Form **991**

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021

Open to Public Inspection

B (Check if	C Name of organization		D Employer identifi	cation number
	¬Addre	SS VOLING AUDIENCES INC			
F	_]chano ∏Name	·		13-16882	16
F	_]chan@ □Initial	e Doing business as	D / it		
	return □Final	,	Room/suit	· '	1-8110
L	returnلـــ termir		<u> </u>		
	ated ∏Aṃen	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016		G Gross receipts \$	3,024,449.
	⊒return ∏Appli	NEW TORK, NT 10010		H(a) Is this a group r	
	⊥tiòh pendi	F name and address of principal officer: DAVID A. DIN		for subordinates	
	-		or 52	H(b) Are all subordinates i	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) cte: ► WWW • YOUNGAUDIENCES • ORG	01 52	⊣ ′	list. See instructions
		organization: X Corporation Trust Association Other ►	I Voo	H(c) Group exemptions 1952	on number ► ✓ State of legal domicile: NY
		Summary	L Tea		VI State of legal domiche, IN I
	1	Briefly describe the organization's mission or most significant activities: TO II	NSPTR	E VOLING PEOP	T.E. AND
Governance	'	EXPAND THEIR LEARNING THROUGH THE ARTS.	NOI III	1 1001/0 1101	пп иир
nar	2	Check this box if the organization discontinued its operations or dispose	end of mo	ro than 25% of its not a	ecote
Ver	3	•		3	32
ၓ	4	Number of independent voting members of the governing body (Part VI, line 1b)			32
ري م	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			7
iţie	6	Total number of volunteers (estimate if necessary)			40
Activities &	_	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		596,447.	838,323.
ň	9	Program service revenue (Part VIII, line 2g)		347,744.	424,883.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		207,186.	943,162.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,427.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,177,804.	2,229,837.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		289,288.	64,050.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		897,068.	968,629.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 88,56	64.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		638,996.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,825,352.	
	19	Revenue less expenses. Subtract line 18 from line 12		-647,548.	734,741.
Net Assets or Fund Balances			<u> E</u>	Beginning of Current Year	End of Year
sset 3alai	20	Total assets (Part X, line 16)		8,209,166.	8,973,654.
et A	21	Total liabilities (Part X, line 26)		1,119,701.	1,024,657.
	22	Net assets or fund balances. Subtract line 21 from line 20		7,089,465.	7,948,997.
	art II	Signature Block			
		ulties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepar	er nas any knowledge.	
٥.		Signature of officer		I Date	
Sig		DAVID A. DIK, NATIONAL EXEC. DIRECTOR		Dato	
Her	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	1	CHRIS BELLANDO		if Circuit	
	parer	Firm's name LUTZ AND CARR, CPAS LLP		self-employ	13-1655065
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		I IIIII 5 LIIV	
230		NEW YORK, NY 10176		Phone no 2.1	2-697-2299
May	the I	RS discuss this return with the preparer shown above? See instructions		11 110110 110.22	X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF YOUNG AUDIENCES IS TO INSPIRE YOUNG PEOPLE AND EXPAND
	THEIR LEARNING THROUGH THE ARTS. BY INTEGRATING THE ARTS INTO THE
	LEARNING ENVIRONMENT, GENERATIONS OF CHILDREN WILL THRIVE BY REALIZING
	THEIR CREATIVE AND CRITICAL THINKING POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	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	revenue, if any, for each program service reported. (Code:) (Expenses \$ 350,235. including grants of \$ 64,050.) (Revenue \$ 181,151.)
	ARTS IN EDUCATION PROGRAMS:
	ARTS FOR LEARNING (A4L) AND STEM + ARTS INTEGRATION (STEM+ARTS) ARE
	INNOVATIVE EDUCATIONAL PROGRAMS DESIGNED TO INTEGRATE THE ARTS INTO
	LITERACY (A4L) AND INTO STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND
	MATH) SUBJECT AREAS. YOUNG AUDIENCES INC. COLLABORATED WITH AMERICAN
	EXPRESS TO DEVELOP CURRICULUM AND METHODOLOGY TO BETTER INFORM TEACHING
	AND LEARNING IN STEM SUBJECT AREAS THAT WERE MODELED ON THE PRACTICES
	DEVELOPED IN A4L. BOTH PROGRAMS ENRICH THE EDUCATIONAL AND SOCIAL
	EMOTIONAL LEARNING OF STUDENTS PK THROUGH 12 IN BOTH IN-SCHOOL AND OUT
	OF SCHOOL SETTINGS.
4b	(Code:) (Expenses \$ 714,557. including grants of \$) (Revenue \$ 267,201.)
	AFFILIATE SERVICES:
	IN FY21, YA NATIONAL AND AFFILIATE ORGANIZATIONS CONTINUED TO IMPLEMENT
	A NETWORK WIDE PLAN FOR IMPROVING YOUNG AUDIENCES' CORE SERVICES AND
	PROGRAMS THROUGHOUT THE COUNTRY. IN DOING SO, YA PROGRAMS HAVE BECOME
	MORE STUDENT CENTERED, OUTCOME BASED AND MEASURABLY AFFECTIVE IN ORDER
	TO ENHANCE THE CREATIVE LEARNING AND LIFE SKILLS OF ALL CHILDREN AND
	YOUTH. IN FY21, YA CONTINUED TO SUPPORT THE DEVELOPMENT OF A NETWORK
	WIDE INITIATIVE TO ESTABLISH A YA CREDENTIALING PROGRAM FOR
	PROFESSIONAL TEACHING ARTISTS.
	0.2 0.7.2
4c	(Code:) (Expenses \$ 92,972. including grants of \$) (Revenue \$) TEACHING ARTISTS CERTIFICATION:
	TEACHING ARTISTS CERTIFICATION:
	VOING AUDIENGEG DOGEGGIONAL DEVELOPMENT GEDIEG DDOVIDEG THA GUITNG
	YOUNG AUDIENCES' PROFESSIONAL DEVELOPMENT SERIES PROVIDES TEACHING
	ARTISTS, YA PROGRAM STAFF, CLASSROOM TEACHERS, VOLUNTEERS, AND EXPERTS
	FROM THE FIELD OF ARTS EDUCATION THE OPPORTUNITY TO PARTICIPATE IN
	CONTENT-RICH, HIGH-QUALITY PROFESSIONAL DEVELOPMENT THAT EMPHASIZES
	BOTH ARTISTIC EXCELLENCE AND ACADEMIC RIGOR. BY OFFERING HIGH-LEVEL
	PROFESSIONAL DEVELOPMENT OPPORTUNITIES, ALL PARTICIPANTS RETURN TO
	THEIR COMMUNITIES BETTER EQUIPPED TO MEET THE SIGNIFICANT NEEDS OF
	PERSISTENTLY UNDER-SERVED COMMUNITIES, SCHOOLS, AND STUDENTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ \text{including grants of \$} \text{) (Revenue \$} \text{)}
<u>4e</u>	Total program service expenses ► 1,157,764.
	Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		3,7	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			X
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 25	
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	114		
_	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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٠,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			\ _{3,7}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			\ _{3,7}
	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see 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			х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		х
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29		22
30	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 31		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		 -
٠.	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Form 990 (2020) YOUNG AUDIENCES, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a friend the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led of the treated and year ending with or within the year covered by this return b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file ges instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c Did the organization have unrelated business gross income of \$1,000 or more during the year? 3d All any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guest has a bank account, securities account, or other financial accounts? 5d All any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5a Was the organization as party to a prohibited tax shorter fransaction at any time during the tax year? 5a Was the organization or portibled tax shorter fransaction at any time during the tax year? 5b If Yes a did the organization that it was or is a party to a prohibited tax shorter transaction? 5c If Yes to be so for, did the organization that it was or is a party to a prohibited tax shorter transaction? 5c If Yes a did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shorter than solicity any contributions that were not tax deductibles of enhancible contributions? 6c If Yes a did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization shorter than year (and the property or think it was required to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization shorter than year (and payor as a contribution or payor and the payor and the payor and the payo				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns? Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions) 3	2a				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b Dit 11*Yes*, has tifled a Form 9907 for this year of 1*We's tim 8s, your older an explanation on Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, so rother financial accountly or the financial accountly or the financial accountly or the financial accountly or the foreign country (such as a bank account, or other financial accountly or the foreign country (such as a bank account, or other financial accountly or the foreign country (such as a bank account, or other financial accountly or the foreign country or the foreign country or the foreign bank and Financial Accounts (FBAF). 5a Was the organization fine foreign country or the shelter transaction? 5b Was the organization the foreign country or the shelter transaction? 5c Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did any texable party notify the organization the foreign 88867. 6a Dest the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible achieves scharitable contributions? 6b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any orthorism than may receive deductible contributions under section 170(c). 6c Did the organization receive a payment in excess of \$5's made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 6d If Yes, indicate the number of forms 8822 filed during the year 6d If Yes, indicate the number of forms 8822 filed during the year 6d Did the organization received a contribution of causified intellectual property, did the organi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 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? 5 b If "Yes," enter the name of the foreign country [such as a bank account, securities account, or other financial accounts (FBAR). 5 a Was the organization a party to a prohibibled tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibibled tax shelter transaction at any time during the tax year? 5 b If "Yes" to line Sa or 5b, did the organization file Form 8896.7? 6 a Does the organization have annual greater an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 to Ves," did the organization notify the donor of the value of the goods or services provided? 7 to If the organization several explanation and party for goods and services provided to the payor? 7 to Ves," includate the number of Forms 8282 fleed during the year 6 b If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization flee forms 829.7 7 to If If the organization received a contribution of care, boats, airplanes, or other vehicles, did the organization flee form 1089-C? 8 Sponsoring organization make any taxabiled institutions under section 49967 9 sponsoring organization make any taxabiled distributions under section 49967 9 sponsoring organization make any taxabiled distributions		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country ▶ 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Was the organization the organization the fire fire FBAR SHOP (Foreign Bank and Financial Accounts (FBAR). 5c If "Yes" to line Sar of 5b, did the organization the fire fire MBARF1? 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 deductibles cacharitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles cacharitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a ID If the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles cacharitable contributions and partly to gods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). a ID If the organization received a contribution of the value of the gods or services provided? 7 Organization methods and notify the donor of the value of the gods or services provided? 7 To X 7 If If Yes," inclicate the number of Forms 8282 filed during the year 10 Life the organization enclosed a contribution of qualified intellectual property, did the organization file organization foreign to provided? 7 To X 7 If If Wes, "Indicate the number of Forms 8282 filed during the year year years and benefit contract? 7 To X 7 If If Wes, "Indicate the number of Forms 8282 filed during the year 10 Life the organization and contribution of qualified intellectual property, did the organ	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 11b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12c Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13c The true the amount of reserves on hand 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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.	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 11b 11b 11a 11b 11b 11a 11b 11b 11a 11b 11b	а		9a		
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	b		9b		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	19a		122		
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c Enter the amount of reserves on hand 13c	b				
c Enter the amount of reserves on hand 13c		organization is licensed to issue qualified health plans			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O14b15Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?15XIf "Yes," see instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?16XIf "Yes," complete Form 4720, Schedule O.	С				
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excess parachute payment(s) during the year? If "Yes," see 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? If "Yes," complete Form 4720, Schedule O.	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
If "Yes," see 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? If "Yes," complete Form 4720, Schedule O.	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O.					
	16		16		X
		If "Yes," complete Form 4720, Schedule O.	Fa	000	(0000)

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			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 32									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
6	Did the organization have members or stockholders?									
7a										
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	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 reached at 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 Revenue Code.)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a	Х							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	1 , , , ,		37							
12a		12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	۱	х							
40	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Λ							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_		45-	Х							
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	21							
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
IUa		16a		Х						
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa								
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure	100								
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶NY									
 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s onl	/) avail	able						
-	for public inspection. Indicate how you made these available. Check all that apply.	,)	,							
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial							
-	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	NICOLE FIX - 212-831-8110									
	171 MADISON AVENUE, SUITE 200, NEW YORK, NY 10016									
		E.	. 000	(0000						

032006 12-23-20 Form **990** (2020)

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

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

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

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

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

Check this box if neither the organizat (A)	(B)	Ĭ		(()			(D)	(E)	(F)
Name and title	Average	(40		Pos	ition	t han		Reportable	Reportable	Estimated
	hours per	box	(do not check more box, unless person officer and a direct				h an	compensation	compensation	amount of
	week	_	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(** 27 1033 141100)		and related
	below	iduali	ution	ı	Key employee	est co oyee	ь			organizations
	line)	Indiv	Instit	Officer	Key e	High empl	Former			-
(1) NATHAN W. PEARSON, JR.	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) CORINNE P. GREENBERG	1.00									
CHAIRMAN EMERITUS		Х		Х				0.	0.	0.
(3) JAMES H. GELLERT	1.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(4) JOHN W. CREAMER	1.00									
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(5) MARY ANN FRIBOURG	1.00									
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(6) THOMAS R. BERNER	1.00	٠,,		37					0	_
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(7) L. JAN ROBERTSON	1.00	x		х				0.	0.	_
SECRETARY (9) GUE ANN METABERS	1.00	^		Λ				0.	0.	0.
(8) SUE ANN WEINBERG	1.00	х		х				0.	0.	0.
VICE PRESIDENT (9) WILLIAM COX	1.00	^		Λ				0.	0.	0.
TREASURER	1.00	Х						0.	0.	0.
(10) FERNANDO AMARO	1.00							0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(11) AMY BASKIN	1.00									
DIRECTOR		х						0.	0.	0.
(12) JAMES G. BENEDICT	1.00							-		
DIRECTOR		х						0.	0.	0.
(13) KEVIN J. BRADICICH	1.00									
DIRECTOR		Х						0.	0.	0.
(14) KEVIN P. CHAVOUS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) BETTIE MINETTE COOPER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DALE M. FREHSE	1.00									·
DIRECTOR		Х						0.	0.	0.
(17) L. SCOTT GREENBERG	1.00									
DIRECTOR		Х						0.	0.	0.

032007 12-23-20

Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)			-	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	stimat	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation		ar	nount	of
	week	\vdash	cer ar	iu a u	irecio	or/trus	iee)	from	from related			other	
	(list any hours for	recto						the	organizations			pens	
	related	or d	8			ated		organization	(W-2/1099-MISC)		rom th	
	organizations	ustee	trust		98	ubeus		(W-2/1099-MISC)				janiza d rela	
	below	ual tr	tional		ploye	st con						anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgi	ui iizut	.10110
(18) MARILYN W. GROUNDS	1.00	┢	_			1 0	-			┪			
DIRECTOR		x						0.		۱. د			0.
(19) JEAN C. HODGES	1.00									ヿ			
DIRECTOR		X						0.	(۱. د			0.
(20) MARJORIE HYMAN	1.00									ヿ			
DIRECTOR		X						0.	(۱. د			0.
(21) GRETCHEN B. KIMBALL	1.00									ヿ			
DIRECTOR		X						0.	(o .			0.
(22) DAPHNE KIS	1.00									ヿ			
DIRECTOR		X						0.	(o .			0.
(23) PETER S. KRAUS	1.00									ヿ			
DIRECTOR		Х						0.	(o .			0.
(24) YO-YO MA	1.00									ヿ			
DIRECTOR		Х						0.	(o .			0.
(25) WYNTON MARSALIS	1.00									コ			
DIRECTOR		Х						0.	(o .			0.
(26) VA MAUGHAN	1.00									コ			
DIRECTOR		Х						0.	(o .			0.
1b Subtotal	•						▶	0.	(J .			0.
c Total from continuation sheets to Part V	I, Section A							463,758.	() .	6	4,6	36.
d Total (add lines 1b and 1c)								463,758.	() .	6	4,6	36.
2 Total number of individuals (including but n								eceived more than \$100	0,000 of reportable				
compensation from the organization													2
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hiç	ghest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									[3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J i	for such individual		[4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ uni	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of compe	ens	ation ¹	from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
(A)				_				(B)		_		C)	
Name and business	address	N	INC	<u> </u>			_	Description of s	services		ompe	nsatio	on
							_						
							_						
							\dashv						
O Tatal prompt on of included and a section 1.	mali salim er le sal			عالم	4 l	- · ·		 	a a va dha a				
2 Total number of independent contractors (in particular for the contractors of the co	nciuaing but n	iut II	ше	น (0	ruo	se II	stec	above) who received n	iore man				

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 YOUNG AU	DIENCES	, -	INC	C					13-168	8246
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)	
(A)	(B)	Γ			C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Estimated	
Trains and the	hours	(cl			that		ıly)	compensation	Reportable compensation	amount of
	per	(-			T		1	from	from related	other
	week					yee		the	organizations	compensation
	(list any	octor				old m		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted e		(W-2/1099-MISC)		organization
	related	ste c	ruste			ensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutio	Officer	/ emp	hest	Former			
	line)	르	su	₩	, Ke	ı≟	휸			
(27) MARGUERITE MOISIO	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(28) MARY P. NASS	1.00									
DIRECTOR		Х						0.	0.	0.
(29) ESTELLE SOSLAND	1.00									
DIRECTOR		Х						0.	0.	0.
(30) ROBERT SPRUNG	1.00									
DIRECTOR		Х						0.	0.	0.
(31) RICHARD STOLTZMAN	1.00									
DIRECTOR		X						0.	0.	0.
(32) H. GUYON TOWNSEND III	1.00									-
DIRECTOR		X						0.	0.	0.
(33) PRAKASH VANGURI	1.00	 						•		•
DIRECTOR		x						0.	0.	0.
(34) DIANE K. R. VOLK	1.00	 								
DIRECTOR	1.00	x						0.	0.	0.
(35) DAVID A. DIK	50.00	122						0.	•	•
NATIONAL EXECUTIVE DIRECTO	30.00	1		х				354,970.	0.	61,730.
(36) NICOLE FIX	30.00							334,370.	•	01,750.
DIIRECTOR OF FINANCE	30.00	1		х				108,788.	0.	2,906.
DITRECTOR OF FINANCE				^				100,700.	0.	2,900.
		1								
					<u> </u>					
		4								
		4								
		1								
		1								
		1								
				t						
		1								
Total to Part VII, Section A, line 1c								463,758.		64,636.
TOTAL TO LAIL VII, OCCHOILA, IIIIC IC										0 = 7 0 0 0 0

Pa	rt \	/III	Statement of Rev	venu	ıe						
			Check if Schedule O c	ontai	ns a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
ts, (С	Fundraising events								
ia ig											
ons, Sim			Government grants (contri				177,700.				
utic er		f	All other contributions, gifts, g				660 623				
흕		_	similar amounts not included			Φ.	660,623.				
Son			Noncash contributions included in Total. Add lines 1a-1f			φ		838,323.			
<u> </u>		<u></u>	Totali / Ga iii ico Ta Ti				Business Code				
ø	2	а	COOP FEES INCOME				611710	252,203.	252,203.		
e Zi		b	PROGRAM FEES				611710	141,979.	141,979.		
Se enu		С	CONFERENCES				611710	15,703.	15,703.		
ran 3ev		d	SALESFORCE FEES				611710	14,998.	14,998.		
Program Service Revenue		е									
ш		f	All other program service r					404 002			
	<u> </u>	g	Total. Add lines 2a-2f					424,883.			
	3		Investment income (includ other similar amounts)					106,318.			106,318.
	4		Income from investment o					200,020.			100,020.
	5		Royalties		-	-	-				
			,		(i) Rea	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss)								
	7	а	Gross amount from sales of	<u> </u> ⊦	(i) Securi		(ii) Other				
		L-	assets other than inventory Less: cost or other basis	7a	1,631,	456.					
ē		D		7b	794,	612					
Revenue		c		7c	836,						
Rev			Net gain or (loss)					836,844.			836,844.
₽.	8	а	Gross income from fundraisin	ıg evei	nts (not			·			·
ď			including \$		of						
			contributions reported on	line 1	c). See						
			Part IV, line 18								
			Less: direct expenses								
	١,		Net income or (loss) from f								
	9	а	Gross income from gaming								
		h	Part IV, line 19								
			Net income or (loss) from (
	10		Gross sales of inventory, le	-	-	<u> </u>					
			and allowances			10a					
		b	Less: cost of goods sold								
		С	Net income or (loss) from s	sales	of invent	ory					
Sī							Business Code				
jeor ue	11		MISCELLANEOUS INCOME	E			900099	23,469.	23,469.		
llan		b									
Miscellaneous Revenue		Ç	All other revenue								
Σ			All other revenue Total. Add lines 11a-11d					23,469.			
	12		Total revenue See instruction					2 229 837.	448 352.	0.	943 162

032009 12-23-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			Ţ .	·
	and domestic governments. See Part IV, line 21	64,050.	64,050.		
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				
5	Compensation of current officers, directors,	450 440	251 001	01 122	40.000
	trustees, and key employees	472,443.	351,221.	81,133.	40,089
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	222 241	272 276	40 622	10 000
7	Other salaries and wages	333,241.	273,376.	49,632.	10,233
8	Pension plan accruals and contributions (include	74 000	62 002	6 740	E 040
_	section 401(k) and 403(b) employer contributions)	74,980. 45,902.	62,983.	6,748.	5,249 1,729
9	Other employee benefits		37,815.		1,749
10	Payroll taxes	42,063.	35,333.	3,786.	2,944
11	Fees for services (nonemployees):				
а	Management	925.	925.		
b	Legal	26,000.	943.	26 000	
C	5 ······	23,940.	23,940.	26,000.	
d	, , , , , , , , , , , , , , , , , , , ,	23,940.	23,940.		
e	· F	42,747.		42,747.	
f	Investment management fees	44,141.		44,747.	
g	,	111,542.	89,102.	10,440.	12,000
	column (A) amount, list line 11g expenses on Sch O.)	15,373.	15,373.	10,440.	12,000
12	Advertising and promotion	50,614.	41,944.	5,218.	3,452
13	Office expenses	30,014.	41,744.	3,210.	3,432
14	Information technology				
15	Royalties	176,001.	147,841.	15,840.	12,320
16	Occupancy	1,601.	1,439.	162.	12,520
17	Travel	1,001.	1,400.	102.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,023.	4,023.		
19 20	Conferences, conventions, and meetings	1,023	4,023.		
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization	7,822.	6,570.	704.	548
23	F	7,0226	0,5700	7040	240
23 24	Insurance Other expenses. Itemize expenses not covered				
4 4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) AFFILIATE CERTIFICATION	1,604.	1,604.		
a b	PUBLICATIONS	225.	225.		
-	- I ODDICATIONS	223.	223.		
q					
d	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	1,495,096.	1,157,764.	248,768.	88,564
<u>25</u> 26	Joint costs. Complete this line only if the organization	_,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00,004
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-23-20				Form 990 (202

Form 990 (2020) Part X Balance Sheet

	Check if Schedule O contains a response or ne	ote to an	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			-	1	75,225
2					2	2,216
3	Pledges and grants receivable, net				3	176,000
4	Accounts receivable, net			55,807.	4	47,194
5	Loans and other receivables from any current	or forme	officer, director,			
	trustee, key employee, creator or founder, sub	stantial o	ontributor, or 35%			
	controlled entity or family member of any of the	ese pers	ns		5	
6	Loans and other receivables from other disqua					
	under section 4958(f)(1)), and persons describ		6			
7	Notes and loans receivable, net		7			
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			40,616.	9	38,864
10a						
b	Less: accumulated depreciation	10b	67,714.		10c	22,702
11				6,624,744.	11	7,355,941
12	Investments - other securities. See Part IV, line			12		
13	Investments - program-related. See Part IV, line			13		
14			4 4 5 0 6 0 0	14	4 055 540	
15	Other assets. See Part IV, line 11		15	1,255,512		
16						8,973,654
17				74,724		
18		93,063.		36,475		
19						
20						
					21	
22						
				112 700		06 700
				112,700.	24	96,700
25	·	•				
		es 17-24	Complete Part X	9/5 751	05	816,758
00			·····	-		1,024,657
26				1,119,701•	26	1,024,037
		ieck iiei				
27				546 868.	27	565,721
				7,383,276		
20				0/312/33/4	20	773037270
	_					
20		9			20	
01	<u> </u>			7,089,465.	32	7,948,997
32	Total net assets or fund balances		l l	/ , U U J , 4 U . I .	.37	1.740.77.
	2 3 4 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the 6 Loans and other receivables from other disque under section 4958(f)(1)), and persons describ 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 13 Investments - program-related. See Part IV, line 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal to the payable and accrued expenses are served and the payable to unrelate to any current or for trustee, key employee, creator or founder, sub controlled entity or family member of any of the Secured mortgages and notes payable to unrelate to the securities and other liabilities not included on line of Schedule D 26 Total liabilities (including federal income tax, parties, and other liabilities not included on line of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, chand complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. 28 Capital stock or trust principal, or current fund paid-in or capital surplus, or land, building, or capital stock or trust principal, or current fund paid-in or capital surplus, or land, building, or capital stock or trust principal, or current fund paid-in or capital surplus, or land, building, or capital stock or trust principal, or current fund paid-in or capital surplus, or land, building, or capital surplus, or land, building, or capital surplus, or land, building, or capital surplus, or land,	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of any of these personal controlled entity or family member of the personal controlled entity or family member of any of these personal controll	1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 90,416. b Less: accumulated depreciation 10b 677,714. 11 Investments - publicity traded securities 12 Investments - publicity traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 12 Escrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 12 Secured mortgages and notes payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Other liabilities (including federal income tax, payables to related third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 15 Total liabilities. Add lines 17 through 25 16 Organizations that follow FASB ASC 958, check here 11 And complete lines 27, 28, 32, and 33. 17 Net assets without donor restrictions 18 Net assets wit	Cash - non-interest-bearing 273 , 789 .	1

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,22		
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,49		
3	Revenue less expenses. Subtract line 2 from line 1	3				41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7,08		
5	Net unrealized gains (losses) on investments	5		12	<u>4,7</u>	91.
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		7,94	8,9	97.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
	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 requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b		
					ΩΩΩ	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization YOUNG AUDIENCES, INC. 13-1688246 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sec	ction A. Public Support	, piod		,			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(-,	(-)	(=,====	(-,	(-,	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	553,379.	1001439.	1934523.	596,447.	838,323.	4924111.
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	553,379.	1001439.	1934523.	596,447.	838,323.	4924111.
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)						1862164.
	Public support. Subtract line 5 from line 4.						3061947.
	ction B. Total Support	1			•		
	ndar year (or fiscal year beginning in)	(a) 2016 553, 379.	(b) 2017	(c) 2018 1934523.	(d) 2019 596,447.	(e) 2020 838,323.	(f) Total
	Amounts from line 4	553,379.	1001439.	1934523.	596,447.	838,323.	4924111.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	02 026	105 115	171 045	1	106 210	C40 072
	and income from similar sources	83,236.	125,115.	171,045.	155,259.	106,318.	640,973.
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	0 000	1 005	30,298.	26,427.	22 460	02 070
	assets (Explain in Part VI.)	8,900.	4,885.	30,290.	20,427.	23,469.	93,979. 5659063.
	Total support. Add lines 7 through 10	-4- /	1			40 2	,059,454.
12	Gross receipts from related activities,		,	fourth or fifth toy			,000,404.
13	•	-			•		ightharpoonup
Sec	organization, check this box and storection C. Computation of Publ		rcentage				·····
	Public support percentage for 2020 (column (fl)		14	54.11 %
	Public support percentage from 2019					15	52.61 %
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ X						
b							
	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a							
	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	-	•		-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶ 🗌
					Soho	dula A (Earm 000	or 990-F7) 2020

032022 01-25-21

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

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

Se	qualify under the tests listed be ction A. Public Support	low, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	(e) 2020	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inoccupidor contion 512						
1	Tax revenues levied for the organ						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
,,	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(2) 23 11	(0) 2010	(4) 2010	(6) 2020	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
	ala a de Alaia la accessa de Alaia la acces	•				. , . ,	, ▶□
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						-
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an						ightharpoons
k	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
		• • • • • • • • • • • • • • • • • • • •		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described in line 11a above?	11b		
С	A 35%	controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	B. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the	e organization operate for the benefit of any supported organization other than the supported			
	•	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>		pported organization(s).	1		
Seci	ion L	D. All Type III Supporting Organizations			
				Yes	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•		zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ison of the relationship described in line 2, above, did the organization's supported organizations have a			
3	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sect		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a		The organization satisfied the Activities Test. Complete line 2 below.	-		
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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 th	ne organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did the	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these a	activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the	e 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.

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Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in 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-functional	ılly integra	ited Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Pai	T V Type III Non-Functionally integrated 509	vaj(3) Supporting Org	anizations (continue	<u>ed) </u>				
Secti	ction D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1				
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2020	s	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	d From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		01(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nam	ne of orga				Em	ployer identification number
			UDIENCES, INC.			13-1688246
Pa	rt I-A	Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	organization.
2	Political	campaign activity expendit	ration's direct and indirect politic ures gn activities		>	
Pa	rt I-B	Complete if the org	janization is exempt und	ler section 501(c)(3).	
1	Enter the	amount of any excise tax	incurred by the organization und	der section 4955	•	\$
2	Enter the	amount of any excise tax	incurred by organization manag	ers under section 4955		\$
3	If the org	anization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a co	orrection made?				Yes No
b	If "Yes,"	describe in Part IV.				
Pa	rt I-C	Complete if the org	janization is exempt und	ler section 501(c),		<u> </u>
1	Enter the	e amount directly expended	d by the filing organization for se	ction 527 exempt funct	ion activities	\$
2		0 0	ization's funds contributed to ot	J		
						\$
3			. Add lines 1 and 2. Enter here a			
	line 17b				>	\$
			1120-POL for this year?			
5	made pa	yments. For each organiza	nployer identification number (El tion listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organiz a separate political orga	ation's funds. Also enter anization, such as a sepa	the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020					688246 Page 2	
	· ···· · · · · · · · · · · · · · ·					
expenses, and sha	re of excess lobbying	. ,		group member's nam	ne, address, EIN,	
Limi	ts on Lobbying Expe	nd "limited control" pro nditures unts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to inflib Total lobbying expenditures to inflic Total lobbying expenditures (add I d Other exempt purpose expenditure Total exempt purpose expenditure Lobbying nontaxable amount. Entire If the amount on line 1e, column (a) on Not over \$500,000 but not over \$1,000 cover \$1,000 co	uence a legislative book ines 1a and 1b) es es (add lines 1c and 1c er the amount from the or (b) is: The lob 20% of 0,000 \$100,000	dy (direct lobbying) d) e following table in both bying nontaxable amount on line 1e. 10 plus 15% of the except	h columns. ount is: ess over \$500,000.	23,940. 23,940. 1,471,156. 1,495,096. 224,510.		
Over \$1,000,000 but not over \$1,5 Over \$1,500,000 but not over \$17 Over \$17,000,000		10 plus 10% of the exce 10 plus 5% of the exce 1000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			56,128.		
h Subtract line 1g from line 1a. If zer				0.		
i Subtract line 1f from line 1c. If zero				0.		
j If there is an amount other than ze reporting section 4911 tax for this		line 1i, did the organiza			Yes No	
(Some organizations t	hat made a section 5	eraging Period Under 01(h) election do not ate instructions for lir	have to complete all	of the five columns b	elow.	
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total	
Lobbying nontaxable amount b Lobbying ceiling amount	227,556.	249,918.	241,268.	224,510.	943,252.	

Eddbying Experiators During 4 Teal Averaging 1 cried								
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2a Lobbying nontaxable amount	227,556.	249,918.	241,268.	224,510.	943,252.			
b Lobbying ceiling amount (150% of line 2a, column(e))					1,414,878.			
c Total lobbying expenditures	25,935.	23,940.	23,940.	23,940.	97,755.			
d Grassroots nontaxable amount	56,889.	62,480.	60,317.	56,128.	235,814.			
e Grassroots ceiling amount (150% of line 2d, column (e))					353,721.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes			(a)		o)
			No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	I If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	on 501/o)//	<u> </u>	otion	
Га	501(c)(6).	011 50 1 (0)(oj, ur se	Cuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members			III-A, lin	e 3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	Total		l _		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (See instructions)				
Pa	rt IV Supplemental Information				
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	p list); Part II-/	A, lines 1	and 2 (See	
instr	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

YOUNG AUDIENCES TNC. **Employer identification number** 13-1688246

Par		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		·
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		unds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
			·
Par			
1	Purpose(s) of conservation easements held by the organizat	-	,
	Preservation of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		·
	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year▶	, , ,	, G
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	<u> </u>	
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	.)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	palance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, o	r Other	Simila	r Asse	ts(continue	d)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	make sig	nificant u	se of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange prograr	n				
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further t	he organizatio	n's exem	pt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit or i								
	to be sold to raise funds rather than to be mair						\square	Yes	No
Pai	t IV Escrow and Custodial Arrang							line 9, or	
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodian	n or other intermed	iary for contribution	s or other ass	ets not in	cluded			
	on Form 990, Part X?						\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the fol	lowing table:						
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For					/?	\square	Yes	No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has been	provided on F	Part XIII			<u></u>	
Pai	t V Endowment Funds. Complete if t	he organization ans	swered "Yes" on Fo	rm 990, Part I	V, line 10				
	·	(a) Current year	(b) Prior year	(c) Two years	back (d) Three yea	ars back	(e) Four yea	ars back
1a	Beginning of year balance	6,542,597.	6,520,919.	6,458	,685.	6,31	5,285.	5,92	28,185.
	Contributions	106,000.	2,500.	110	,876.	10	0,000.	1	10,000.
	Net investment earnings, gains, and losses	1,025,197.	469,392.	387	,742.	61	7,913.	68	35,750.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	455,518.	450,214.	436	,384.	57	4,513.	3.0	08,650.
f	Administrative expenses								
	End of year balance	7,218,276.	6,542,597.	6,520	,919.	6,45	8,685.	6,31	L5,285.
2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment ► 68.8470	%	_						
С	Term endowment ▶ 31.1530 %								
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.							
За	Are there endowment funds not in the possess	sion of the organiza	tion that are held a	nd administer	ed for the	organiza	tion		
	by:							Ye	s No
	(i) Unrelated organizations							3a(i) X	.
	(ii) Related organizations								X
b	If "Yes" on line 3a(ii), are the related organization	ons listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the c	rganization's endo	wment funds.						
Pai	t VI Land, Buildings, and Equipme	nt.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990,	Part X, lir	ne 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulated		(d) Book va	alue
		basis (investm	ent) basis	(other)	depre	eciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			0,810.		56,81			994.
	Other		1	9,606.		L0,89	8.		708.
_	. Add lines 1a through 1e. (Column (d) must equ		X, column (B), line 1	0c.)			► T	22,	702.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 YOUNG AUDIE	ENCES, INC.	13-	-1688246 _{Page} ;
Part VII Investments - Other Securities.			_ rago
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) SECURITY DEPOSITS			26,828
(2) CASH SURRENDER VALUE OF I	JIFE INSURANCE		1,228,684
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir.	ne 15)	•	1,255,512
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	0111 01111 000, 1 41111, 11110	110 01 1111 000 1 01111 000,1 01177, 1110 20	(b) Book value
(1) Federal income taxes			.,
(2) ACCRUED PENSION LIABILITY	<u> </u>		804,896
(3) FISCAL AGENT	·		11,862
(-7			11,002
(4)			
(5) (6)			
(U)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote 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) 2020

(7) (8)

816,758.

	edule D (Folili 990) 2020 TOONG TIOD I LINCED, TINCE				1000210 Fage-	
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten		Revenue per H	eturr	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			2 211 001	
1	70 / 11 1			1	2,311,881	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ما	124,791.			
a	5		124,191.			
b		onated services and use of facilities				
C	1 7 0					
d				0-	124,791	
e	•			2e 3	2,187,090	
3	Subtract line 2e from line 1			3	2,107,000	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	42,747.			
a b	, , , ,		42,747			
				40	42,747	
_	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c 5	2,229,837	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial State			_		
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		LAPONOCO PCI	11010		
1	Total expenses and losses per audited financial statements			1	1,452,349	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	1,132,313	
a		2a				
b						
c						
d						
	Add lines 2a through 2d			2e	0 .	
3	Subtract line 2e from line 1			3	1,452,349	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · ·	
а		4a	42,747.			
b	Other (Describe in Part XIII.)		-			
	Add lines 4a and 4b			4c	42,747	
5				5	1,495,096	
Pa	rt XIII Supplemental Information.					
Prov	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,	
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inforr	mation.			
PA]	RT V, LINE 4:					
TH:	E ORGANIZATION HAS ADOPTED INVESTMENT AND	SPENDI	NG POLICIE	S T	HAT ATTEMPT	
TO	PROVIDE A PREDICTABLE STREAM OF FUNDING	TO PROG	RAMS SUPPO	RTE:	D BY ITS	
ĿΝ.	DOWMENT WHILE SEEKING TO MAINTAIN THE END	OWMENT	ASSETS. PE	R N	YPMIFA	
~				D		
GU.	IDELINES, 7% OF THE 5-YEAR AVERAGE BALANC	E IS RE	LEASED FRO	M R.	ESTRICTION	
7 TT	D HELD AG DOADD DEGLONAMED BUILDG MHE DOA	DD 3.DDD	07780 1708 0		HEGE EINDG	
AN.	D HELD AS BOARD DESIGNATED FUNDS. THE BOA	RD APPR	OVES USE O	F T.	HESE FUNDS	
7 TT	AND ADDOC	DD0	CEGG			
ANI	NUALLY DURING THE BUDGET REVIEW AND APPRO	VAL PRO	CESS.			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

Employer identification number Name of the organization YOUNG AUDIENCES, INC. 13-1688246 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) CARNEGIE INSTITUTE THREE GATEWAY CENTER, 401 LIBERTY AVENUE SUITE 196 - PITTSBURGH, PA 15222 25-0965280 ADF FY21 GRANT 0 10,000 CHICAGO ARTS PARTNERSHIPS IN EDUCATION - 228 SOUTH WABASH AVENUE SUITE 500 - CHICAGO IL FY20 ADF AWARD BALANCE 60604 36-3969334 5,550 THINK 360 ARTS FOR LEARNING 135 PARK AVENUE WEST DENVER, CO 80205 84-0585621 0 10,000 ADF FY21 GRANT YOUNG AUDIENCES OF HOUSTON 4550 POST OAK PLACEM STE, 230 HOUSTON TX 77027 74-6082602 12 000 ADF FY21 GRANT YOUNG AUDIENCES OF NEW JERSEY AND EASTERN PA - 200 FORRESTAL RD -23-7384991 ADF FY21 GRANT PRINCETON, NJ 08540 0 14,000 YOUNG AUDIENCES OF OREGON AND SW WASHINGTON - 1220 SW MORRISON -PORTLAND, OR 97205 93-0521848 10 000 ADF FY21 GRANT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete il tile	organization answ	eled les officilles	30, Fait IV, IIIIe 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE RECIPIENTS MUST APPLY FOR THE	GRANTS A	ND AGREE 1	O THE TERM	S OF THE	
AWARD. USUALLY A PORTION IS GIVEN	AT THE T	IME THE GF	RANT IS MAD	E AND THE THE	
BALANCE IS GIVEN AT THE COMPLETION	OF REQU	IRED WORK.	RECIPIENT	S MUST ALSO	
SUBMIT A REPORT DESCRIBING THE COM	PLETED P	ROJECT.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

YOUNG AUDIENCES,

Employer identification number 13-1688246 INC.

Pa	art I Questions Regarding Compensation						
			Yes	No			
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee X Written employment contract						
	Independent compensation consultant X Compensation survey or study						
	X Form 990 of other organizations X Approval by the board or compensation committee						
4	During the year did any parago listed on Form 000 Part VII. Section A. line 1s, with respect to the filling						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
9		4a		х			
h	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х				
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		Х			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DAVID A. DIK	(i)	354,970.	0.	0.	35,000.	26,730.	416,700.	0.
NATIONAL EXECUTIVE DIRECTO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

YOUNG AUDIENCES, INC.	13-1688246
FORM 990, PART VI, SECTION A, LINE 2:	
CORINNE GREENBERG AND SCOTT GREENBERG HAVE A FAMILY RELAT	IONSHIP AND ARE
BOARD MEMBERS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
IT IS DISTRIBUTED TO THE BOARD FOR REVIEW BEFORE BEING FI	LED.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS PUT THE POLICY INTO EFFECT AND REGUL	ARLY MONITORS AND
ENFORCES COMPLIANCE WITH THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION USES THE PRM NOT-FOR-PROFIT/CESSE COMPEN	SATION SURVEY TO
COMPARE EMPLOYEE SALARIES AND THE AUDIT COMMITTEE MEETS T	O DISCUSS THE
DIRECTOR'S SALARY.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATMENTS ARE AVAILABLE UPON REQUEST.	

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Schedule O (Form 990 or 990-EZ) 2020