for use in the case of unexpected events requiring additional financial assets for general expenditures.

10. Paycheck Protection Program Loan

On May 1, 2020 and February 1, 2021, the Organization received PPP loan proceeds of \$56,985 and \$54,547, respectively, pursuant to the PPP under Division A, Title 1 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which was enacted March 27, 2020. The PPP loans, which were in the form of promissory notes dated May 1, 2020 and February 1, 2021, have a two-year term and bear interest at a rate of one percent. Monthly principal and interest payments are deferred until the date that the United States Small Business Administration (SBA) remits the loan forgiveness amount to the lender or ten months after the loan forgiveness covered period if the borrower has not applied for forgiveness.

Under the terms of the CARES Act, PPP loan participants can apply for and be granted forgiveness for all or a portion of loans granted under the PPP. Under the terms of the PPP, the loans and any related accrued interest are forgivable as long as the borrower uses the loan proceeds for eligible purposes (such as payroll, benefits, rent and utilities) and maintains its payroll and employment levels.

The Organization considers the PPP loans, which are in the form of forgivable loans from the government, to be government grants that they have substantially met the conditions of. As such, \$56,985 of the 2020 PPP loan proceeds have been recorded as income during the year ended June 30, 2021, since the conditions were met during the period. On January 8, 2021, the Organization officially applied for forgiveness of its 2020 PPP loan. Forgiveness of the 2020 PPP loan was received on February 1, 2021. For the 2021 PPP loan, the Organization believes they have used the loan proceeds for purposes consistent with the PPP and has substantially met all the conditions of the program after June 30, 2021. On October 7, 2021, the Organization officially applied for forgiveness of its 2021 PPP loan. Forgiveness of the 2021 PPP loan was received on October 18, 2021.

10. Paycheck Protection Program Loan (Continued)

According to the rules of the SBA, the Organization is required to retain PPP Loan documentation for six years after the date the loan is forgiven or repaid in full and permit authorized representatives of the SBA, including representatives of its Office of Inspector General, to access such files upon request. Should the SBA conduct such a review and reject all or some of the Organization's judgments pertaining to satisfying PPP loan eligibility or forgiveness conditions, the Organization may be required to adjust previously reported amounts and disclosures in the financial statements.

11. COVID-19

In March 2020, a global pandemic was declared by the World Health Organization over the spread of COVID-19, commonly known as the coronavirus. This outbreak has significantly disrupted supply chains and has affected production and sales across a range of industries throughout the United States. While multiple vaccines have been developed and their distribution has begun in the United States, COVID-19 remains a global pandemic as of the issuance of these consolidated financial statements. The extent of the impact of COVID-19 on the Organization's future operational and financial performance will depend on certain developments, including the duration and spread of the outbreak as well as the impact on customers, employees and vendors, all of which are still uncertain and cannot be predicted. It is at least reasonably possible that changes in the estimates contained in these consolidated financial statements could occur in the near-term and such changes could be material. However, at this point, the extent to which COVID-19 may ultimately impact the financial condition or results of operations remains uncertain.