|                         | 0                        | 00                              | Return of Organization Exempt F  | rom Ir                          | ncome Tax                                   | OMB No. 1545-0047           |  |  |  |
|-------------------------|--------------------------|---------------------------------|--|---------------------------------|---|-----------------------------|--|--|--|
| Forr                    | пY                       | <b>YU</b>                       | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (                           |                                 |   | s <b>2021</b>               |  |  |  |
| Dana                    |                          | of the Treesury                 | Do not enter social security numbers on this form a  | is it may b                     | e made public.                              | Open to Public              |  |  |  |
| Interr                  | al Reve                  | of the Treasury<br>enue Service | Go to www.irs.gov/Form990 for instructions and   |                                 |   | Inspection                  |  |  |  |
| <u>A</u> F              | or th                    | e 2021 calend                   | ar year, or tax year beginning $ { m JUL}1,2021$ and e                                       | ending J                        | UN 30, 2022                                 |                             |  |  |  |
| B c<br>a                | heck if pplicab          |                                 |  |                                 | D Employer identific                        | ation number                |  |  |  |
|                         | Addre                    | YOUN                            | G AUDIENCES OF WESTERN NEW YORK, IN  | NC                              |   |                             |  |  |  |
| 57                      | chang                    | ge D/B/                         | A ARTS FOR LEARNING WNY  |                                 | 10 001045                                   | 10                          |  |  |  |
| X                       | Name<br>chang<br>Initial | ge Doing b                      | usiness as   | Room/suite                      | 16-091647                                   | 2                           |  |  |  |
|                         | return<br>Final          |                                 | ,  | E Telephone number<br>716-881-0 | 017   |                             |  |  |  |
|                         | return<br>termin         | n                               | FAYETTE SQ   |                                 |   | 777,857.                    |  |  |  |
|                         | ated<br>Amen             | nded DITEE                      | own, state or province, country, and ZIP or foreign postal code ALO , NY 14203               | G Gross receipts \$             |   |                             |  |  |  |
|                         | return<br>Applie         |                                 | nd address of principal officer: LAURA DOUGLAS   |                                 | H(a) Is this a group read for subordinates? |                             |  |  |  |
|                         | tion<br>pendi            |                                 | AS C ABOVE   |                                 | H(b) Are all subordinates inc               |                             |  |  |  |
| <u> </u>                | ax-ex                    | empt status:                    |  | r 527                           |   | ist. See instructions       |  |  |  |
|                         |                          |                                 | ARTSFORLEARNINGWNY.ORG   |                                 | H(c) Group exemption                        |                             |  |  |  |
|                         |                          |                                 | X Corporation Trust Association Other ►  | L Year of                       |   | State of legal domicile: NY |  |  |  |
|                         | nrt I                    | Summary                         |  |                                 |   |                             |  |  |  |
| -                       | 1                        | Briefly describ                 | e the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m IN}$ | ISPIRE                          | , EXPAND LEA                                | RNING, AND                  |  |  |  |
| Activities & Governance |                          | STRENGT                         | HEN OUR COMMUNITY THROUGH ENGAGEMEN  | TIW T                           | H THE ARTS.                                 |                             |  |  |  |
| erna                    | 2                        | Check this bo                   | x if the organization discontinued its operations or dispose                                 | ed of more                      | than 25% of its net asse                    |                             |  |  |  |
| ove                     | 3                        |                                 |  |                                 |   | 9                           |  |  |  |
| ۍ<br>م                  | 4                        |                                 |  | <u>9</u><br>25                  |   |                             |  |  |  |
| es                      | 5                        |                                 |  |                                 |   |                             |  |  |  |
| iviti                   | 6                        |                                 | of volunteers (estimate if necessary)  |                                 |   | 0                           |  |  |  |
| Act                     |                          |                                 |  |                                 | <u>7a</u>                                   | 0.                          |  |  |  |
|                         | b                        | Net unrelated                   | business taxable income from Form 990-T, Part I, line 11                                     | <u></u>                         |   | 0.                          |  |  |  |
|                         |                          |                                 |  |                                 | Prior Year<br>367,240.                      | Current Year<br>518,940.    |  |  |  |
| ne                      | 8                        |                                 | and grants (Part VIII, line 1h)  |                                 | 178,167.                                    | 251,206.                    |  |  |  |
| Revenue                 | 9                        | •                               | ce revenue (Part VIII, line 2g)<br>come (Part VIII, column (A), lines 3, 4, and 7d)          |                                 | 17.   | -472.                       |  |  |  |
| Re                      |                          |                                 | e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                 |                                 | -144.                                       | -157.                       |  |  |  |
|                         | 12                       |                                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                         |                                 | 545,280.                                    | 769,517.                    |  |  |  |
|                         |                          |                                 | nilar amounts paid (Part IX, column (A), lines 1-3)  |                                 | 0.  | 0.                          |  |  |  |
|                         |                          |                                 | to or for members (Part IX, column (A), line 4)  |                                 | 0.  | 0.                          |  |  |  |
| s                       |                          |                                 | r compensation, employee benefits (Part IX, column (A), lines 5-10)                          |                                 | 231,632.                                    | 352,370.                    |  |  |  |
| Ise                     | 16a                      |                                 | undraising fees (Part IX, column (A), line 11e)  |                                 | 0.  | 0.                          |  |  |  |
| Expense                 | b                        |                                 | ing expenses (Part IX, column (D), line 25)  | 6.                              |   |                             |  |  |  |
| ш                       | 17                       |                                 | es (Part IX, column (A), lines 11a-11d, 11f-24e)   |                                 | 214,164.                                    | 331,968.                    |  |  |  |
|                         |                          |                                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)                                 |                                 | 445,796.                                    | 684,338.                    |  |  |  |
|                         | 19                       | Revenue less                    | expenses. Subtract line 18 from line 12  |                                 | 99,484.                                     | 85,179.                     |  |  |  |
| ces                     |                          |                                 |  |                                 | ginning of Current Year                     | End of Year                 |  |  |  |
| t Assets<br>od Balanc   | 20                       | Total assets (I                 | Part X, line 16)   |                                 | 300,706.                                    | 331,881.                    |  |  |  |
| t As                    | 21                       | Total liabilities               | (Part X, line 26)  |                                 | 83,485.                                     | 29,481.                     |  |  |  |
| Flee                    | 22                       |                                 | fund balances. Subtract line 21 from line 20   |                                 | 217,221.                                    | 302,400.                    |  |  |  |
|                         | nrt II                   |                                 |  |                                 |   |                             |  |  |  |
|                         | •                        |                                 | I declare that I have examined this return, including accompanying schedules                 |                                 |   | knowledge and belief, it is |  |  |  |
| true,                   | corre                    | ct, and complete                | Declaration of preparer (other than officer) is based on all information of white            | ch preparer                     | nas any knowledge.                          |                             |  |  |  |
| 0.                      | _                        | Signatur                        | e of officer   |                                 | Date  |                             |  |  |  |
| Sia                     | 1                        |                                 |  |                                 | Duit  |                             |  |  |  |

| Sign       | Signature of officer   | Date                                    |  |  |  |  |  |  |  |  |  |
|------------|--|---|--|--|--|--|--|--|--|--|--|
| Here       | LAURA DOUGLAS, BOARD PRESIDENT   |   |  |  |  |  |  |  |  |  |  |
|            | Type or print name and title   |   |  |  |  |  |  |  |  |  |  |
|            | Print/Type preparer's name Preparer's signature                        | Date Check PTIN                         |  |  |  |  |  |  |  |  |  |
| Paid       | MELISSA A. STEVENER MELISSA A. STE                                     | EVENER 02/18/23 self-employed P01269729 |  |  |  |  |  |  |  |  |  |
| Preparer   | Firm's name BROCK, SCHECHTER & POLAKOFF, L                             | LP Firm's EIN ▶ 16-1003516              |  |  |  |  |  |  |  |  |  |
| Use Only   | Firm's address 🖕 726 EXCHANGE STREET, SUITE 822                        |   |  |  |  |  |  |  |  |  |  |
|            | BUFFALO, NY 14210 Phone no. 716-854-5034                               |   |  |  |  |  |  |  |  |  |  |
| May the IF | RS discuss this return with the preparer shown above? See instructions | X Yes No                                |  |  |  |  |  |  |  |  |  |
|            |  | Course 000 (0001)                       |  |  |  |  |  |  |  |  |  |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

|        | YOUNG AUDIENCES OF WESTERN NEW YORK, INC<br>990 (2021) D/B/A ARTS FOR LEARNING WNY 16-0916472 Page 2<br>t W Statement of Program Service Accomplishments |
|--------|--|
| Pa     | t III Statement of Program Service Accomplishments   |
| 1      | Check if Schedule O contains a response or note to any line in this Part III   |
| •      | TO INSPIRE, EXPAND LEARNING, AND STRENGTHEN OUR COMMUNITY THROUGH  |
|        | ENGAGEMENT WITH THE ARTS.  |
|        |  |
|        |  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?                   |
|        | prior Form 990 or 990-EZ?  |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
| -      | If "Yes," describe these changes on Schedule O.  |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.                     |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and             |
|        | revenue, if any, for each program service reported.  |
| 4a     | (Code:) (Expenses \$ 533,834. including grants of \$) (Revenue \$ 250,775. )<br>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 \$ )   |
| 40     | (Code:) (Expenses \$ including grants or \$) (Revenue \$   |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
| 4c     | (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$   |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
|        |  |
| 4d     | Other program services (Describe on Schedule O.)   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| 4e     | Total program service expenses ► 533,834.  |
| 132002 | Form <b>990</b> (2021  |

13110218 131604 05234A

|            |                | YOUNG     | AUDIE   | ENCES | OF   | WESTE | ERN | NEW | YORK, | INC |
|------------|----------------|-----------|---------|-------|------|-------|-----|-----|-------|-----|
| Form 990 ( | 2021)          | D/B/A     | ARTS    | FOR   | LEAE | RNING | WN  | Y   |       |     |
| Part IV    | Checklist of R | equired S | chedule | es    |      |       |     |     |       |     |

#### 16-0916472 Page 3

|        |  |          | 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? See instructions  | 2        | Х     |             |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |          |       |             |
|        | public office? If "Yes," complete Schedule C, Part I   | 3        |       | X           |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |          |       | 77          |
| _      | during the tax year? If "Yes," complete Schedule C, Part II  | 4        |       | X           |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _        |       | v           |
| ~      | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5        |       | X           |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  | 6        |       | х           |
| 7      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6        |       |             |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | 7        |       | х           |
| 8      | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i><br>Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | <b>_</b> |       |             |
| 0      |  | 8        |       | х           |
| 9      | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | 0        |       |             |
| 5      | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |          |       |             |
|        | If "Yes," complete Schedule D, Part IV   | 9        |       | х           |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | ۲Ť       |       |             |
| 10     | 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      |       | х           |
| с      | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |          |       |             |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c      |       | 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           |
|        | 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      |       | Х           |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |          |       |             |
|        | Schedule D, Parts XI and XII   | 12a      |       | X           |
| b      | Was the organization included in consolidated, independent audited financial statements for the tax year?  |          |       |             |
|        | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b      |       | X           |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13       |       | Х           |
| 14a    | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a      |       | Х           |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |          |       |             |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |          |       |             |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b      |       | X           |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |          |       |             |
|        | 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       |       | X           |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |          |       |             |
|        | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions   | 17       |       | X           |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |          |       | v           |
| 40     | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18       |       | X           |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |          |       | 77          |
|        | complete Schedule G, Part III  | 19       |       | X           |
| 20a    | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>  | 20a      |       | Х           |
|        | 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  |          |       | v           |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21       | 990   | X<br>(2021) |
| 132003 | 5 12-09-21   | ⊢orm     | 330 ( | ,2021)      |

# YOUNG AUDIENCES OF WESTERN NEW YORK, INC Form 990 (2021) D/B/A ARTS FOR LEARNING WNY Part IV Checklist of Required Schedules (continued)

| 16-0916472 Page 4 |
|-------------------|
|-------------------|

|        |   |      | Yes | No       |  |  |
|--------|---|------|-----|----------|--|--|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |      |     |          |  |  |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22   |     | X        |  |  |
| 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   |     | <u> </u> |  |  |
| 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  |     | <u> </u> |  |  |
|        | 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  |     |          |  |  |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d  |     |          |  |  |
| 25a    | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit  | 05-  |     | x        |  |  |
| L.     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a  |     |          |  |  |
| 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 repeated on any of the organization's prior Forms 200 at 200 F72. If We all wave to be |      |     |          |  |  |
|        | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete   | 25b  |     | х        |  |  |
| 26     | Schedule L, Part I<br>Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   | 250  |     |          |  |  |
| 20     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |      |     |          |  |  |
|        | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26   |     | х        |  |  |
| 27     | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |      |     |          |  |  |
| _,     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   |      |     |          |  |  |
|        | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III  | 27   |     | х        |  |  |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,  |      |     |          |  |  |
|        | instructions for applicable filing thresholds, conditions, and exceptions):   |      |     |          |  |  |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |      |     |          |  |  |
|        | "Yes," complete Schedule L, Part IV   |      |     |          |  |  |
| 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 line 28a or 28b? If  |      |     |          |  |  |
|        | "Yes," complete Schedule L, Part IV   | 28c  |     | X        |  |  |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29   |     | X        |  |  |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation   |      |     |          |  |  |
|        | contributions? If "Yes," complete Schedule M  | 30   | Х   |          |  |  |
| 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> </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   |      |     |          |  |  |
|        | Part V, line 1  | 34   |     | X        |  |  |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a  |     | <u>X</u> |  |  |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   | 0.5% |     |          |  |  |
| 00     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b  |     |          |  |  |
| 36     | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  | 26   |     | x        |  |  |
| 37     | If "Yes," complete Schedule R, Part V, line 2<br>Did the organization conduct more than 5% of its activities through an entity that is not a related organization   | 36   |     |          |  |  |
| 37     | 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 on Schedule O for Part VI, lines 11b and 19?  | - 57 |     |          |  |  |
| 50     | Note: All Form 990 filers are required to complete Schedule O   | 38   | х   |          |  |  |
| Par    |   |      |     |          |  |  |
|        | Check if Schedule O contains a response or note to any line in this Part V  |      |     |          |  |  |
|        |   |      | Yes | No       |  |  |
| 1a     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 37  |      |     |          |  |  |
| b      |   |      |     |          |  |  |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |      |     |          |  |  |
|        | (gambling) winnings to prize winners?   | 1c   |     |          |  |  |
| 132004 | ↓ 12-09-21  | Form | 990 | (2021)   |  |  |

#### YOUNG AUDIENCES OF WESTERN NEW YORK, INC

|        | <u>990 (2021)</u> D/B/A ARTS FOR LEARNING WNY 16-0916   | 472      | P     | age <b>5</b> |  |  |  |
|--------|---|----------|-------|--------------|--|--|--|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |          |       |              |  |  |  |
|        |   |          | Yes   | No           |  |  |  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |          |       |              |  |  |  |
|        | filed for the calendar year ending with or within the year covered by this return 2a 25   |          |       |              |  |  |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  | 2b       |       | X            |  |  |  |
|        | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.                               |          |       |              |  |  |  |
| 3a     | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a       |       | X            |  |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                     | 3b       |       |              |  |  |  |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |          |       |              |  |  |  |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a       |       | X            |  |  |  |
| b      | If "Yes," enter the name of the foreign country   |          |       |              |  |  |  |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |          |       |              |  |  |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a       |       | X            |  |  |  |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b       |       | X            |  |  |  |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c       |       |              |  |  |  |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit                     |          |       |              |  |  |  |
|        | any contributions that were not tax deductible as charitable contributions?   | 6a       |       | X            |  |  |  |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts                            |          |       |              |  |  |  |
|        | were not tax deductible?  | 6b       |       |              |  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).   |          |       |              |  |  |  |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a       |       | X            |  |  |  |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b       |       | <u> </u>     |  |  |  |
| с      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required                               |          |       |              |  |  |  |
|        | to file Form 8282?  | 7c       |       | X            |  |  |  |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year 7d  |          |       |              |  |  |  |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                 | 7e       |       | X            |  |  |  |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                    | 7f<br>7g |       | X            |  |  |  |
| g      | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?              |          |       |              |  |  |  |
| -      | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?            |          |       |              |  |  |  |
| 8      |   |          |       |              |  |  |  |
| 0      | sponsoring organization have excess business holdings at any time during the year?  | 8        |       |              |  |  |  |
| 9      | Sponsoring organizations maintaining donor advised funds.   | 9a       |       |              |  |  |  |
| a<br>b | Did the sponsoring organization make any taxable distributions under section 4966?  | 9b       |       | <u> </u>     |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:   | 50       |       |              |  |  |  |
| a      | Initiation fees and capital contributions included on Part VIII, line 12 10a  |          |       |              |  |  |  |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |          |       |              |  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:  |          |       |              |  |  |  |
| а      | Gross income from members or shareholders 11a   |          |       |              |  |  |  |
| b      | Gross income from other sources. (Do not net amounts due or paid to other sources against   | 1        |       |              |  |  |  |
|        | amounts due or received from them.)   |          |       |              |  |  |  |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a      |       |              |  |  |  |
|        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |          |       |              |  |  |  |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  |          |       |              |  |  |  |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a      |       |              |  |  |  |
|        | 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    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a      |       | X            |  |  |  |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O                                       | 14b      |       |              |  |  |  |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |          |       | 1            |  |  |  |
|        | excess parachute payment(s) during the year?  | 15       |       | X            |  |  |  |
|        | If "Yes," see the instructions and file Form 4720, Schedule N.  |          |       |              |  |  |  |
| 16     | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16       |       | X            |  |  |  |
|        | If "Yes," complete Form 4720, Schedule O.   |          |       |              |  |  |  |
| 17     | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any  |          |       |              |  |  |  |
|        | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?   | 17       |       | <u> </u>     |  |  |  |
|        | If "Yes," complete Form 6069.   |          | 0.0.0 |              |  |  |  |
| 132005 | 12-09-21  | Form     | 990   | (2021)       |  |  |  |

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# YOUNG AUDIENCES OF WESTERN NEW YORK, INC D/B/A ARTS FOR LEARNING WNY

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

| _ |    | _ |
|---|----|---|
| Г | 37 | Т |
| L | x  | L |
|   |    |   |

| Sec    | tion A. Governing Body and Management   |          |                       |           |        |          |  |
|--------|---|----------|-----------------------|-----------|--------|----------|--|
|        |   |          |                       |           | Yes    | No       |  |
| 1a     | Enter the number of voting members of the governing body at the end of the tax year   | 1a       |                       | 9         |        |          |  |
|        | 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 0.                         |          |                       |           |        |          |  |
| 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         |        | X        |  |
| 3      | Did the organization delegate control over management duties customarily performed by or under the                            | e direc  | t supervision         |           |        |          |  |
|        | of officers, directors, trustees, or key employees to a management company or other person?                                   |          |                       | 3         |        | X        |  |
| 4      | Did the organization make any significant changes to its governing documents since the prior Form 9                           | 90 wa    | s filed?              | 4         |        | X        |  |
| 5      | Did the organization become aware during the year of a significant diversion of the organization's ass                        | ets?     |                       | 5         |        | X        |  |
| 6      | Did the organization have members or stockholders?  |          |                       | 6         |        | X        |  |
| 7a     | Did the organization have members, stockholders, or other persons who had the power to elect or ap                            | point    | one or                |           |        |          |  |
|        | more members of the governing body?   |          |                       | 7a        |        | X        |  |
| b      | Are any governance decisions of the organization reserved to (or subject to approval by) members, st                          |          |                       |           |        |          |  |
|        | persons other than the governing body?  |          |                       | 7b        |        | X        |  |
| 8      | Did the organization contemporaneously document the meetings held or written actions undertaken during the year               | r by th  | e following:          |           |        |          |  |
| а      | The governing body?   |          |                       | 8a        | Х      |          |  |
| b      | Each committee with authority to act on behalf of the governing body?   |          |                       | 8b        | Х      |          |  |
| 9      | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                    | ched a   | t the                 |           |        |          |  |
|        | 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 Re                          | venue    | Code.)                |           |        |          |  |
|        |   |          |                       |           | Yes    | No       |  |
| 10a    | Did the organization have local chapters, branches, or affiliates?  |          |                       | 10a       |        | X        |  |
| b      | If "Yes," did the organization have written policies and procedures governing the activities of such ch                       | apters   | , affiliates,         |           |        |          |  |
|        | and branches to ensure their operations are consistent with the organization's exempt purposes?                               |          |                       |           |        |          |  |
| 11a    | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? |          |                       |           |        |          |  |
| b      | <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                        |          |                       |           |        |          |  |
| 12a    | Did the organization have a written conflict of interest policy? If "No," go to line 13                                       |          |                       | 12a       | Х      |          |  |
| b      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise         | to con   | flicts?               | 12b       | Х      |          |  |
| С      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                         | ′es," a  | escribe               |           |        |          |  |
|        | on Schedule O how this was done   |          |                       | 12c       |        |          |  |
| 13     | Did the organization have a written whistleblower policy?   |          |                       | 13        | Х      |          |  |
| 14     | Did the organization have a written document retention and destruction policy?  |          |                       | 14        | X      |          |  |
| 15     | Did the process for determining compensation of the following persons include a review and approva                            | l by in  | dependent             |           |        |          |  |
|        | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                             |          |                       |           |        |          |  |
| а      | The organization's CEO, Executive Director, or top management official  |          |                       | 15a       | Х      | <u> </u> |  |
| b      | Other officers or key employees of the organization   |          |                       | 15b       | _      | X        |  |
|        | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |          |                       |           |        |          |  |
| 16a    | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen                   | nent w   | ith a                 |           |        |          |  |
|        | taxable entity during the year?   |          |                       | 16a       |        | X X      |  |
| b      | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                     |          | -                     |           |        |          |  |
|        | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                         | izatior  | ı's                   |           |        |          |  |
| 0      | exempt status with respect to such arrangements?  |          |                       | 16b       |        |          |  |
|        | tion C. Disclosure  |          |                       |           |        |          |  |
| 17     | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ NY                           |          |                       |           |        |          |  |
| 18     | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar                         | nd 990   | -1 (section 501(c)(3  | s)s only) | availa | ble      |  |
|        | for public inspection. Indicate how you made these available. Check all that apply.   |          |                       |           |        |          |  |
|        | Own website Another's website X Upon request Other (explain   |          |                       |           |        |          |  |
| 19     | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                             | nflict o | of interest policy, a | nd finan  | cial   |          |  |
|        | 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 boo                              |          |                       | 001 -     |        |          |  |
|        | AMELIA SCHRADER, YOUNG AUDIENCES OF WESTERN NEW YOF   | (K -     | 170-887-              | 0917      |        |          |  |
|        | 1 LAFAYETTE SQUARE, BUFFALO, NY 14203   |          |                       | -         | 000    | (000     |  |
| 132006 | 12-09-21  |          |                       | Forr      | ກ ສອບ  | (2021)   |  |

Form 990 (2021)

| YOUNG AUDIENCES OF WESTERN NEW YORK, INC  |            |        |  |  |  |  |  |  |  |
|---|------------|--------|--|--|--|--|--|--|--|
| Form 990 (2021) D/B/A ARTS FOR LEARNING WNY   | 16-0916472 | Page 7 |  |  |  |  |  |  |  |
| 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.<br>Enter -0- in columns (D), (E), and (F) if no compensation was paid. |            |        |  |  |  |  |  |  |  |

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)                  | (B)                  | (B) (C)                        |                        |         |              | (D)                             | (E)       | (F)                             |                              |                          |
|----------------------|----------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|-----------|---------------------------------|------------------------------|--------------------------|
| Name and title       | Average              | Desition                       |                        |         | ne           | Reportable                      | Estimated |                                 |                              |                          |
|                      | hours per            | box                            | , unles                | ss per  | son is       | s both<br>r/trus                | n an      | compensation                    | compensation                 | amount of                |
|                      | week                 |                                | Jer an                 | ia a a  | recio        | r/trus                          | lee)      | from                            | from related                 | other                    |
|                      | (list any            | irecto                         |                        |         |              |                                 |           | the                             | organizations                | compensation             |
|                      | hours for<br>related | e or d                         | tee                    |         |              | sated                           |           | organization<br>(W-2/1099-MISC/ | (W-2/1099-MISC/<br>1099-NEC) | from the<br>organization |
|                      | organizations        | truste                         | al trus                |         | yee          | mper                            |           | 1099-NEC)                       | 1000 NEO                     | and related              |
|                      | below                | Individual trustee or director | In stitutional trustee | er      | Key employee | est co<br>oyee                  | er        | ,                               |                              | organizations            |
|                      | line)                | Indiv                          | ln stit                | Officer | Key e        | Highest compensated<br>employee | Former    |                                 |                              |                          |
| (1) AMELIA SCHRADER  | 40.00                |                                |                        |         |              |                                 |           |                                 |                              |                          |
| EXECUTIVE DIRECTOR   |                      |                                |                        | Х       |              |                                 |           | 67,692.                         | 0.                           | 0.                       |
| (2) LAURA DOUGLAS    | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| PRESIDENT            |                      | Х                              |                        | Х       |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (3) DAYCIA CLARKE    | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| VICE PRESIDENT       |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (4) MICHAEL THOMAS   | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| TREASURER            |                      | Х                              |                        | Х       |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (5) VALERIE STANEK   | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (6) ROBIN HIBBERT    | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (7) JIM HOWE         | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| SECRETARY            |                      | Х                              |                        | Х       |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (8) KAREN CAMP       | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (9) ARLOW LINTON     | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (10) NYEEMA QUINNIEY | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (11) LEANNE DESHAIES | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (12) ZACHARY JENKINS | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (13) MICHAEL LESLIE  | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
| (14) AMY WLOSINSKI   | 1.00                 |                                |                        |         |              |                                 |           |                                 |                              |                          |
| BOARD MEMBER         |                      | Х                              |                        |         |              |                                 |           | 0.                              | 0.                           | 0.                       |
|                      |                      |                                |                        |         |              |                                 |           |                                 |                              |                          |
|                      |                      | L                              |                        |         |              |                                 |           |                                 |                              |                          |
|                      |                      |                                |                        |         |              |                                 |           |                                 |                              |                          |
|                      |                      | <u> </u>                       |                        |         |              |                                 |           |                                 |                              |                          |
|                      |                      |                                |                        |         |              |                                 |           |                                 |                              |                          |
|                      |                      |                                |                        |         |              |                                 |           |                                 |                              |                          |

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Form 990 (2021)

#### 13110218 131604 05234A

| YOUNG | AUDIE | INCES | OF            | WESTE | ERN | NEW | YORK, | INC |
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|------------|---------------|
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|          | 990 (2021) D/B/A ART   | 'S FOR L   | ιEA                            | RN                     | IN      | G                        | WN                              | Y      |   | 16-09  | 164      | 72                      | Page <b>8</b>                                     |
|----------|--|--|--------------------------------|------------------------|---------|--------------------------|---------------------------------|--------|---|--|----------|-------------------------|---|
| Pa       | t VII Section A. Officers, Directors, Trust  | ees, Key Emp   | oloy                           | ees,                   | and     | l Hig                    | ghes                            | t C    | ompensated Employee                                 | s (continued)  |          |                         |   |
|          | (A)<br>Name and title  | <b>(B)</b><br>Average<br>hours per<br>week                           | box                            | not cl<br>, unles      | ss per  | ition<br>more<br>rson is | than c<br>s both<br>r/trust     | an     | <b>(D)</b><br>Reportable<br>compensation<br>from    | <b>(E)</b><br>Reportable<br>compensation<br>from related |          | Estin<br>amou           | <b>F)</b><br>nated<br>unt of<br>ner               |
|          |  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | In stitutional trustee | Officer | Key employee             | Highest compensated<br>employee | Former | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | organizations<br>(W-2/1099-MIS(<br>1099-NEC)             |          | from<br>organ<br>and re | nsation<br>in the<br>ization<br>elated<br>zations |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          | Subtotal   |  |                                |                        |         |                          |                                 |        | 67,692.   |  | 0.       |                         | 0.  |
|          | Total from continuation sheets to Part VII   |  |                                |                        |         |                          |                                 |        | 0.67,692.   |  | 0.<br>0. |                         | 0.  |
| 2        | Total (add lines 1b and 1c)<br>Total number of individuals (including but no<br>compensation from the organization |  |                                |                        |         |                          |                                 | o re   |   |  | ••       |                         | 0   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          | Y                       | es No   |
| 3        | Did the organization list any <b>former</b> officer,<br>line 1a? If "Yes," complete Schedule J for su              |  |                                |                        | •       | •                        |                                 | Ŭ      | • •   | •  |          | 3                       | X   |
| 4        | For any individual listed on line 1a, is the su<br>and related organizations greater than \$150                    | m of reportable  | e co                           | mpe                    | ensat   | tion                     | and                             | oth    | er compensation from th                             | ne organization  |          | 4                       | X   |
| 5        | Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i>                  | ccrue compen   | sati                           | on fr                  | om a    | any                      | unre                            | late   | ed organization or individ                          | lual for services  |          | 5                       | X   |
| <u> </u> | tion B. Independent Contractors<br>Complete this table for your five highest cor                                   | monsated ind   | 000                            | ndor                   | at oc   | ontro                    | octor                           | o th   | at received more than <sup>©</sup>                  | 100.000 of comp  | neatic   | on from                 |   |
| <u> </u> | the organization. Report compensation for t (A)  |  |                                |                        |         |                          |                                 |        |   |  | isan     | (C)                     |   |
|          | Name and business  | address  | NC                             | ONE                    | 2       |                          |                                 |        | Description of s                                    | ervices  | Со       | mpensa                  | ation   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          |  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
|          | Table and the second second  |  |                                |                        |         |                          |                                 |        |   |  |          |                         |   |
| 2        | Total number of independent contractors (in \$100,000 of compensation from the organiz                             |  | ot lin                         | nitec                  | to t    | thos<br>C                |                                 | ted    | above) who received mo                              | ore than   |          |                         |   |

Form **990** (2021)

132008 12-09-21

YOUNG AUDIENCES OF WESTERN NEW YORK, INC D/B/A ARTS FOR LEARNING WNY

|   |      |        | 2021) D/B/A ARTS FO   | R LEARNIN          | NG WNY                     |                   | 16-0916          | 472 Page 9                           |
|---|------|--------|---|--------------------|----------------------------|-------------------|------------------|--------------------------------------|
| Pa  | rt V | /111   |   |                    |                            |                   |                  |                                      |
|   |      |        | Check if Schedule O contains a response of  | or note to any lin | e in this Part VIII<br>(A) | (B)               | (C)              | <u> </u>                             |
|   |      |        |   |                    | Total revenue              | Related or exempt | Unrelated        | Revenue excluded                     |
|   |      |        |   |                    |                            | function revenue  | business revenue | from tax under<br>sections 512 - 514 |
| s co  | 1    | •      | Federated campaigns 1a  |                    |                            |                   |                  |                                      |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | '    |        | Membership dues 1b  |                    |                            |                   |                  |                                      |
| ъ Б   |      |        | Fundraising events  |                    |                            |                   |                  |                                      |
| ifts,<br>r A  |      |        | Related organizations   |                    |                            |                   |                  |                                      |
| nila<br>n   |      |        |   | 179,260.           |                            |                   |                  |                                      |
| Sir   |      |        | All other contributions, gifts, grants, and   |                    |                            |                   |                  |                                      |
| her   |      | •      |   | 339,680.           |                            |                   |                  |                                      |
| Ę   |      | g      | Noncash contributions included in lines 1a-1f   | 17,492.            |                            |                   |                  |                                      |
| and   |      | -      | Total. Add lines 1a-1f  |                    | 518,940.                   |                   |                  |                                      |
|   |      |        |   | Business Code      |                            |                   |                  |                                      |
| ė   | 2    | а      | PERFORMANCE FEES  | 900099             | 251,206.                   | 251,206.          |                  |                                      |
| Program Service<br>Revenue                                |      | b      |   |                    |                            |                   |                  |                                      |
| Sei   |      | с      |   |                    |                            |                   |                  |                                      |
| am  |      | d      |   |                    |                            |                   |                  |                                      |
| ogr   |      | е      |   |                    |                            |                   |                  |                                      |
| д   |      | f      | All other program service revenue   |                    |                            |                   |                  |                                      |
|   |      | g      | Total. Add lines 2a-2f  |                    | 251,206.                   |                   |                  |                                      |
|   | 3    |        | Investment income (including dividends, intere  |                    |                            |                   |                  |                                      |
|   |      |        | other similar amounts)  |                    | 29.                        |                   |                  | 29.                                  |
|   | 4    |        | Income from investment of tax-exempt bond p   |                    |                            |                   |                  |                                      |
|   | 5    |        | Royalties   |                    |                            |                   |                  |                                      |
|   |      |        |   | (ii) Personal      |                            |                   |                  |                                      |
|   | 6    |        | Gross rents 6a  |                    |                            |                   |                  |                                      |
|   |      |        | Less: rental expenses 6b  |                    |                            |                   |                  |                                      |
|   |      |        | Rental income or (loss) 6c  |                    |                            |                   |                  |                                      |
|   | 7    |        | Net rental income or (loss)         Gross amount from sales of         (i) Securities | (ii) Other         |                            |                   |                  |                                      |
|   | '    | d      | assets other than inventory <b>7a</b>   |                    |                            |                   |                  |                                      |
|   |      | h      | Less: cost or other basis   |                    |                            |                   |                  |                                      |
| ē   |      | ~      | and sales expenses <b>7b</b>  | 501.               |                            |                   |                  |                                      |
| evenue  |      | с      | Gain or (loss)  | -501.              |                            |                   |                  |                                      |
| Rev   |      |        | Net gain or (loss)  |                    | -501.                      | -501.             |                  |                                      |
| erF   | 8    |        | Gross income from fundraising events (not   |                    |                            |                   |                  |                                      |
| Other   |      |        | including \$ of   |                    |                            |                   |                  |                                      |
|   |      |        | contributions reported on line 1c). See   |                    |                            |                   |                  |                                      |
|   |      |        | Part IV, line 18  |                    |                            |                   |                  |                                      |
|   |      | b      | Less: direct expenses 8b  | 7,839.             |                            |                   |                  |                                      |
|   |      | с      | Net income or (loss) from fundraising events  | ►                  | -227.                      |                   |                  | -227.                                |
|   | 9    | а      | Gross income from gaming activities. See  |                    |                            |                   |                  |                                      |
|   |      |        | Part IV, line 19 9a   |                    |                            |                   |                  |                                      |
|   |      |        | Less: direct expenses9b   |                    |                            |                   |                  |                                      |
|   |      |        | Net income or (loss) from gaming activities   | ▶                  |                            |                   |                  |                                      |
|   | 10   | а      | Gross sales of inventory, less returns  |                    |                            |                   |                  |                                      |
|   |      |        | and allowances 10a  |                    |                            |                   |                  |                                      |
|   |      |        | Less: cost of goods sold  |                    |                            |                   |                  |                                      |
|   |      | С      | Net income or (loss) from sales of inventory  | Business Code      |                            |                   |                  |                                      |
| sn  | 11   | 2      | MISCELLANEOUS   | 561499             | 70.                        | 70.               |                  |                                      |
| neo   | . 1  | a<br>b |   |                    | ,                          | , <b>.</b>        |                  |                                      |
| Miscellaneous<br>Revenue                                  |      | c      |   |                    |                            |                   |                  |                                      |
| Be  |      |        | All other revenue   |                    |                            |                   |                  |                                      |
| Σ   |      |        | Total. Add lines 11a-11d  |                    | 70.                        |                   |                  |                                      |
|   | 12   |        | Total revenue. See instructions   |                    | 769,517.                   | 250,775.          | 0.               | -198.                                |
| 132009  | 9 12 | -09-   | 21  |                    |                            |                   |                  | Form <b>990</b> (2021)               |

# YOUNG AUDIENCES OF WESTERN NEW YORK, INC D/B/A ARTS FOR LEARNING WNY

| Sectio        | on 501(c)(3) and 501(c)(4) organizations must comple   | ete all columns. All othe    | r organizations must con                  | nplete column (A).                               |                                       |
|---------------|--|------------------------------|---|--|---------------------------------------|
|               | Check if Schedule O contains a respons   |                              |   | (0)  |                                       |
|               | ot include amounts reported on lines 6b,<br>3b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1             | Grants and other assistance to domestic organizations  |                              |   |  |                                       |
|               | and domestic governments. See Part IV, line 21   |                              |   |  |                                       |
| 2             | Grants and other assistance to domestic  |                              |   |  |                                       |
|               | individuals. See Part IV, line 22  |                              |   |  |                                       |
| 3             | Grants and other assistance to foreign   |                              |   |  |                                       |
|               | organizations, foreign governments, and foreign  |                              |   |  |                                       |
|               | individuals. See Part IV, lines 15 and 16  |                              |   |  |                                       |
| 4             | Benefits paid to or for members  |                              |   |  |                                       |
|               | Compensation of current officers, directors,   |                              |   |  |                                       |
|               | trustees, and key employees  | 67,692.                      | 50,938.                                   | 10,154.  | 6,600                                 |
| 6             | Compensation not included above to disqualified  |                              |   |  |                                       |
|               | persons (as defined under section 4958(f)(1)) and  |                              |   |  |                                       |
|               | persons described in section 4958(c)(3)(B)   |                              |   |  |                                       |
| 7             | Other salaries and wages   | 236,293.                     | 161,851.                                  | 35,444.  | 38,998                                |
| 8             | Pension plan accruals and contributions (include   |                              |   |  |                                       |
|               | section 401(k) and 403(b) employer contributions)  |                              |   |  |                                       |
| 9             | Other employee benefits  | 21,573.                      | 15,101.                                   | 3,236.   | 3,236                                 |
| 0             | Payroll taxes  | 26,812.                      | 18,768.                                   | 4,022.   | 4,022                                 |
| 1             | Fees for services (nonemployees):  |                              |   |  |                                       |
| а             | Management   |                              |   |  |                                       |
| b             | Legal  | 393.                         |   | 393.   |                                       |
| С             | Accounting   | 6,775.                       | 4,743.                                    | 1,016.   | 1,010                                 |
| d             | Lobbying   |                              |   |  |                                       |
| е             | Professional fundraising services. See Part IV, line 17  |                              |   |  |                                       |
| f             | Investment management fees   |                              |   |  |                                       |
| g             | Other. (If line 11g amount exceeds 10% of line 25,   |                              |   |  |                                       |
|               | column (A), amount, list line 11g expenses on Sch 0.)  | 22,745.                      | 15,536.                                   | 6,711.   | 498                                   |
| 2             | Advertising and promotion  | 115.                         | 80.                                       | 12.  | 23                                    |
| 3             | Office expenses  | 7,413.                       | 3,707.                                    | 2,965.   | 741                                   |
| 4             | Information technology   | 5,655.                       | 3,958.                                    | 1,131.   | 566                                   |
| 5             | Royalties  |                              |   |  |                                       |
| 6             | Occupancy  | 25,160.                      | 15,096.                                   | 10,064.  |                                       |
| 7             | Travel   | 7,556.                       | 3,778.                                    | 1,889.   | 1,889                                 |
| 8             | Payments of travel or entertainment expenses   |                              |   |  |                                       |
|               | for any federal, state, or local public officials  |                              |   |  |                                       |
| 9             | Conferences, conventions, and meetings   |                              |   |  |                                       |
| 0             | Interest   |                              |   |  |                                       |
| 21            | Payments to affiliates   |                              |   |  |                                       |
| 2             | Depreciation, depletion, and amortization  | 6,806.                       | 5,445.                                    | 1,361.   |                                       |
| 3             | Insurance  | 6,899.                       | 5,174.                                    | 1,725.   |                                       |
| 4             | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A),<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| а             | ARTIST AND DIRECT PROGR  | 222,522.                     | 222,522.                                  | 0.   | (                                     |
|               | DUES   | 11,429.                      | 5,714.                                    | 4,572.   | 1,143                                 |
|               | STAFF DEVELOPMENT  | 2,472.                       | 0.  | 2,472.   | (                                     |
|               | ANNUAL REPORT/NEWSLETTE  | 2,420.                       | 0.  | 2,420.   | (                                     |
|               | All other expenses   | 3,608.                       | 1,423.                                    | 1,291.   | 894                                   |
| 5             | Total functional expenses. Add lines 1 through 24e   | 684,338.                     | 533,834.                                  | 90,878.  | 59,620                                |
| <u>5</u><br>6 | Joint costs. Complete this line only if the organization   |                              | ,   |  | / /                                   |
|               | reported in column (B) joint costs from a combined   |                              |   |  |                                       |
|               | educational campaign and fundraising solicitation.   |                              |   |  |                                       |
|               | Check here Fifthere if following SOP 98-2 (ASC 958-720)  |                              |   |  |                                       |

132010 12-09-21

Form 990 (2021)

Form 990 (2021)

| Form 990 ( |               |
|------------|---------------|
| Part X     | Balance Sheet |

# YOUNG AUDIENCES OF WESTERN NEW YORK, INC D/B/A ARTS FOR LEARNING WNY

16-0916472 Page 11

| Part         |     | Balance Sheet   | 4.4        |                                       |                                 |        | X                               |
|--------------|-----|---|------------|---------------------------------------|---------------------------------|--------|---------------------------------|
|              |     | Check if Schedule O contains a response or no                           | ote to an  | / line in this Part X                 | <b>(A)</b><br>Beginning of year |        | (B)<br>End of year              |
|              | 1   | Cash - non-interest-bearing   |            |                                       | 183,108.                        | 1      | 211,183.                        |
|              | 2   | Savings and temporary cash investments                                  |            |                                       | 81,975.                         | 2      | 92,822.                         |
|              | 3   | Pledges and grants receivable, net                                      |            |                                       | 14,782.                         | 3      | 13,521                          |
|              | 4   | Accounts receivable, net  | 150.       | 4                                     | 150                             |        |                                 |
|              | 5   | Loans and other receivables from any current of                         |            |                                       |                                 | -      |                                 |
|              |     | trustee, key employee, creator or founder, sub-                         |            |                                       |                                 |        |                                 |
|              |     | controlled entity or family member of any of the                        |            |                                       |                                 | 5      |                                 |
|              | 6   | Loans and other receivables from other disgua                           |            |                                       |                                 |        |                                 |
|              |     | under section 4958(f)(1)), and persons describe                         |            | 6                                     |                                 |        |                                 |
| s            | 7   | Notes and loans receivable, net   |            | 7                                     |                                 |        |                                 |
| Assets       | 8   | Inventories for sale or use   |            |                                       |                                 | 8      |                                 |
| AS           | 9   | Prepaid expenses and deferred charges                                   | 1,901.     | 9                                     | 1,619                           |        |                                 |
|              | 10a | Land, buildings, and equipment: cost or other                           |            | Γ                                     |                                 |        |                                 |
|              |     |   | 10a        | 43,946.                               |                                 |        |                                 |
|              | b   | basis. Complete Part VI of Schedule D<br>Less: accumulated depreciation | 10b        | 31,360.                               | 18,790.                         | 10c    | 12,586                          |
|              | 11  | Investments - publicly traded securities                                |            | 11                                    |                                 |        |                                 |
|              | 12  | Investments - other securities. See Part IV, line                       |            | 12                                    |                                 |        |                                 |
|              | 13  | Investments - program-related. See Part IV, line                        |            |                                       | 13                              |        |                                 |
|              | 14  | Intangible assets   |            |                                       |                                 | 14     |                                 |
|              | 15  | Other assets. See Part IV, line 11                                      |            |                                       | 15                              |        |                                 |
|              | 16  | Total assets. Add lines 1 through 15 (must eq                           |            |                                       | 300,706.                        | 16     | 331,881                         |
|              | 17  | Accounts payable and accrued expenses                                   |            | 24,438.                               | 17                              | 29,481 |                                 |
|              | 18  | Grants payable  |            | 18                                    |                                 |        |                                 |
|              | 19  | Deferred revenue  | 4,500.     | 19                                    | 0                               |        |                                 |
|              | 20  | Tax-exempt bond liabilities   |            |                                       |                                 | 20     |                                 |
|              | 21  | Escrow or custodial account liability. Complete                         | Part IV    | of Schedule D                         |                                 | 21     |                                 |
| 2            | 22  | Loans and other payables to any current or for                          | mer offic  | er, director,                         |                                 |        |                                 |
|              |     | trustee, key employee, creator or founder, sub-                         | stantial o | ontributor, or 35%                    |                                 |        |                                 |
| 2            |     | controlled entity or family member of any of the                        | ese pers   | ons                                   |                                 | 22     |                                 |
| <b>'</b>   : | 23  | Secured mortgages and notes payable to unre                             |            | · · · · · · · · · · · · · · · · · · · | 54,547.                         | 23     | 0                               |
|              | 24  | Unsecured notes and loans payable to unrelate                           | ed third   | arties                                |                                 | 24     |                                 |
|              | 25  | Other liabilities (including federal income tax, p                      | ayables    | o related third                       |                                 |        |                                 |
|              |     | parties, and other liabilities not included on line                     | es 17-24)  | Complete Part X                       |                                 |        |                                 |
|              |     | of Schedule D   |            | ·····                                 |                                 | 25     | 00.401                          |
| _            | 26  |   |            |                                       | 83,485.                         | 26     | 29,481                          |
|              |     | Organizations that follow FASB ASC 958, ch                              | eck her    |                                       |                                 |        |                                 |
|              |     | and complete lines 27, 28, 32, and 33.                                  |            |                                       | 102 025                         |        | 100.000                         |
|              | 27  |   |            | ······  -                             | 173,935.                        | 27     | 186,029<br>116,371              |
| Š   I        | 28  | Net assets with donor restrictions                                      | 43,286.    | 28                                    | 110,3/1                         |        |                                 |
|              |     | Organizations that do not follow FASB ASC                               | 958, che   | ck here 🕨 🛄                           |                                 |        |                                 |
| 5            |     | and complete lines 29 through 33.                                       |            |                                       |                                 |        |                                 |
|              | 29  | Capital stock or trust principal, or current fund                       |            |                                       |                                 | 29     |                                 |
|              | 30  | Paid-in or capital surplus, or land, building, or                       |            |                                       |                                 | 30     |                                 |
| -            | 31  | Retained earnings, endowment, accumulated i                             |            |                                       | 017 001                         | 31     | 202 400                         |
| _            | 32  | Total net assets or fund balances                                       |            |                                       | 217,221.                        | 32     | 302,400                         |
|              | 33  | Total liabilities and net assets/fund balances                          | <u></u>    |                                       | 300,706.                        | 33     | 331,881<br>Form <b>990</b> (202 |

132011 12-09-21

|      | YOUNG AUDIENCES OF WESTERN NEW YORK, INC  |           |          |                  |                  |
|------|---|-----------|----------|------------------|------------------|
| Form | D/B/A ARTS FOR LEARNING WNY   | 16-091    | 5472     | Pag              | <sub>ge</sub> 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         |          | <del>)</del> ,5: |                  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         |          |                  | 38.              |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3         |          |                  | 79.              |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                             | 4         | 21       | 7,2              | 21.              |
| 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        | 302      | 2,4              | 00.              |
| 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> |                  | X                |
|      |   |           |          | Yes              | No               |
| 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |          |                  |                  |
|      | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule        | Ο.        |          |                  |                  |
| 2a   |   |           | 2a       | Х                | <u> </u>         |
|      | 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    | e audit,  |          |                  |                  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | 2c       | Х                | L                |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O.  |          |                  |                  |
| 3a   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin   | gle Audit |          |                  |                  |
|      | Act and OMB Circular A-133?   |           | 3a       |                  | X                |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit  |          |                  |                  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | 3b       |                  |                  |
|      |   |           |          | aan .            | / ··             |

Form **990** (2021)

132012 12-09-21

| Department of the Treasury<br>Internal Revenue Service |   |                           | omplete if the organ<br>494<br>► A | rity Status an<br>hization is a section 501<br>47(a)(1) nonexempt cha<br>Attach to Form 990 or F<br>r/Form990 for instruction | (c)(3) orga<br>ritable tru<br>orm 990-l | anization (<br>st.<br>EZ. | or a section                    | OMB No. 1545-0047<br><b>2021</b><br>Open to Public<br>Inspection |   |  |  |  |
|--|---|---------------------------|------------------------------------|---|---|---------------------------|---------------------------------|--|---|--|--|--|
| Name of  | the organizati  | on YOUN                   | G AUDIENCE:                        | S OF WESTERN  | NEW Y                                   | YORK,                     | INC                             | Employer   | identification number                           |  |  |  |
|  |   |                           |                                    | LEARNING WNY  |   |                           |                                 |  | 6-0916472                                       |  |  |  |
| Part I   | Reason  | for Public (              | Charity Status.                    | (All organizations must c   | omplete th                              | nis part.) S              | ee instructior                  | IS.  |   |  |  |  |
| The organ  | nization is not a                                     | a private found           | ation because it is: (F            | For lines 1 through 12, cl  | neck only o                             | one box.)                 |                                 |  |   |  |  |  |
| 1 🗂  |   | -                         |                                    | n of churches described   | -                                       | -                         | I)(A)(i).                       |  |   |  |  |  |
| 2  | A school des  | cribed in <b>sect</b> i   | ion 170(b)(1)(A)(ii).              | Attach Schedule E (Form   | n 990).)                                |                           |                                 |  |   |  |  |  |
| 3  |   |                           |                                    | anization described in se   |   | (b)(1)(A)(ii              | ii).                            |  |   |  |  |  |
| 4  | •   | •                         |                                    | njunction with a hospital   |   |                           | •                               | .)(iii). Enter   | the hospital's name,                            |  |  |  |
|  | city, and stat  | e:                        |                                    |   |   |                           |                                 |  |   |  |  |  |
| 5  | An organizat  | on operated fo            | or the benefit of a col            | llege or university owned   | or operate                              | ed by a go                | overnmental u                   | nit describe   | ed in   |  |  |  |
|  | section 170   | ( <b>b)(1)(A)(iv).</b> (C | Complete Part II.)                 |   |   |                           |                                 |  |   |  |  |  |
| 6 🔛  | A federal, sta  | te, or local gov          | vernment or governm                | nental unit described in  | section 17                              | ′0(b)(1)(A)               | (v).                            |  |   |  |  |  |
| 7 X  | An organizat  | on that norma             | lly receives a substar             | ntial part of its support fr  | om a gove                               | ernmental                 | unit or from tl                 | ne general p   | oublic described in                             |  |  |  |
|  | •   |                           | omplete Part II.)                  |   |   |                           |                                 |  |   |  |  |  |
| 8  |   |                           |                                    | (1)(A)(vi). (Complete Part  | ,                                       |                           |                                 |  |   |  |  |  |
| 9 🔛  | -   |                           |                                    | in section 170(b)(1)(A)(  |   | -                         |                                 | -  | -   |  |  |  |
|  |   | or a non-land-g           | grant college of agric             | ulture (see instructions).  | Enter the r                             | name, city                | , and state of                  | the college  | or  |  |  |  |
|  | university:   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
| 10   | -   |                           | •                                  | than 33 1/3% of its supp  |   |                           |                                 | -  |   |  |  |  |
|  |   |                           |                                    | t to certain exceptions; a  | . /                                     |                           |                                 |  | •   |  |  |  |
|  |   |                           |                                    | (less section 511 tax) fro  | m busines                               | ses acqui                 | red by the org                  | ganization a   | ifter June 30, 1975.                            |  |  |  |
| <b>44</b> $\Box$                                       |   |                           | mplete Part III.)                  |   |   |                           | O(-)(A)                         |  |   |  |  |  |
| 11 🛄<br>12 🔲   |   |                           |                                    | vely to test for public sat   |   |                           |                                 | www.outtho   | numpered of one or                              |  |  |  |
|  | -   | -                         | -                                  | vely for the benefit of, to   | -                                       |                           |                                 | •  |   |  |  |  |
|  |   |                           | -                                  | d in section 509(a)(1) o<br>f supporting organizatior   |   |                           |                                 |  |   |  |  |  |
| a  | _   | •                         | • •                                | upervised, or controlled  |   |                           |                                 | -  | aivina  |  |  |  |
| a  |   |                           |                                    | gularly appoint or elect a  | • • • •                                 | -                         |                                 | •••••  |   |  |  |  |
|  |   | -                         | complete Part IV, Se               |   | inajointy o                             |                           |                                 |  | pporting  |  |  |  |
| b  |   |                           | -                                  | or controlled in connect  | ion with its                            | s supporte                | ed organizatio                  | n(s), by hay   | vina  |  |  |  |
|  |   |                           | -                                  | anization vested in the sa  |   |                           | ÷                               |  | -   |  |  |  |
|  |   | 0                         | t complete Part IV,                |   |   |                           |                                 | <b>3</b>   |   |  |  |  |
| с  |   | . ,                       | •                                  | g organization operated   | in connect                              | ion with, a               | and functiona                   | lly integrate  | d with,   |  |  |  |
|  | its support   | ed organizatio            | n(s) (see instructions)            | ). You must complete I  | Part IV, Se                             | ctions A,                 | D, and E.                       | , ,  |   |  |  |  |
| d  | ] Type III no   | n-functionally            | integrated. A supp                 | oorting organization oper   | ated in cor                             | nnection w                | vith its suppo                  | rted organiz   | zation(s)                                       |  |  |  |
|  | that is not   | functionally int          | egrated. The organiz               | ation generally must sat  | sfy a distri                            | bution rec                | quirement and                   | an attentiv  | /eness  |  |  |  |
|  | requiremer  | nt (see instructi         | ions). You must con                | nplete Part IV, Sections  | A and D,                                | and Part                  | <b>v</b> .                      |  |   |  |  |  |
| e  | Check this  | box if the orga           | anization received a v             | written determination fro   | m the IRS <sup>-</sup>                  | that it is a              | Туре I, Туре                    | II, Type III   |   |  |  |  |
|  | functionally  | / integrated, or          | Type III non-functior              | nally integrated supportin  | ng organiza                             | ation.                    |                                 |  |   |  |  |  |
| f Ent  | er the number   | of supported o            | organizations                      |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           | about the supporte                 |   | (iv) Is the orga                        | nization listed           |                                 |  |   |  |  |  |
|  | <ul> <li>(i) Name of supp<br/>organizatior</li> </ul> |                           | (ii) EIN                           | (iii) Type of organization<br>(described on lines 1-10  | in your governi                         | ng document?              | (v) Amount o<br>support (see in |  | (vi) Amount of other support (see instructions) |  |  |  |
|  | organization  | •                         |                                    | above (see instructions))   | Yes                                     | No                        |                                 | 131140110113/  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
|  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |
| Total  |   |                           |                                    |   |   |                           |                                 |  |   |  |  |  |

### YOUNG AUDIENCES OF WESTERN NEW YORK, INC

|         | A (Form 990 | ) 202 |
|---------|-------------|-------|
| Part II | Suppor      | t Sc  |

#### D/B/A ARTS FOR LEARNING WNY

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec  | ction A. Public Support                      |                       |                       |                                  |                     |                    |                 |
|------|--|-----------------------|-----------------------|----------------------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2017              | <b>(b)</b> 2018       | <b>(c)</b> 2019                  | (d) 2020            | (e) 2021           | (f) Total       |
| 1    | Gifts, grants, contributions, and            |                       |                       |                                  |                     |                    |                 |
|      | membership fees received. (Do not            |                       |                       |                                  |                     |                    |                 |
|      | include any "unusual grants.")               | 239,842.              | 376,530.              | 338,739.                         | 281,946.            | 446,901.           | 1683958.        |
| 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                 | 239,842.              | 376,530.              | 338,739.                         | 281,946.            | 446,901.           | 1683958.        |
| 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)                                   |                       |                       |                                  |                     |                    | 448,989.        |
|      | Public support. Subtract line 5 from line 4. |                       |                       |                                  |                     |                    | 1234969.        |
| Sec  | ction B. Total Support                       |                       |                       |                                  |                     |                    |                 |
| Cale | ndar year (or fiscal year beginning in) 🕨    | (a) 2017              | <b>(b)</b> 2018       | <b>(c)</b> 2019                  | (d) 2020            | (e) 2021           | (f) Total       |
| 7    | Amounts from line 4                          | 239,842.              | 376,530.              | 338,739.                         | 281,946.            | 446,901.           | 1683958.        |
| 8    | Gross income from interest,                  |                       |                       |                                  |                     |                    |                 |
|      | dividends, payments received on              |                       |                       |                                  |                     |                    |                 |
|      | securities loans, rents, royalties,          |                       |                       |                                  |                     |                    |                 |
|      | and income from similar sources              | 18.                   | 97.                   | 77.                              | 17.                 | 29.                | 238.            |
| 9    | Net income from unrelated business           |                       |                       |                                  |                     |                    |                 |
|      | activities, whether or not the               |                       |                       |                                  |                     |                    |                 |
|      | business is regularly carried on             |                       |                       |                                  |                     |                    |                 |
| 10   | Other income. Do not include gain            |                       |                       |                                  |                     |                    |                 |
|      | or loss from the sale of capital             |                       |                       |                                  |                     |                    |                 |
|      | assets (Explain in Part VI.)                 | 200.                  | 29,783.               | 18,077.                          | 1,680.              | 7,682.             | 57,422.         |
| 11   | Total support. Add lines 7 through 10        |                       |                       |                                  |                     |                    | 1741618.        |
| 12   | Gross receipts from related activities,      | etc. (see instructio  | ons)                  |                                  |                     | 12 1               | ,340,855.       |
| 13   | First 5 years. If the Form 990 is for th     | ne organization's fir | rst, second, third, t | fourth, or fifth tax y           | /ear as a section 5 | 01(c)(3)           |                 |
|      | organization, check this box and stop        |                       |                       |                                  |                     |                    |                 |
| Sec  | ction C. Computation of Publi                | c Support Per         | centage               |                                  |                     |                    |                 |
| 14   | Public support percentage for 2021 (I        | ine 6, column (f), d  | ivided by line 11, o  | olumn (f))                       |                     | 14                 | 70.91 %         |
|      | Public support percentage from 2020          |                       |                       |                                  |                     | 15                 | 66.88 %         |
| 16a  | 33 1/3% support test - 2021. If the o        | organization did no   | ot check the box or   | n line 13, and line <sup>-</sup> | 14 is 33 1/3% or m  | ore, check this bo |                 |
|      | stop here. The organization qualifies        |                       | -                     |                                  |                     |                    |                 |
| b    | 33 1/3% support test - 2020. If the o        |                       |                       |                                  | line 15 is 33 1/3%  | or more, check th  | is box          |
|      | and stop here. The organization qual         |                       |                       |                                  |                     |                    |                 |
| 17a  | 10% -facts-and-circumstances test            |                       |                       |                                  |                     |                    |                 |
|      | and if the organization meets the fact       |                       |                       | -                                | -                   | VI how the organiz | ation           |
|      | meets the facts-and-circumstances te         | -                     | -                     | • • • •                          | -                   |                    |                 |
| b    | 10% -facts-and-circumstances test            | -                     |                       |                                  |                     |                    | 10% or          |
|      | more, and if the organization meets the      |                       |                       |                                  |                     |                    | . —             |
|      | organization meets the facts-and-circu       |                       | •                     |                                  |                     |                    |                 |
| 18   | Private foundation. If the organization      | n did not check a     | box on line 13, 16a   | a, 16b, 17a, or 17b              | o, check this box a |                    |                 |
|      |  |                       |                       |                                  |                     | Schedule A         | (Form 990) 2021 |

| YOUNG AUD | IENCES OF | WESTERN | NEW | YORK, | INC |
|-----------|-----------|---------|-----|-------|-----|
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| nedule A | (Form | 990) | ) 2021 |
|----------|-------|------|--------|

#### D/B/A ARTS FOR LEARNING WNY Sch Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

| Sec   | ction A. Public Support  |                           |                       |                       |                     |                 |                        |
|-------|--|---------------------------|-----------------------|-----------------------|---------------------|-----------------|------------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2017           | <b>(b)</b> 2018       | (c) 2019              | (d) 2020            | (e) 2021        | 1 (f) Total            |
| 1     | Gifts, grants, contributions, and  |                           |                       |                       |                     |                 |                        |
|       | membership fees received. (Do not  |                           |                       |                       |                     |                 |                        |
|       | include any "unusual grants.")   |                           |                       |                       |                     |                 |                        |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                       |                       |                     |                 |                        |
| 3     | Gross receipts from activities that are not an unrelated trade or bus-   |                           |                       |                       |                     |                 |                        |
|       | iness under section 513  | <u> </u>                  |                       |                       |                     |                 |                        |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                           |                       |                       |                     |                 |                        |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                           |                       |                       |                     |                 |                        |
| 6     | Total. Add lines 1 through 5   |                           |                       |                       |                     |                 |                        |
|       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                           |                       |                       |                     |                 |                        |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the  |                           |                       |                       |                     |                 |                        |
|       | amount on line 13 for the year   |                           |                       |                       |                     |                 |                        |
|       | Add lines 7a and 7b<br>Public support. (Subtract line 7c from line 6.)   |                           |                       |                       |                     |                 |                        |
|       | ction B. Total Support   |                           |                       |                       |                     |                 |                        |
|       | ndar year (or fiscal year beginning in) 🕨  | (a) 2017                  | <b>(b)</b> 2018       | (c) 2019              | (d) 2020            | (e) 2021        | 1 (f) Total            |
|       | Amounts from line 6  | (4) 2011                  |                       | (0) 2010              | (4) 2020            |                 |                        |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                           |                       |                       |                     |                 |                        |
| b     | Unrelated business taxable income  |                           |                       |                       |                     |                 |                        |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |                       |                       |                     |                 |                        |
| c     | Add lines 10a and 10b  |                           |                       |                       |                     |                 |                        |
|       | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                           |                       |                       |                     |                 |                        |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>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 th   | e organization's f        | irst, second, third,  | fourth, or fifth tax  | year as a section s | 501(c)(3) orgar | nization,              |
|       | check this box and stop here   |                           |                       |                       |                     |                 |                        |
| Sec   | ction C. Computation of Public   | c Support Pe              | rcentage              |                       |                     |                 |                        |
| 15    | Public support percentage for 2021 (li   | ne 8, column (f), d       | divided by line 13,   | column (f))           |                     | 15              | %                      |
|       | Public support percentage from 2020  |                           |                       |                       |                     | 16              | %                      |
| Sec   | ction D. Computation of Inves  | tment Incom               | e Percentage          |                       |                     |                 |                        |
| 17    | Investment income percentage for 20  | <b>21</b> (line 10c, colu | ımn (f), divided by l | ine 13, column (f))   |                     | 17              | %                      |
| 18    | Investment income percentage from 2  | 2020 Schedule A,          | , Part III, line 17   |                       |                     | 18              | %                      |
| 19a   | <b>33 1/3% support tests - 2021.</b> If the  |                           |                       |                       |                     |                 | ine 17 is not          |
|       | more than 33 1/3%, check this box an   | id <b>stop here.</b> The  | e organization qual   | ifies as a publicly s | supported organiza  | ation           |                        |
| b     | <b>33 1/3% support tests - 2020.</b> If the  | organization did          | not check a box or    | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/  | 3%, and                |
|       | line 18 is not more than 33 1/3%, chec   | ck this box and <b>s</b>  | top here. The orga    | anization qualifies   | as a publicly supp  | orted organiza  | ition ►                |
| 20    | Private foundation. If the organization  | <u>n did not check a</u>  | u box on line 14, 19  | a, or 19b, check tl   | his box and see ins | structions      |                        |
| 13202 | 23 01-04-22  |                           |                       |                       |                     | Scheo           | dule A (Form 990) 2021 |

#### YOUNG AUDIENCES OF WESTERN NEW YORK, INC D/B/A ARTS FOR LEARNING WNY

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1

Yes No

#### Schedule A (Form 990) 2021 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")? // "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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

#### 2021.05050 YOUNG AUDIENCES OF WESTER 05234A 1

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

#### YOUNG AUDIENCES OF WESTERN NEW YORK, INC

D/B/A ARTS FOR LEARNING WNY

|     | dule A (Form 990) 2021 D/B/A ARTS FOR LEARNING WNY 1  | <u>6-091647</u>   | 2 Pa | age <b>5</b> |
|-----|---|-------------------|------|--------------|
| Pa  | rt IV Supporting Organizations (continued)  |                   |      |              |
|     |   |                   | Yes  | No           |
| 11  | Has the organization accepted a gift or contribution from any of the following persons?   |                   |      |              |
| а   | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |                   |      |              |
|     | 11c below, the governing body of a supported organization?  | 11a               |      |              |
|     | A family member of a person described on line 11a above?  | 11b               |      |              |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |                   |      |              |
|     | detail in Part VI.  | 11c               |      |              |
| Sec | tion B. Type I Supporting Organizations   |                   |      |              |
|     |   |                   | Yes  | No           |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on  |                   |      |              |
|     | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office  | ers,              |      |              |
|     | directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one suppo | rted              |      |              |
|     | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among t  |                   |      |              |
|     | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  | 1                 |      |              |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported   |                   |      |              |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |                   |      |              |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |                   |      |              |
|     | supervised, or controlled the supporting organization.  | 2                 |      |              |
| Sec | tion C. Type II Supporting 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  |                   |      |              |
| 0   | the supported organization(s).  | 1                 |      |              |
| Sec | tion D. All Type III Supporting Organizations   |                   |      |              |
|     |   |                   | Yes  | No           |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |                   |      |              |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |                   |      |              |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |                   |      |              |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1                 |      |              |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported  |                   |      |              |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  |                   |      |              |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).   | 2                 |      |              |
| 3   | By reason of the relationship described on line 2, above, did the organization's supported organizations have a   |                   |      |              |
|     | significant voice in the organization's investment policies and in directing the use of the organization's  |                   |      |              |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |                   |      |              |
| 800 | 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 instru   | ictions).         |      |              |
| а   | The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>   |                   |      |              |
| b   | The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .   |                   |      |              |
| С   | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity   | (see instruction) |      |              |
| 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 on line 2a, above, constitute activities that, but for the organization's involvement,   |                   |      |              |
|     | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in  |                   |      |              |
|     | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in  |                   |      |              |
|     | these activities but for the organization's involvement.  | 2b                |      |              |

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a 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.

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. 132025 01-04-22

3b Schedule A (Form 990) 2021

3a

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#### 13110218 131604 05234A

#### 2021.05050 YOUNG AUDIENCES OF WESTER 05234A\_1

|      | YOUNG AUDIENCES OF WEST   | ERN NI       | -  |                                |
|------|---|--------------|--|--------------------------------|
| Sche | dule A (Form 990) 2021 D/B/A ARTS FOR LEARNING                                  |              |  | 6-0916472 Page 6               |
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                  | g Organ      | izations                                   |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on I | Nov. 20, 1970 ( <i>explain in</i> <b>F</b> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must    | complete     | Sections A through E.                      | 1                              |
| Sect | ion A - Adjusted Net Income   |              | (A) Prior Year                             | (B) Current Year<br>(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<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                   |              |  |                                |
|      | instructions for short tax year or assets held for part of year):               |              |  |                                |
| а    | Average monthly value of securities   | 1a           |  |                                |
| b    | Average monthly cash balances   | 1b           |  |                                |
| с    | Fair market value of other non-exempt-use assets                                | 1c           |  |                                |
| d    | Total (add lines 1a, 1b, and 1c)  | 1d           |  |                                |
| е    | Discount claimed for blockage or other factors                                  |              |  |                                |
|      | (explain in detail in 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

#### YOUNG AUDIENCES OF WESTERN NEW YORK, INC D/B/A ARTS FOR LEARNING WAV

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|------------|--------|
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|              | Schedule A (Form 990) 2021 D/B/A ARTS FOR LEARNING WNY 16-0916472 Page 7                   |                                   |                                       |    |                                      |    |  |
|--------------|--|-----------------------------------|---------------------------------------|----|--------------------------------------|----|--|
| Par          | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                                   |                                       |    |                                      |    |  |
| Secti        | on D - Distributions   |                                   |                                       |    | Current Ye                           | ar |  |
| 1            | Amounts paid to supported organizations to accomplish exer                                 | mpt purposes                      |                                       | 1  | L                                    |    |  |
| 2            | Amounts paid to perform activity that directly furthers exemp                              | t purposes of supported           |                                       |    |                                      |    |  |
|              | organizations, in excess of income from activity   |                                   |                                       | 2  | ļ                                    |    |  |
| 3            | Administrative expenses paid to accomplish exempt purpose                                  | es of supported organizations     |                                       | 3  |                                      |    |  |
| 4            | Amounts paid to acquire exempt-use assets  |                                   |                                       | 4  |                                      |    |  |
| 5            | Qualified set-aside amounts (prior IRS approval required - pro                             | ovide details in <b>Part VI</b> ) |                                       | 5  |                                      |    |  |
| 6            | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.               |                                   |                                       | 6  |                                      |    |  |
| _7           | Total annual distributions. Add lines 1 through 6.   |                                   |                                       | 7  |                                      |    |  |
| 8            | Distributions to attentive supported organizations to which the                            | e organization is responsive      |                                       |    |                                      |    |  |
|              | (provide details in Part VI). See instructions.  |                                   |                                       | 8  | ļ                                    |    |  |
| 9            | Distributable amount for 2021 from Section C, line 6                                       |                                   |                                       | 9  | ļ                                    |    |  |
| 10           | Line 8 amount divided by line 9 amount   |                                   |                                       | 10 | ļ                                    |    |  |
| Secti        | on E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions       | (ii)<br>Underdistribution<br>Pre-2021 | IS | (iii)<br>Distributab<br>Amount for 2 |    |  |
| 1            | Distributable amount for 2021 from Section C, line 6                                       |                                   |                                       |    |                                      |    |  |
| 2            | Underdistributions, if any, for years prior to 2021 (reason-                               |                                   |                                       |    |                                      |    |  |
|              | able cause required - explain in Part VI). See instructions.                               |                                   |                                       |    |                                      |    |  |
| 3            | Excess distributions carryover, if any, to 2021  |                                   |                                       |    |                                      |    |  |
| a            | From 2016  |                                   |                                       |    |                                      |    |  |
| b            | From 2017  |                                   |                                       |    |                                      |    |  |
| C            | From 2018  |                                   |                                       |    |                                      |    |  |
| d            | From 2019  |                                   |                                       |    |                                      |    |  |
| e            | From 2020  |                                   |                                       |    |                                      |    |  |
| f            | Total of lines 3a through 3e   |                                   |                                       |    |                                      |    |  |
| g            | Applied to underdistributions of prior years   |                                   |                                       |    |                                      |    |  |
| h            | Applied to 2021 distributable amount   |                                   |                                       |    |                                      |    |  |
| i            | Carryover from 2016 not applied (see instructions)   |                                   |                                       |    |                                      |    |  |
| <u>    i</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                     |                                   |                                       |    |                                      |    |  |
| 4            | Distributions for 2021 from Section D,   |                                   |                                       |    |                                      |    |  |
|              | line 7: \$   |                                   |                                       |    |                                      |    |  |
| a            | Applied to underdistributions of prior years   |                                   |                                       |    |                                      |    |  |
| b            | Applied to 2021 distributable amount   |                                   |                                       |    | L                                    |    |  |
| C            | Remainder. Subtract lines 4a and 4b from line 4.   |                                   |                                       |    |                                      |    |  |
| 5            | Remaining underdistributions for years prior to 2021, if                                   |                                   |                                       |    |                                      |    |  |
|              | any. Subtract lines 3g and 4a from line 2. For result greater                              |                                   |                                       |    |                                      |    |  |
|              | than zero, explain in Part VI. See instructions.   |                                   |                                       |    |                                      |    |  |
| 6            | Remaining underdistributions for 2021. Subtract lines 3h                                   |                                   |                                       |    |                                      |    |  |
|              | and 4b from line 1. For result greater than zero, explain in                               |                                   |                                       |    |                                      |    |  |
|              | Part VI. See instructions.   |                                   |                                       |    |                                      |    |  |
| 7            | Excess distributions carryover to 2022. Add lines 3j                                       |                                   |                                       |    |                                      |    |  |
|              | and 4c.  |                                   |                                       |    |                                      |    |  |
| 8            | Breakdown of line 7:   |                                   |                                       |    |                                      |    |  |
| a            | Excess from 2017   |                                   |                                       |    |                                      |    |  |
| b            | Excess from 2018   |                                   |                                       |    |                                      |    |  |
| C            | Excess from 2019   |                                   |                                       |    |                                      |    |  |
| d            | Excess from 2020   |                                   |                                       |    |                                      |    |  |
| e            | Excess from 2021   |                                   |                                       |    |                                      |    |  |
|              |  |                                   |                                       |    |                                      |    |  |

Schedule A (Form 990) 2021

|                |                              | YOUNG AUD  |   |   |   |   |            |
|----------------|------------------------------|--|---|---|---|---|------------|
|                | (Form 990) 2021              | D/B/A ART  |   |   |   | 16-0916472  | Page 8     |
| Part VI        | Part IV, Section A, lines 1, | , 2, 3b, 3c, 4b, 4c, 5<br>lines 2 and 3; Part I\ | a, 6, 9a, 9b, 9c, 1 <sup>.</sup><br>/, Section E, lines | 1a, 11b, and 11c;<br>1c, 2a, 2b, 3a, an | Part IV, Section B,<br>d 3b; Part V, line 1 | 17a or 17b; Part III, line 12;<br>lines 1 and 2; Part IV, Section<br>; Part V, Section B, line 1e; Par<br>additional information. | C,<br>t V, |
| PART I         | I, SECTION B,                | LINE 10  |   |   |   |   |            |
| OTHER          | INCOME CONSIST               | S OF REVEN                                       | UE FROM   | SPECIAL E                               | VENTS AND                                   | OTHER   |            |
| MISCEL         | LANEOUS ITEMS.               | ,  |   |   |   |   |            |
|                |                              |  |   |   |   |   |            |
|                |                              |  |   |   |   |   |            |
|                |                              |  |   |   |   |   |            |
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|                |                              |  |   |   |   |   |            |
|                |                              |  |   |   |   |   |            |
|                |                              |  |   |   |   |   |            |
|                |                              |  |   |   |   |   |            |
| 132028 01-04-2 | 22                           |  |   |   |   | Schedule A (Form 9  | 90) 2021   |

Schedule A (Form 990) 2021

### Schedule B

#### (Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

| 2021 |
|------|
|------|

Employer identification number

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

16-0916472

| Filers of:         | Section:   |
|--------------------|--|
| Form 990 or 990-EZ | X 501(c)( 3 ) (enter number) organization  |
|                    | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | 527 political organization   |
| Form 990-PF        | 501(c)(3) exempt private foundation  |
|                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | 501(c)(3) taxable private foundation   |

Check if your organization is covered by the General Rule or a Special Rule.

D/B/A ARTS FOR LEARNING WNY

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$  b \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

| Name of o    | B (Form 990) (2021)<br>Irganization  |                           | Employ    | Page <b>2</b><br>rer identification number              |
|--------------|--|---------------------------|-----------|---|
|              | AUDIENCES OF WESTERN NEW YORK, INC<br>ARTS FOR LEARNING WNY                          | 16-                       | 6-0916472 |   |
| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional | space is needed.          |           | 0910472   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | าร        | (d)<br>Type of contribution                             |
| 1            | FUNDS FOR THE ARTS C/O COMMUNITY<br>FOUNDATION FOR GREATER BUFF                      |                           |           | Person X<br>Payroll                                     |
|              | 726 EXCHANGE STREET  | \$25,0                    | 00.       | Noncash (Complete Part II for                           |
|              | BUFFALO, NY 14210  |                           |           | noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ns        | (d)<br>Type of contribution                             |
| 2            | NEW YORK STATE COUNCIL ON THE ARTS   |                           |           | Person X<br>Payroll                                     |
|              | 300 PARK AVENUE SOUTH  | \$59,5                    | 00.       | Noncash (Complete Part II for                           |
|              | NEW YORK, NY 10010   |                           |           | noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | าร        | (d)<br>Type of contribution                             |
| 3            | CITY OF BUFFALO  |                           |           | Person X  |
|              | ONE NIAGARA SQUARE   | \$\$                      | 00.       | Payroll<br>Noncash                                      |
|              | BUFFALO, NY 14202  |                           |           | (Complete Part II for noncash contributions.)           |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | าร        | (d)<br>Type of contribution                             |
| 4            | ERIE COUNTY  |                           |           | Person X  |
|              | 95 FRANKLIN STREET   | \$14,0                    | 00.       | Payroll<br>Noncash                                      |
|              | BUFFALO, NY 14202  |                           |           | (Complete Part II for<br>noncash contributions.)        |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | าร        | (d)<br>Type of contribution                             |
| 5            | UNITED WAY   |                           |           | Person X<br>Payroll                                     |
|              | 742 DELAWARE AVENUE  | \$15,6                    | 00.       | Noncash (Complete Part II for                           |
|              | BUFFALO, NY 14209  |                           |           | noncash contributions.)                                 |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contribution | ıs        | (d)<br>Type of contribution                             |
| 6            | ERIE COUNTY YOUTH BUREAU   |                           |           | Person X<br>Payroll                                     |
|              | 810 EAST FERRY STREET  | \$12,7                    | 52.       | Noncash (Complete Part II for                           |
| 123452 11-11 | BUFFALO, NY 14211  |                           |           | noncash contributions.)<br>Schedule B (Form 990) (2021) |
| 120402 11-1  | 1 m 1  |                           |           | 55115000 D (1 0111 350) (2021)                          |

123452 11-11-21

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|              | B (Form 990) (2021)   |                           |          | Page <b>2</b>                                    |
|--------------|---|---------------------------|----------|--|
|              | rganization   |                           | Emplo    | yer identification number                        |
|              | AUDIENCES OF WESTERN NEW YORK, INC<br>ARTS FOR LEARNING WNY                   | 16                        | -0916472 |  |
| Part I       | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.          | •        |  |
| (a)          | (b)   | (c)                       |          | (d)  |
| No.          | Name, address, and ZIP + 4<br>RALPH C WILSON FOUNDATION C/O                   | Total contribution        | ns       | Type of contribution                             |
| 7            | COMMUNITY FOUNDATION FOR GREATER BUFFA  |                           |          | Person X   |
|              | 726 EXCHANGE STREET   | \$25,0                    | 00.      | Payroll<br>Noncash                               |
|              | BUFFALO, NY 14210   |                           |          | (Complete Part II for noncash contributions.)    |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio  | ns       | (d)<br>Type of contribution                      |
| 8            | PETER & ELIZABETH C. TOWER FOUNDATION   |                           |          | Person X   |
|              | 2351 FOREST RD. #106  | \$25,6                    | 00.      | Payroll<br>Noncash                               |
|              | GETZVILLE, NY 14068   |                           |          | (Complete Part II for noncash contributions.)    |
| (a)          | (b)   | (c)                       |          | (d)  |
| No.          | Name, address, and ZIP + 4  | Total contribution        | ns       | Type of contribution                             |
| 9            | ERIE COUNTY PRIMETIME   |                           |          | Person X<br>Payroll                              |
|              | 810 EAST FERRY STREET   | \$8,0                     | 37.      | Noncash  |
|              | BUFFALO, NY 14211   |                           |          | (Complete Part II for<br>noncash contributions.) |
| (a)          | (b)   | (c)                       |          | (d)  |
| No.          | Name, address, and ZIP + 4  | Total contribution        | ns       | Type of contribution                             |
| 10           | M&T CHARITABLE FOUNDATION   |                           |          | Person X   |
|              | ONE FOUNTAIN PLAZA  | \$5,0                     | 00.      | Payroll<br>Noncash                               |
|              | BUFFALO, NY 14203   |                           |          | (Complete Part II for noncash contributions.)    |
|              |   |                           |          |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns       | (d)<br>Type of contribution                      |
|              | GARMAN FAMILY FOUNDATION C/O COMMUNITY  |                           |          |  |
| 11           | FOUNDATION FOR GREATER BUFFALO  |                           |          | Person X<br>Payroll                              |
|              | 726 EXCHANGE STREET   | \$27,6                    | 09.      | Noncash  |
|              | BUFFALO, NY 14210   |                           |          | noncash contributions.)                          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contribution | ns       | (d)<br>Type of contribution                      |
|              | CONALDE FAMILY FOUNDATION FUND C/O  |                           | -        |  |
|              | COMMUNITY FOUNDATION OF GREATER BUFFAL  |                           |          | Person X<br>Payroll                              |
|              | 726 EXCHANGE STREET   | \$5,0                     | 00.      | Noncash  |
|              | BUFFALO, NY 14210   |                           |          | noncash contributions.)                          |
| 123452 11-11 | I-21  |                           |          | Schedule B (Form 990) (2021)                     |

<sup>123452 11-11-21</sup> 

| Schedule     | B (Form 990) (2021)   |                          |       | Page <b>2</b>                                 |
|--------------|---|--------------------------|-------|---|
|              | rganization   |                          | Emplo | yer identification number                     |
|              | AUDIENCES OF WESTERN NEW YORK, INC  |                          |       |   |
| <u>D/B/A</u> | ARTS FOR LEARNING WNY   |                          | 16    | -0916472                                      |
| Part I       | <b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona | al space is needed.      |       |   |
| (a)          | (b)   | (c)                      |       | (d)   |
| No.          | Name, address, and ZIP + 4  | Total contributio        | ns    | Type of contribution                          |
| 13           | GRIGG LEWIS FOUNDATION, INC.  |                          |       | Person X                                      |
|              | GRIGG EEWID TOONDATION, INC.  |                          |       | Person X<br>Payroll                           |
|              | 76 WEST AVE.  | \$ 8,0                   | 00.   | Noncash                                       |
|              |   |                          |       | (Complete Part II for                         |
|              | LOCKPORT, NY 14094  |                          |       | noncash contributions.)                       |
|              |   |                          |       |   |
| (a)          | (b)   | (c)                      |       | (d)   |
| No.          | Name, address, and ZIP + 4  | Total contributio        | ns    | Type of contribution                          |
| 14           | SIMPLE GIFTS FUND   |                          |       | Person X                                      |
| <u> </u>     |   |                          |       | Pavroll                                       |
|              | 19 SAYBROOK PL  | \$ 10,0                  | 00.   | Noncash                                       |
|              |   |                          |       | (Complete Part II for                         |
|              | BUFFALO, NY 14209   |                          |       | noncash contributions.)                       |
|              |   |                          |       |   |
| (a)          | (b)   | (c)                      |       | (d)   |
| No.          | Name, address, and ZIP + 4<br>JUNE FARRINGTON FUND C/O COMMUNITY                    | Total contributio        | ns    | Type of contribution                          |
| 15           | FOUNDATION FOR GREATER BUFFALO  |                          |       | Person X                                      |
|              |   |                          |       | Payroll                                       |
|              | 726 EXCHANGE STREET   | \$ 20,0                  | 00.   | Noncash                                       |
|              |   |                          |       | (Complete Part II for                         |
|              | BUFFALO, NY 14210   |                          |       | noncash contributions.)                       |
| (-)          | (1.)  | (-)                      |       | (.))  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributio | ne    | (d)<br>Type of contribution                   |
|              |   |                          |       |   |
| 16           | THE WESTERN NEW YORK FOUNDATION   |                          |       | Person X                                      |
|              |   |                          |       | Payroll                                       |
|              | 2495 MAIN STREET STE 464  | \$38,4                   | .00.  | Noncash                                       |
|              |   |                          |       | (Complete Part II for noncash contributions.) |
|              | BUFFALO, NY 14214   |                          |       | noncash contributions.)                       |
| (a)          | (b)   | (c)                      |       | (d)   |
| No.          | Name, address, and ZIP + 4  | Total contributio        | ns    | Type of contribution                          |
|              | RALPH C WILSON FOUNDATION C/O   |                          |       |   |
| 17           | LAKESHORE CONNECTIONS INC.  |                          |       | Person X                                      |
|              |   |                          | 0.0   | Payroll<br>Noncash                            |
|              | 217 E DELEVAN AVE   | \$ 85,0                  | 00.   |   |
|              | BUFFALO, NY 14208   |                          |       | (Complete Part II for noncash contributions.) |
|              |   |                          |       |   |
| (a)          | (b)   | (c)                      |       | (d)   |
| No.          | Name, address, and ZIP + 4  | Total contributio        | ns    | Type of contribution                          |
|              |   |                          |       |   |
|              |   |                          |       | Person<br>Payroll                             |
|              |   | \$                       |       | Noncash                                       |
|              |   |                          |       | (Complete Part II for                         |
|              |   |                          |       | noncash contributions.)                       |
| 123452 11-11 | 1-21  |                          |       | Schedule B (Form 990) (2021)                  |

13110218 131604 05234A

|                              | ganization   | E   | mployer identification num |
|------------------------------|--|---|----------------------------|
|                              | AUDIENCES OF WESTERN NEW YORK, INC<br>ARTS FOR LEARNING WNY    |   | 16-0916472                 |
| art II                       | Noncash Property (see instructions). Use duplicate copies of P | art II if additional space is needed.           |                            |
| (a)<br>No.<br>from           | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received       |
| Part I                       |  |   |                            |
|                              |  | \$  |                            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received       |
|                              |  | \$  |                            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received       |
|                              |  | <br>\$  |                            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received       |
|                              |  | \$  |                            |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received       |
|                              |  | \$  | _                          |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received       |
|                              |  |   |                            |
|                              |  | \$  |                            |

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Schedule B (Form 990) (2021)

| Schedule I      | B (Form 990) (2021)   |  |  | Page <b>4</b>                            |  |  |  |
|-----------------|---|--|--|--|--|--|--|
| Name of o       | rganization   |  |  | Employer identification number           |  |  |  |
| YOUNG           | AUDIENCES OF WESTERN N  | EW YORK, INC   |  |  |  |  |  |
|                 | ARTS FOR LEARNING WNY   |  |  | 16-0916472                               |  |  |  |
| Part III        | Exclusively religious, charitable, etc., contribut  | ions to organizations described in s   | section 501(c)(7), (8), or (10) t        | hat total more than \$1,000 for the year |  |  |  |
|                 | from any one contributor. Complete columns (a<br>completing Part III, enter the total of exclusively religious, | a) through (e) and the following line end of the following line end of the state of | ntry. For organizations                  | ca) ► \$                                 |  |  |  |
|                 | Use duplicate copies of Part III if additional  | space is needed.   |  |  |  |  |  |
| (a) No.         |   |  |  |  |  |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift  | (d) Des                                  | cription of how gift is held             |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   | (e) Transfer of gi   | ift                                      |  |  |  |  |
|                 |   | (0)  |  |  |  |  |  |
|                 | Transferee's name, address, a   | nd ZIP + 4   | Relationship of tra                      | Insferor to transferee                   |  |  |  |
|                 | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
| (a) No.         |   | ı  |  |  |  |  |  |
| from<br>Part I  | (b) Purpose of gift   | (c) Use of gift  | (d) Des                                  | cription of how gift is held             |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   | (e) Transfer of gi   | ift                                      |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 | Transferee's name, address, a   | nd ZIP + 4   | Relationship of transferor to transferee |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  | T  |  |  |  |  |
| (a) No.<br>from | (b) Purpose of gift   | (c) Use of gift  | (d) Des                                  | cription of how gift is held             |  |  |  |
| Part I          |   | (0, 000 01 gift  | (4) 200                                  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
| -               |   |  |  |  |  |  |  |
|                 |   | (e) Transfer of gi   | ft                                       |  |  |  |  |
|                 |   |  |  |  |  |  |  |
| -               | Transferee's name, address, a   | nd ZIP + 4   | Relationship of tra                      | insferor to transferee                   |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
| (a) No.         |   |  |  |  |  |  |  |
| from            | (b) Purpose of gift   | (c) Use of gift  | (d) Des                                  | cription of how gift is held             |  |  |  |
| Part I          |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
| ŀ               |   | (e) Transfer of gi   | ift                                      |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 | Transferee's name, address, a   | nd ZIP + 4   | Relationship of tra                      | insferor to transferee                   |  |  |  |
| ľ               |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |
|                 |   |  |  |  |  |  |  |

Schedule B (Form 990) (2021)

| SC      |                       |                     | Supplement  | al Financial             | Statement                         | s           |                    | OMB No.         | 1545-0047    |
|---------|-----------------------|---------------------|---|--------------------------|-----------------------------------|-------------|--------------------|-----------------|--------------|
|         | n 990)                |                     | Complete if the org                                     |                          |                                   |             |                    | 20              | 21           |
| Depart  | ment of the Treasury  |                     | Part IV, line 6, 7, 8, 9, 10                            | • Attach to Form 990     |                                   | 20.         |                    |                 | o Public     |
| Interna | Revenue Service       |                     | o to www.irs.gov/Form9                                  |                          |                                   |             | 1                  | Inspec          |              |
| Nam     | e of the organization |                     | AUDIENCES OF  |                          | W YORK, II                        | NC          |                    | identificatio   |              |
| Par     | t I Organiza          | - / - /             | ARTS FOR LEA<br>aining Donor Advise                     |                          | r Similar Fund                    | or Ac       |                    | 6-0916          |              |
| Fai     |                       |                     | " on Form 990, Part IV, li                              |                          |                                   |             | counts.            | Complete in     | the          |
|         | o gaa.ioi             |                     |   | (a) Donor ad             | vised funds                       | (           | <b>b)</b> Funds an | d other acco    | ounts        |
| 1       | Total number at en    | nd of vear          |   |                          |                                   | <b>`</b>    |                    |                 |              |
| 2       |                       |                     | o (during year)   |                          |                                   |             |                    |                 |              |
| 3       |                       |                     | ring year)  |                          |                                   |             |                    |                 |              |
| 4       |                       |                     |   |                          |                                   |             |                    |                 |              |
| 5       |                       |                     | ors and donor advisors in                               |                          | s held in donor advi              | ised fund   | ls                 |                 |              |
|         | -                     |                     | pject to the organization's                             | -                        |                                   |             |                    | Yes             | No No        |
| 6       |                       |                     | tees, donors, and donor a                               |                          |                                   |             |                    |                 |              |
|         | for charitable purp   | oses and not for    | the benefit of the donor of                             | or donor advisor, or fo  | r any other purpose               | e conferri  | ng                 |                 |              |
|         | impermissible priva   | ate benefit?        |   |                          |                                   |             |                    | Yes             | No           |
| Par     | t II Conserva         | ation Easem         | ents. Complete if the or                                | ganization answered      | "Yes" on Form 990                 | , Part IV,  | line 7.            |                 |              |
| 1       | Purpose(s) of cons    | ervation easeme     | ents held by the organizat                              | ion (check all that app  | oly).                             |             |                    |                 |              |
|         | Preservation          | of land for publi   | c use (for example, recrea                              | ation or education)      | Preservation of                   | of a histo  | rically impo       | rtant land are  | ea           |
|         | Protection of         | f natural habitat   |   |                          | Preservation                      | of a certi  | fied historic      | structure       |              |
|         |                       | of open space       |   |                          |                                   |             |                    |                 |              |
| 2       |                       | •                   | e organization held a qual                              | ified conservation con   | tribution in the form             | n of a cor  |                    |                 |              |
|         | day of the tax year   |                     |   |                          |                                   |             |                    | at the End of t | ine lax year |
| a       |                       |                     | ments   |                          |                                   |             | 2a                 |                 |              |
| b       |                       |                     | vation easements  |                          |                                   |             | 2b                 |                 |              |
| C<br>L  |                       |                     | s on a certified historic st                            |                          |                                   |             | 2c                 |                 |              |
| d       |                       |                     | s included in (c) acquired                              | ,                        |                                   |             | 04                 |                 |              |
| 3       |                       |                     | s modified, transferred, re                             |                          |                                   |             | 2d                 | a the tax       |              |
| 3       | year ►                | alion easements     | s moulled, transierred, re                              | leased, extinguished,    | or terminated by th               | le organiz  | zalion dunnų       | J IIIE IAA      |              |
| 4       |                       | where property s    | ubject to conservation ea                               | sement is located        |                                   |             |                    |                 |              |
| 5       |                       | ,                   | en policy regarding the pe                              | -                        | pection, handling of              | -           |                    |                 |              |
| -       | •                     |                     | conservation easements i                                |                          | · · · · · · · · · · · · · · · · · |             |                    | Yes             | No           |
| 6       | Staff and volunteer   | hours devoted       | to monitoring, inspecting,                              |                          |                                   |             |                    | s during the    | year         |
|         |                       |                     |   | -                        | _                                 |             |                    |                 |              |
| 7       | Amount of expense     | es incurred in m    | onitoring, inspecting, han                              | dling of violations, and | d enforcing conserv               | ation eas   | sements dur        | ing the year    |              |
|         | ►\$                   |                     |   |                          |                                   |             |                    |                 |              |
| 8       | Does each conserv     | ation easement      | reported on line 2(d) abov                              | ve satisfy the requiren  | nents of section 170              | 0(h)(4)(B)( | (i)                |                 |              |
|         | and section 170(h)    | (4)(B)(ii)?         |   |                          |                                   |             |                    | Yes             | No           |
| 9       | In Part XIII, describ | e how the orgar     | ization reports conservat                               | ion easements in its re  | evenue and expens                 | e statem    | ent and            |                 |              |
|         | balance sheet, and    | l include, if appli | cable, the text of the foot                             | note to the organization | on's financial staten             | nents tha   | at describes       | the             |              |
| De      |                       |                     | ervation easements.                                     | f Art Historical         |                                   | thar C      | imilar Aa          |                 |              |
| Par     |                       |                     | aining Collections o                                    |                          | reasures, or u                    | uner 5      | iniliar As:        | sets.           |              |
|         |                       |                     | answered "Yes" on Forn                                  |                          |                                   |             |                    |                 |              |
| 18      |                       | · ·                 | hitted under FASB ASC 9                                 |                          |                                   |             |                    |                 |              |
|         |                       |                     | similar assets held for pu                              |                          |                                   |             | ice of public      |                 |              |
| h       |                       |                     | of the footnote to its fina<br>hitted under FASB ASC 98 |                          |                                   |             | choot work         | e of            |              |
| b       | -                     |                     | nilar assets held for publi                             |                          |                                   |             |                    |                 |              |
|         |                       |                     | ting to these items:                                    | S SAMERION, GUUCALIO     | ., 51 10504101111111              |             | 51 Public 30       |                 |              |
|         | -                     | -                   | ), Part VIII, line 1                                    |                          |                                   |             | ▶ \$               |                 |              |
|         |                       |                     | Part X  |                          |                                   |             | ► \$               |                 |              |
| 2       |                       |                     | works of art, historical tre                            |                          |                                   |             |                    |                 |              |
| -       |                       |                     | be reported under FASB A                                |                          |                                   | J           |                    |                 |              |
| а       | -                     | -                   | art VIII, line 1  | -                        |                                   |             | ▶ \$               |                 |              |
|         |                       |                     | x   |                          |                                   |             |                    |                 |              |
|         |                       |                     | tice, see the Instruction                               |                          |                                   |             |                    | dule D (Forr    | n 990) 2021  |
|         | 10-28-21              |                     |   |                          |                                   |             |                    |                 |              |

|        |   | UDIENCES O                      |                  |                       | IEW YOR       | к, і       |                         |            |            |       |               |
|--------|---|---------------------------------|------------------|-----------------------|---------------|------------|-------------------------|------------|------------|-------|---------------|
|        |   | RTS FOR LE                      |                  |                       |               |            |                         | 16-09      |            |       | 'age <b>2</b> |
| Par    | t III Organizations Maintaining C   | ollections of Ar                | t, Histo         | orical Trea           | asures, or    | Other      | r Simila                | r Assets   | contin     | ued)  |               |
| 3      | Using the organization's acquisition, accession   | on, and other record            | ls, check        | any of the fo         | ollowing that | make si    | gnificant ι             | use of its |            |       |               |
|        | collection items (check all that apply):  |                                 |                  |                       |               |            |                         |            |            |       |               |
| а      | Public exhibition   | C                               |                  |                       | nange progra  |            |                         |            |            |       |               |
| b      | Scholarly research  | e                               | • 🗌 o            | Other                 |               |            |                         |            |            |       |               |
| С      | Preservation for future generations   |                                 |                  |                       |               |            |                         |            |            |       |               |
| 4      | Provide a description of the organization's co  | llections and explai            | n how the        | ey further the        | e organizatio | n's exen   | npt purpo               | se in Part | XIII.      |       |               |
| 5      | During the year, did the organization solicit o   | r receive donations             | of art, hist     | torical treas         | ures, or othe | r similar  | assets                  |            | _          |       | _             |
|        | to be sold to raise funds rather than to be ma  |                                 |                  |                       |               |            |                         |            | Yes        |       | No            |
| Par    | t IV Escrow and Custodial Arrang  |                                 | ete if the       | organizatior          | n answered "  | Yes" on    | Form 990                | , Part IV, | line 9, or |       |               |
|        | reported an amount on Form 990, Par   | t X, line 21.                   |                  |                       |               |            |                         |            |            |       |               |
| 1a     | Is the organization an agent, trustee, custodi  | an or other intermed            | liary for co     | ontributions          | or other ass  | ets not i  | ncluded                 |            | _          |       | _             |
|        | on Form 990, Part X?  |                                 |                  |                       |               |            |                         | L          | Yes        |       | No            |
| b      | If "Yes," explain the arrangement in Part XIII  | and complete the fo             | llowing ta       | ıble:                 |               |            |                         |            |            |       |               |
|        |   |                                 |                  |                       |               |            |                         |            | Amount     |       |               |
| с      | Beginning balance   |                                 |                  |                       |               |            | . 1c                    |            |            |       |               |
| d      | Additions during the year   |                                 |                  |                       |               |            | . 1d                    |            |            |       |               |
|        | Distributions during the year   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Ending balance  |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Did the organization include an amount on Fo  |                                 |                  |                       |               |            |                         |            | Yes        |       | No            |
| b      | If "Yes," explain the arrangement in Part XIII.   | Check here if the ex            | planation        | n has been p          | provided on F | Part XIII  |                         |            |            |       |               |
| Par    | t V Endowment Funds. Complete i   | f the organization ar           | nswered "        | Yes" on For           | m 990, Part   | IV, line 1 | 10.                     |            |            |       |               |
|        |   | (a) Current year                | <b>(b)</b> Pr    | rior year             | (c) Two year  | s back     | (d) Three y             | /ears back | (e) Four   | years | back          |
| 1a     | Beginning of year balance   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Contributions   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Net investment earnings, gains, and losses  |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Grants or scholarships  |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Other expenditures for facilities   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | and programs  |                                 |                  |                       |               |            |                         |            |            |       |               |
| f      | Administrative expenses   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | End of year balance   |                                 |                  |                       |               |            |                         |            |            |       |               |
| 2      | Provide the estimated percentage of the curr  | ent vear end balanc             | e (line 1a       | column (a))           | held as:      |            |                         |            |            |       |               |
|        | Board designated or quasi-endowment   |                                 | %                |                       |               |            |                         |            |            |       |               |
|        | Permanent endowment   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        |   | %                               |                  |                       |               |            |                         |            |            |       |               |
| U      | The percentages on lines 2a, 2b, and 2c sho   | , -                             |                  |                       |               |            |                         |            |            |       |               |
| 39     | Are there endowment funds not in the posse  |                                 | ation that       | are held and          | d administer  | ed for th  | e organiza              | ation      |            |       |               |
| Ja     |   |                                 |                  |                       | administer    |            | e organiza              |            | Г          | Yes   | No            |
|        | by:<br>(i) Unrelated organizations  |                                 |                  |                       |               |            |                         |            | 3a(i)      |       |               |
|        | • •   |                                 |                  |                       |               |            |                         |            |            |       |               |
| L      | (ii) Related organizations  |                                 |                  |                       |               |            |                         |            | 3a(ii)     |       | ┼───          |
| D<br>A | If "Yes" on line 3a(ii), are the related organiza   |                                 |                  |                       |               |            |                         |            | 3b         |       | <u> </u>      |
| Par    | Describe in Part XIII the intended uses of the           t VI         Land, Buildings, and Equipm |                                 | wment iu         | inas.                 |               |            |                         |            |            |       |               |
|        | Complete if the organization answered   |                                 | ) Part IV        | line 11a Se           | e Form 990    | Part X     | line 10                 |            |            |       |               |
|        |   |                                 | -                |                       |               |            |                         |            |            |       |               |
|        | Description of property   | (a) Cost or o<br>basis (investi |                  | (b) Cost<br>basis (   |               | • •        | ccumulate<br>preciation | -u         | (d) Book   | valu  | ie.           |
| 4 -    | Land  |                                 | nong             | 54515 (1              |               | ue         | preclation              |            |            |       |               |
|        |   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Buildings   |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Leasehold improvements  |                                 |                  |                       |               |            |                         |            |            |       |               |
|        | Equipment   |                                 |                  | A *                   | 2 016         |            | 21 2                    |            | 1 1        | )     | 86            |
|        | Other   |                                 |                  |                       | 3,946.        |            | 31,3                    | <u>.</u>   |            |       | 86.           |
| Tota   | . Add lines 1a through 1e. (Column (d) must e   | qual Form 990, Part             | <u>X, columi</u> | <u>n (B), line 10</u> | lc.)          |            |                         |            |            | -     | 86.           |
|        |   |                                 |                  |                       |               |            |                         | Schedule   | D (Form    | 990   | ) 2021        |

### YOUNG AUDIENCES OF WESTERN NEW YORK, INC

| OR LEARNING                | WNY 10                                       | 5-0916472 Page   |
|----------------------------|--|--|
| - Fauna 000 Davit IV/ line | 11b Cas Farm 000 Dath V line 10              |  |
|                            |  |  |
| (b) BOOK Value             | (c) Method of Valuation: Cost or er          | id-of-year market value  |
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| on Form 990, Part IV, line | 110 Soo Form 000 Part X line 13              |  |
|                            |  | nd-of-vear market value  |
| (W) BOOK VAIUE             | (c) Method of Valdation. Cost of el          | ia or your market value  |
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| on Form 990 Part IV line   | 11d See Form 990 Part X line 15              |  |
|                            |  | (b) Book value   |
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| 15)                        |  |  |
| 10.)                       |  |  |
| on Form 990, Part IV line  | 11e or 11f. See Form 990 Part X line 2       | 5.   |
|                            |  | (b) Book value   |
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| <u>25.)</u>                |  | <u>۲</u> ۱   |
|                            | on Form 990, Part IV, line<br>(b) Book value | n Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (b) Book value (c) Method of valuation: Cost or er  part in the intervention of the |

Liability for uncertain tax positions. In Part XIII, provide the text of the foothote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

| YOUNG | AUDIE | ENCES | OF   | WESTERN | I NEW | YORK, | INC |
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|       |       |       | דאים |         | 177   |       |     |

|   | dule D (Form 990) 2021 D/B/A ARTS FOR LEARNING WN   |  | 16-0916472                              | Page 4 |
|---|---|--|---|--------|
| Pa  | t XI Reconciliation of Revenue per Audited Financial Stateme  | ents With Revenu   | e per Return.                           |        |
|   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  | а.   |   |        |
| 1   | Total revenue, gains, and other support per audited financial statements  |  | 1                                       |        |
| 2   | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |  |   |        |
| а   | Net unrealized gains (losses) on investments  | 2a   |   |        |
| b   | Donated services and use of facilities  | 2b   |   |        |
| с   | Recoveries of prior year grants   | 2c   |   |        |
| d   | Other (Describe in Part XIII.)  | 2d   |   |        |
| е   | Add lines 2a through 2d   |  | 2e                                      |        |
| 3   | Subtract line 2e from line 1  |  |   |        |
| 4   | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |  |   |        |
| а   | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a   |   |        |
| b   | Other (Describe in Part XIII.)  | 4b   |   |        |
| с   | Add lines <b>4a</b> and <b>4b</b>   |  | <u>4c</u>                               |        |
|   | Add lines 4a and 4b   |  |   |        |
| 5   | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)   |  |   |        |
| 5<br>Pa                                   | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | ents With Expen  | 5<br>ses per Return.                    |        |
| 5<br>Pa                                   | Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990. Part I. line 12.)   | ents With Expen  | ses per Return.                         |        |
| 5<br>Ра<br>1                              | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | nents With Expense<br>a.   | ses per Return.                         |        |
|   | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )<br><b>t XII</b> Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a  | nents With Expense<br>a.   | ses per Return.                         |        |
| 1   | Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )<br><b>t XII</b> Reconciliation of Expenses per Audited Financial Statem<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a<br>Total expenses and losses per audited financial statements  | a.   | ses per Return.                         |        |
| 1 2                                       | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:   | a.<br>2a   | ses per Return.                         |        |
| 1 2                                       | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) <b>t XII</b> Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments  | 2a<br>2b   | ses per Return.                         |        |
| 1<br>2<br>a<br>b                          | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities  | 2a<br>2b<br>2c   | ses per Return.                         |        |
| 1<br>2<br>b<br>c<br>d                     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses  | 2a           2b           2c           2d  | ses per Return.                         |        |
| 1<br>2<br>b<br>c<br>d                     | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d   | 2a           2b           2c           2d  | 2e                                      |        |
| 1<br>2<br>b<br>c<br>d<br>e                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)   | 2a           2b           2c           2d  | 2e                                      |        |
| 1<br>2<br>b<br>c<br>d<br>3                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         t XII         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1  | 2a           2b           2c           2d  | 2e                                      |        |
| 1<br>2<br>a<br>b<br>c<br>d<br>e<br>3<br>4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b  | 2a       2b       2c       2d  | 2e                                      |        |
| 1<br>2<br>3<br>4<br>3<br>4                | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other losses         Other losses         Other statement         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b                | Pents With Expense         a.         2a         2b         2c         2d         2d         4a         4b | 1           2e           3              |        |
| 1<br>2<br>d<br>e<br>3<br>4<br>b<br>c<br>5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | 2a         2b         2c         2d         4a         4b  | 1           2e           3           4c |        |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

132054 10-28-21

Schedule D (Form 990) 2021

| SCHEDULE L                            |                       | Tra  | Insaction                          | ıs V     | Vith              | Inte     | erested         | P            | ersons                   |          |             | 0               | MB No.  | 1545-00 | )47          |
|---------------------------------------|-----------------------|--|------------------------------------|----------|-------------------|----------|-----------------|--------------|--------------------------|----------|-------------|-----------------|---------|---------|--------------|
| (Form 990)                            | Complete i            | the o  | rganization ans<br>28b, or 28c, o  |          |                   |          |                 |              | line 25a, 25b, 2<br>40b. | 6, 27,   | 28a,        |                 | 2       | 02      | 21           |
| Department of the Treasury            |                       |  |                                    |          |                   |          | Form 990-EZ     |              |                          |          |             | 0               | pen T   | o Pul   | olic         |
| Internal Revenue Service              | -                     | Go to y  | www.irs.gov/Fo                     | orm99    | 0 for iı          | nstruct  | ions and the    | late         | est information.         |          |             |                 | spect   |         |              |
| Name of the organizatio               |                       |  | IENCES O                           |          |                   |          |                 | RΚ,          | , INC                    |          |             | r ident         |         | on nı   | Imber        |
|                                       |                       |  | S FOR LE                           |          |                   |          |                 |              |                          |          |             | 164             | 72      |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              | n 501(c)(29) orga        |          |             |                 |         |         |              |
|                                       | if the organizatio    |  |                                    |          |                   |          | ne 25a or 25b   | , or         | Form 990-EZ, Pa          | art V, I | ine 40      | )b.             |         |         |              |
| 1<br>(a) Name of disqual              | lified person         | (ɑ) ⊦  | Relationship betw<br>person and or |          |                   | itiea    | (0              | <b>;)</b> De | escription of tran       | sactic   | n           |                 |         | es l    | ected?<br>No |
|                                       |                       |  | •                                  | <u> </u> |                   |          |                 |              |                          |          |             |                 | + '     |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 | +       |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 | _       |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
| 2 Enter the amount of                 |                       |  | •                                  | •        |                   |          | •               | Ũ            |                          |          | •           |                 |         |         |              |
| section 4958<br>3 Enter the amount of |                       |  |                                    |          |                   |          |                 |              |                          |          | ><br>><br>• |                 |         |         |              |
|                                       | n tax, ii ariy, ori i | ine 2, i   | above, reimburs                    | eu by    |                   | Janizan  |                 |              |                          |          | ψ           |                 |         |         |              |
| Part II Loans to                      | o and/or From         | n Int  | erested Pers                       | sons.    |                   |          |                 |              |                          |          |             |                 |         |         |              |
| Complete i                            | if the organizatio    | n ansv   | vered "Yes" on F                   | Form 9   | 90-EZ             | , Part V | , line 38a or F | orm          | n 990, Part IV, lin      | e 26; (  | or if th    | ie orga         | nizatio | on      |              |
| reported ar                           | n amount on For       | m 990  | , Part X, line 5, 6                | 1 I      |                   |          |                 |              |                          |          |             | 1               |         |         |              |
| (a) Name of                           | (b) Relation          |  | (c) Purpose                        |          | an to or<br>n the |          | Original        | (f           | ) Balance due            |          | ) In        | (h) Ap<br>by bo | ard or  |         | Written      |
| interested person                     | with organ            | anization of loan organization? principal amount |                                    |          |                   |          |                 | nittee?      | -                        | ement?   |             |                 |         |         |              |
|                                       |                       |  |                                    | То       | From              |          |                 |              |                          | Yes      | No          | Yes             | No      | Yes     | No           |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | +            |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | +            |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | +            |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | $\square$    |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | _            |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | —            |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         | <u> </u>     |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
| Total                                 | or Assistance         | Ber  | efiting Inter                      | ested    | d Per             | sons.    | > \$            |              |                          |          |             |                 |         |         |              |
|                                       | f the organizatio     |  | -                                  |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
| (a) Name of intere                    | Ű                     |  | (b) Relationship                   |          | ,                 | r Ó      | ) Amount of     |              | <b>(d)</b> Type          | of       |             | (e              | ) Purp  | ose c   | of           |
|                                       |                       |  | interested pers                    | son an   |                   |          | assistance      |              | assistan                 | се       |             |                 | assist  |         |              |
|                                       |                       |  | the organiza                       | ation    |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       | _  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       | _  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       | +  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       | +  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       | +  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
|                                       |                       |  |                                    |          |                   |          |                 |              |                          |          |             |                 |         |         |              |
| LHA For Paperwork R                   | eduction Act N        | otice,   | see the Instruct                   | tions f  | for For           | m 990    | or 990-EZ.      |              |                          |          | Sche        | edule L         | . (Fori | n 990   | ) 2021       |

132131 11-02-21

| YOUNG | AUDIENCES | OF | WESTERN    | NEW | YORK, | INC |
|-------|-----------|----|------------|-----|-------|-----|
|       |           |    | NITNO WINT | 7   |       |     |

| Schedule L (Form 990) 2021 D/B/A         | ARTS FOR LEARNING WNY  | 16-0916472 Page 2                       |
|--|--|---|
| Part IV Business Transactions Involvi    | ng Interested Persons.   |   |
| Complete if the organization answered    | "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.                     |   |
| (a) Name of interested person            | (b) Relationship between interested person and the organization transa | 1 · · · · · · · · · · · · · · · · · · · |
|  |  | Yes No                                  |
| LE BALLET TOUBA                          | ROBIN HIBBERT IS ON  | 350. ROBIN HIBBE X                      |
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| Part V Supplemental Information.         |  | · · ·                                   |
| Provide additional information for respo | nses to questions on Schedule L (see instructions)                     | L                                       |
|  |  |   |
| SCH L, PART IV, BUSINESS TH              | RANSACTIONS INVOLVING INTE   | RESTED PERSONS:                         |

(A) NAME OF PERSON: LE BALLET TOUBA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ROBIN HIBBERT IS ON THE BOARD OF DIRECTORS.

(D) DESCRIPTION OF TRANSACTION: ROBIN HIBBERT IS THE OWNER OF LE BALLET

TOUBA. THE ORGANIZATION PAID LE BALLET TOUBA FOR CONTRACTED SERVICES.

Schedule L (Form 990) 2021

132132 11-02-21

|      | HEDULE M<br>rm 990)                       |                     |            | Nonc                          | ŀ   | OMB No. 1545-0047                              |                           |           |                        |                  |          |                            |  |  |  |  |
|------|---|---------------------|------------|-------------------------------|---|--|---------------------------|-----------|------------------------|------------------|----------|----------------------------|--|--|--|--|
|      | ment of the Treasury<br>I Revenue Service | Attach to I         | Form 990   |                               | answered "Yes" o<br>r instructions and                    |  |                           | 29 or 30. |                        | Open to<br>Inspe | o Publ   |                            |  |  |  |  |
| Name | e of the organization                     |                     |            |                               |   |  |                           |           |                        |                  |          | over identification number |  |  |  |  |
| D    |   |                     | RTS F      | OR LEA                        | RNING WNY   |  |                           |           | 16-0916472             |                  |          |                            |  |  |  |  |
| Par  | rt I Types of                             | Property            |            | (0)                           | (b)   | 10   |                           |           |                        | (d)              |          |                            |  |  |  |  |
|      |   |                     |            | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c<br>Noncash co<br>amounts re<br>Form 990, Pa | ontribution<br>eported on | noi       | Method o<br>ncash cont |                  |          | s                          |  |  |  |  |
| 1    | Art - Works of art                        |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 2    | Art - Historical treas                    | sures               |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 3    | Art - Fractional inter                    |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 4    | Books and publicat                        |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 5    | Clothing and house                        |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 6    | Cars and other vehi                       | icles               |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 7    | Boats and planes                          |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 8    | Intellectual property                     | /                   |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 9    | Securities - Publicly                     | rtraded             |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 10   | Securities - Closely                      | held stock          |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 11   | Securities - Partners<br>trust interests  | ship, LLC, or       |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 12   | Securities - Miscella                     |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 13   | Qualified conservat                       |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 10   | Historic structures                       |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 14   | Qualified conservat                       |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 15   | Real estate - Reside                      |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 16   | Real estate - Comm                        |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 17   | Real estate - Other                       |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 18   | Collectibles                              |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 19   | Food inventory                            |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 20   | Drugs and medical                         |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 21   | Taxidermy                                 |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 22   | Historical artifacts                      |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 23   | Scientific specimen                       |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 24   | Archeological artifa                      |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 25   | Other 🕨 (RE                               | ENT                 | )          | X                             | 1   |  | 17,492.                   | FAIR      | MARK                   | ET VA            | LUE      | OF                         |  |  |  |  |
| 26   | Other ► (                                 |                     | )          |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 27   | Other 🕨 (                                 |                     | )          |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 28   | Other 🕨 (                                 |                     | )          |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 29   | Number of Forms 8                         | 283 received by t   | he organiz | zation during                 | g the tax year for co                                     | ontributions                                   |                           |           |                        |                  |          |                            |  |  |  |  |
|      | for which the organ                       | ization completed   | d Form 82  | 83, Part V, D                 | onee Acknowledg   | ement  | 29                        |           |                        |                  |          |                            |  |  |  |  |
|      |   |                     |            |                               |   |  |                           |           |                        |                  | Yes      | No                         |  |  |  |  |
| 30a  | During the year, dic                      | the organization    | receive by | y contributio                 | n any property rep  | orted in Part I,                               | lines 1 throug            | gh 28, th | at it                  |                  |          |                            |  |  |  |  |
|      | must hold for at lea                      | st three years from | m the date | e of the initia               | l contribution, and                                       | which isn't rec                                | quired to be u            | sed for   |                        |                  |          |                            |  |  |  |  |
|      | exempt purposes for                       | or the entire holdi | ng period' | ?                             |   |  |                           |           |                        | <b>30</b> a      |          | X                          |  |  |  |  |
| b    | If "Yes," describe th                     | •                   |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 31   | Does the organizati                       | -                   |            | -                             |   | -  |                           |           |                        | 31               | <b> </b> | X                          |  |  |  |  |
| 32a  | Does the organizati                       | on hire or use thir | rd parties | or related or                 | ganizations to solid                                      | cit, process, or                               | sell noncash              |           |                        |                  |          |                            |  |  |  |  |
|      |   |                     |            |                               |   |  |                           |           |                        | . <u>32a</u>     |          | X                          |  |  |  |  |
|      | If "Yes," describe in                     |                     |            |                               |   |  |                           |           |                        |                  |          |                            |  |  |  |  |
| 33   | If the organization of                    | didn't report an ar | nount in c | olumn (c) fo                  | r a type of property                                      | for which colu                                 | umn (a) is che            | cked,     |                        |                  |          |                            |  |  |  |  |
|      | describe in Part II.                      |                     |            |                               |   |  |                           |           | <u>.</u>               |                  |          |                            |  |  |  |  |
| LHA  | For Paperwork F                           | reduction Act No    | otice, see | the Instruct                  | tions for Form 990  | ).   |                           |           | Schedu                 | le M (Forr       | n 990)   | 2021                       |  |  |  |  |

132141 11-17-21

|                |  | YOUNG                                      | AUDII   | ENCES                 | SOF                       | WESTE                   | ERN NE                  | EW YOR                        | K, INC                      |   |                   |
|----------------|--|--|---|-----------------------|---------------------------|-------------------------|-------------------------|-------------------------------|-----------------------------|---|-------------------|
| Schedule M     | (Form 990) 2021  | D/B/A                                      | ARTS  | FOR                   | LEAR                      | NING                    | WNY                     |                               |                             | 16-0916472  | Page              |
| Part II        | Supplemental<br>is reporting in Part<br>this part for any ac | Informat<br>I, column (I<br>dditional info | t <b>ion.</b> Pro<br>o), the nun<br>ormation. | vide the<br>nber of c | informatio<br>contributio | on requir<br>ons, the r | ed by Parl<br>number of | t I, lines 30t<br>items recei | o, 32b, and<br>ved, or a co | 33, and whether the organ<br>mbination of both. Also co | ization<br>mplete |
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| 132142 11-17-2 | 1  |  |   |                       |                           |                         |                         |                               |                             | Schedule M (For   | rm 990) 202       |

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

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

YOUNG AUDIENCES OF WESTERN NEW YORK,

D/B/A ARTS FOR LEARNING WNY

OMB No. 1545-0047
2021
Open to Public
Inspection

Employer identification number 16-0916472

INC

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 X, COLUMN A, LINE 27A

THE JUNE 30, 2021 FINANCIAL STATEMENTS HAVE BEEN CORRECTED TO INCLUDE

AN ACCRTUAL FOR UNUSED VACATION TIME THAT IS CARRIED OVER EACH YEAR. AS

A RESULT, THE BEGINNING BALANCE OF NET ASSETS WITHOUT DONOR

RESTRICTIONS BALANCE DECREASED BY \$7,475.

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

| Schedule O (Form 990) 2021<br>Name of the organization YOUNG AUDIENCES OF WESTERN NEW YORK, INC<br>D/B/A ARTS FOR LEARNING WNY | Page 2<br>Employer identification number<br>16-0916472 |
|--|--|
| FORM 990, PART XII, LINE 2C  |  |
| THE ORGANIZATION CONTINUES TO HAVE THE FINANCE COMMITTEE,  | WHICH IS LEAD  |
| BY THE TREASURER, ASSUME THE RESPONSIBILITY FOR THE ANNUAL   | FINANCIAL  |
| STATEMENTS REVIEW.   |  |
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Schedule O (Form 990) 2021

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