#### Form 990

#### Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2016

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

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service For the 2016 calendar year, or tax year beginning 2016, and ending 6/30 D Employer identification number Check if applicable YOUTH COMMUNICATION/ NY CTR., Address change 13-3047555 242 W. 38TH STREET, 6TH FLOOR NEW YORK, NY 10018 Telephone numbe Name change (212) 279-0708 Initial return Final return/terminated G Gross receipts \$ 924,499 Amended return F Name and address of principal officer: H(a) Is this a group return for subordinates Yes X Application pending KEITH HEFNER H(b) Are all subordinates included? If 'No,' attach a list. (see instructions) SAME AS C ABOVE 4947(a)(1) or Tax-exempt status X 501(c)(3) 501(c) ( (insert no.) WWW.YOUTHCOMM.ORG Website: ▶ H(c) Group exemption number > Corporation Trust Other P L Year of formation: 1980 M State of legal domicile: NY Form of organization: Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 ~ Number of independent voting members of the governing body (Part VI, line 1b)..... 4 10 Total number of individuals employed in calendar year 2016 (Part V, line 2a)..... 5 15 Total number of volunteers (estimate if necessary). 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ...... 7a b Net unrelated business taxable income from Form 990-T, line 34. 0 Prior Year **Current Year** Contributions and grants (Part VIII, line 1h)..... 1,678,198 848,725. 141,794 71,362. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,824 4,412. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,821,816. 924,499. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 20,000 23,688. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . 908,072 882,270. 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 373,635 392,226. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 1,301,707 1,298,184. -373,685. Revenue less expenses. Subtract line 18 from line 12..... 520,109 End of Year **Beginning of Current Year** Total assets (Part X, line 16)..... 20 2,164,463 1,845,817 21 5,408 60,447 Net assets or fund balances. Subtract line 21 from line 20...... 22 2,159,055 785,370. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign EXECUTIVE DIRECTOR Here KEITH HEFNER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check NANCY KELLY P00994756 self-employed Paid NE KELLY AND ASSOCIATES, LLC Preparer Firm's name Use Only Firm's address 4238 WASHINGTON STREET, SUITE 307 Firm's EIN > 743049340

BOSTON, MA 02131-2517

May the IRS discuss this return with the preparer shown above? (see instructions)......

Phone no. 617-390-5734

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ 985,679.

2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?.  2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</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 'Yes,' complete Schedule C, Part II.</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> 5 Did the organization maintain any donor advised funds or any similar funds or accounts? <i>If 'Yes,' complete Schedule D, Part II.</i> 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part III.</i> 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> 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? <i>If 'Yes,' complete Schedule D, Part IV.</i> 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> 11 b Did the organization report an amount for other assets in part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> 11 c Did the organization report an amount for other assets in Part X, lin				Yes	No
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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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

## Form 990 (2016) YOUTH COMMUNICATION/ NY CTR., INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	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
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
ŀ	s Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
(	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Χ
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ŀ	olf '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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	

# Form 990 (2016) YOUTH COMMUNICATION/ NY CTR., INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>					
		Ye	s No				
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5						
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0						
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	l c	Х				
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	15						
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b	Х				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	X				
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O.</i>	3	3 b					
<b>4 a</b> 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)?	4	l a	Х				
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			X				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b	Х				
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u>	5 C					
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicities are contributions that were not tax deductible as charitable contributions?	n 6	Sa	Х				
<b>b</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).							
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and							
services provided to the payor?		7a X					
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	7 b X					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7	7 с	Х				
d If 'Yes,' indicate the number of Forms 8282 filed during the year			V				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	X				
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	······ <u>/</u>	7 f	^				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	7 g					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h					
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9 Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?	g	a					
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		) b					
0 Section 501(c)(7) organizations. Enter:							
a Initiation fees and capital contributions included on Part VIII, line 12							
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>							
1 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.)							
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	2a					
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year							
3 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a Is the organization licensed to issue qualified health plans in more than one state?	13	3a					
<b>Note.</b> 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			V				
4a Did the organization receive any payments for indoor tanning services during the tax year?	14		Х				
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			<b>n</b> (2016)				

Form 990 (2016) YOUTH COMMUNICATION/ NY CTR., INC. 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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year..... 10 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent ... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ Did the organization have members or stockholders?.... SEE .SCHEDULE .O...... 6 Χ 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 in Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... 10 a Χ 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ 14 Did the organization have a written document retention and destruction policy?..... Χ 14 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? Χ a The organization's CEO, Executive Director, or top management official. SEE . SCHEDULE. . O. . . . . . 15a **b** Other officers or key employees of the organization...SEE .SCHEDULE .Q..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

NEW YORK NY 10018 (212)

279-0708

CORPORATION 242 W. 38TH STREET

Form 990 (	2016)	HTIIOY	COMMUNICATION/	NY	CTR	TNC

13-3047555

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## 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

- 1 a 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

		(C)								
(A) Name and Title		thar	n one Ì s both dire	box, an o ector/	unles	,	n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) LEAH MODIGLIANI	2									_
TREASURER	0	Χ		Χ				0.	0.	0.
(2) DUFFIE COHEN	2	]								
DIRECTOR	0	Х						0.	0.	0.
(3) WILLIAM JOSEPHSON	5	]								
DIRECTOR	0	Χ						0.	0.	0.
(4) PILAR CONDE	2	]								
DIRECTOR	0	Χ						0.	0.	0.
(5) ANGELINA DARRISAW	2									
DIRECTOR	0	Х						0.	0.	0.
(6) DORIS GONZALEZ	2									
DIRECTOR	0	Χ						0.	0.	0.
	2									
DIRECTOR	0	Χ						0.	0.	0.
(8) CAROLINE HODKINSON	2									
PRESIDENT	0	Χ		Χ				0.	0.	0.
(9) LIZBETH ADAMS	2									
DIRECTOR	0	Χ						0.	0.	0.
(10) SHAUNA GROB	2									
DIRECTOR	0	Χ						0.	0.	0.
(11) KEITH HEFNER	40									
EXECUTIVE DIRECTOR	0				Χ			98,659.	0.	0.
(12) TOM BROWN	40									
ADMINISTRATIVE DIRECTOR	0				Χ			85,463.	0.	0.
(13) EFRAIN REYES	40									
IT & PRODUCTION DIRECTOR	0	<u> </u>			Χ			85,527.	0.	0.
(14) DAVID HELLER	40									
EDUCATION DIRECTOR	0				Χ			25,846.	0.	0.

Part VII   Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	es, a	nc	d Highest Com	pensated Emp	loyees	(conti	nued)
	(B)			(C)								
(A) Name and title	Average hours per week	box,	, unles	ss per	rson is	than o s both r/truste	an ee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	amo	(F) stimated unt of ot	her
	(list any hours	Indiv	litsul	Officer	Key	High	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	f	npensation rom the panization	
	for related organiza	Individual trustee or director	nstitutional trustee	<u>e</u>	Key employee	Highest compensated employee	ner			an	d relate	d
	- tions below	arut I	ial tro		loyee	ompe						
	dotted line)	tee	ıstee			nsate						
						8						
(15) JEN WOHL	40	•										
C00	0				Χ			78,717.	0.			0.
(16)		•										
(17)												
(18)												
(10)												
<u>(19)</u>		•										
(20)												
(21)												
(22)												
		•										
(23)		-										
(24)												
(24)												
(25)												
1 b Sub-total						· · · · ·	<b>-</b>	374,212.	0.			0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							·	0. 374,212.	0.			0.
2 Total number of individuals (including but not lin							ed	more than \$100,00		ensatio	n	0.
from the organization • 0												
											Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, on line 1a? <i>If 'Yes,' complete Schedule J for</i>	lirector, or tru such individu	ıstee, <i>ıal</i>	key	em	ploy	ee, o	or h	ighest compensat	ed employee	. 3		Х
4 For any individual listed on line 1a, is the su	m of reportab	ile coi	mner	nsat	ion :	and (	oth	er compensation :	from			
the organization and related organizations gr such individual	eater than \$1	50,00	00? /	If 'Y	es,'	comp	olei	te Schedule J for		4		Х
5 Did any person listed on line 1a receive or a												Λ
for services rendered to the organization? If	'Yes,' comple	ete Sc	hedi	ule .	J for	such	h p	erson		. 5		X
Section B. Independent Contractors  1 Complete this table for your five highest com	nensated ind	anan	dent	con	trac	tore t	tha	t received more th	an \$100 000 of			
compensation from the organization. Report con	pensation for	the ca	alend	dar y	ear e	endin	ig w	vith or within the or	ganization's tax year			
(A) Name and business address  (B) Description of services									Compe	C) ensatio	n	
Traine and basiness								200011111111111111111111111111111111111	77 301 11003	Compe	- Isatic	
2. Total number of independent contrastors (included	ing but ast live	itad t		00 11	ماد ما	ob su	(a) :	who received man-	than			
2 Total number of independent contractors (includ \$100,000 of compensation from the organiza	-	neu to	ט נווס:	se IIS	siea	au0V	<i>ا (ع</i> ا	who received more	uidii			
	U											

	Check if Schedule O contains a response or note to an	y line in this Part V	III		
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a   b Membership dues 1 b   c Fundraising events 1 c   d Related organizations 1 d   e Government grants (contributions) 1 e   f All other contributions, gifts, grants, and similar amounts not included above 1 f   g Noncash contributions included in lines 1a-1f: \$				
Cor	h Total. Add lines 1a-1f	848,725.			
ıue	Business Code				
Program Service Revenue	2a PROFESSIONAL DEVELOPMENT b BOOK SALES AND ROYALTIES	44,226. 14,283.	44,226. 14,283.		
ivic	c CONTRACTED SERVICES	6,600.	6,600.		
n Se	d SUBSCRIPTIONS AND PERMITS	6,253.	6,253.		
gran	f All other program service revenue				
Pro	g Total. Add lines 2a-2f	71,362.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	4,412.	4,412.		
	5 Royalties				
	(i) Real (ii) Personal  6 a Gross rents  b Less: rental expenses  c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss)▶				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
згF	See Part IV, line 18				
Ήħ	c Net income or (loss) from fundraising events				
0	9 a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities ▶				
	10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less: cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code				
	11a				
	b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	924.499	75.774	0 .	0.

#### Part IX Statement of Functional Expenses

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

Do i	Check it Schedule O contains a remot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	esponse or note to any (A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations and domestic governments.		expenses	general expenses	expenses
2	See Part IV, line 21				
_	individuals. See Part IV, line 22	23,688.	23,688.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	349,649.	249,161.	41,354.	59,134.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	- <u>-</u>	344,529.	245,513.	40,748.	58,268.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	01170251	110,010.	10/1101	00,100.
9	Other employee benefits	135,676.	84,119.	32,563.	18,994.
10	Payroll taxes	52,416.	37,352.	6,199.	8,865.
	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	(A) amount, list line 11g expenses on Schedule 0.)  Advertising and promotion	11,845.	10,069.		1,776.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	166,713.	158,377.	5,002.	3,334.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4,686.	4,310.	327.	49.
19	Conferences, conventions, and meetings	-/	-/	5 - 1 1	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,994.	14,394.	1,800.	1,800.
23	Insurance	8,506.	6,805.	1,701.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
ā	CONSULTANTS AND CONTRACTORS	66,737.	50,054.	16,683.	
	PRINTING AND PUBLICATIONS	41,770.	37,593.	2,924.	1,253.
	SUPPLIES AND SERVICES	39,825.	33,851.	3,983.	1,991.
	POSTAGE AND SHIPPING	34,150.	30,393.	2,391.	1,366.
'	All other expenses	1 000 101	225	1== :==	4
25	Total functional expenses. Add lines 1 through 24e	1,298,184.	985,679.	155,675.	156,830.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

		Check if Schedule O contains a response or note to	any line	e in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			1,390,228.	1	1,409,472.
	2	Savings and temporary cash investments			·	2	· · ·
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			490,293.	4	164,996.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	mplovees	s. Complete		-	
	6	Loans and other receivables from other disqualified posection 4958(f)(1)), persons described in section 4958(c)(3) employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons (a	as defined under		5	
Ø	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		<b> -</b>		8	
A SS	9	Prepaid expenses and deferred charges		<u> </u>		9	
7	-	· ' '				,	
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D	10 a	568,780.			
	b	Less: accumulated depreciation		391,899.	189,369.	10 c	176,881.
	11	Investments – publicly traded securities			103,303.	11	170,001.
	12	Investments – other securities. See Part IV, line 11		12			
	13	Investments – program-related. See Part IV, line 11.		13			
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		<u> </u>	94,573.	15	94,468.
	16	Total assets. Add lines 1 through 15 (must equal line			2,164,463.	16	1,845,817.
$\exists$	17	Accounts payable and accrued expenses			5,408.	17	37,148.
	18	Grants payable	-,	18			
	19	Deferred revenue				19	23,299.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part I	V of Sch	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqual	ified persons.		22	
Ĭ	23	Secured mortgages and notes payable to unrelated th		<b> -</b>		23	
	23 24	Unsecured notes and loans payable to unrelated third				24	
	25	. ,	•			24	
		Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	
_	26	<b>Total liabilities.</b> Add lines 17 through 25			5,408.	26	60,447.
S		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re ►	X and complete			
ဗ္ဗ	27	Unrestricted net assets			1 644 055	27	1 625 270
<u>=</u>	28	Temporarily restricted net assets.		<u></u>	1,644,055. 515,000.	28	1,625,370.
m	29	Permanently restricted net assets		-	313,000.	29	160,000.
밀	23	Organizations that do not follow SFAS 117 (ASC 958), ch				23	
ī		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
22	31	Paid-in or capital surplus, or land, building, or equipm				31	
458	32	Retained earnings, endowment, accumulated income,				32	
et.	33	Total net assets or fund balances			2,159,055.	33	1,785,370.
Ź	34	Total liabilities and net assets/fund balances			2,164,463.	34	1,845,817.

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		7 TOOTH COMMONICATION, MI CIN., INC.	0017	000		- 3 -	
Pai	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		924	,499	١.
2	Total	expenses (must equal Part IX, column (A), line 25).	2	1,	298	,184	
3	Rever	lue less expenses. Subtract line 2 from line 1	3	-	373	, 685	
4	Net as	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,	159	,055	
5	Net u	nrealized gains (losses) on investments	5				
6	Donat	ed services and use of facilities	6				
7	Invest	ment expenses	7				
8	Prior	period adjustments	8				
9	Other	changes in net assets or fund balances (explain in Schedule O)	9			0	١.
10		sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	colum	n (B))	10	1,	<u>785</u>	<u>,</u> 370	
Pai	rt XII	Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII					
					Ye	s No	5
1	Accou	inting method used to prepare the Form 990: Cash X Accrual Other					
		organization changed its method of accounting from a prior year or checked 'Other,' explain nedule O.					
2 8	<b>a</b> Were	the organization's financial statements compiled or reviewed by an independent accountant?		2	а	X	
	s <u>ep</u> ar	s,' check a box below to indicate whether the financial statements for the year were compiled or reviewed ate basis, consolidated basis, or both:	ed on a				
		Separate basis Consolidated basis Both consolidated and separate basis					
ı	<b>)</b> Were	the organization's financial statements audited by an independent accountant?		2	ь Х	ζ .	
	If 'Yes	s,' check a box below to indicate whether the financial statements for the year were audited on a separa	ite				
	′	consolidated basis, or both:					
	لتت	Separate basis Consolidated basis Both consolidated and separate basis					
(	If 'Yes reviev	' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, o, or compilation of its financial statements and selection of an independent accountant?		2	с Х	ζ	
	in Sch	organization changed either its oversight process or selection process during the tax year, explain ledule O.					
3 8		esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?		3	а	Х	′
I		,' did the organization undergo the required audit or audits? If the organization did not undergo the required aud lits, explain why in Schedule O and describe any steps taken to undergo such audits	it	3	b		

**BAA** Form **990** (2016)

#### 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number YOUTH COMMUNICATION/ NY CTR., INC. 13-3047555 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 4 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 Χ 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 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. C **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) 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	tion A. Public Support						
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,030,784.	968,046.	1,186,291.	1,678,198.	844,969.	5,708,288.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		,				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,030,784.	968,046.	1,186,291.	1,678,198.	844,969.	5,708,288.
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)						0.
6	<b>Public support.</b> Subtract line 5 from line 4						5,708,288.
Sec	tion B. Total Support						_
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
7	Amounts from line 4	1,030,784.	968,046.	1,186,291.	1,678,198.	844,969.	5,708,288.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,717.	2,020.	2,320.	1,824.	4,412.	14,293.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		,	,	, -	,	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE FART VI	2,161.	3,668.	1,278.			7,107.
11	Total support. Add lines 7 through 10						5,729,688.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	ercentage				
14	Public support percentage for 20	016 (line 6, column	n (f) divided by lir	ne 11, column (f))		14	99.63%
15	Public support percentage from	2015 Schedule A,	Part II, line 14			15	99.52 %
16a	<b>33-1/3% support test—2016.</b> If t and <b>stop here.</b> The organization						
b	<b>33-1/3% support test—2015.</b> If the and <b>stop here.</b> The organization	ne organization dic n qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 33	3-1/3% or more, c	heck this box
17a	<b>10%-facts-and-circumstances te</b> or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions ►

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.)

Sec	tion A. Public Support		prodes semprete :	<u></u>			
Calend	dar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	•		•			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6.)						
	tion B. Total Support		I		T		
	dar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	<b>(f)</b> Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	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 assets (Explain in Part VI.).						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here	· · · · · · · · · · · · · · · · · · ·				
	tion C. Computation of Pul						
	Public support percentage for 20	•	•				96
	Public support percentage from 2					16	0/0
Sec	tion D. Computation of Inv						
17	Investment income percentage for	•	• • •	-			%
18	Investment income percentage fr					<u> </u>	olo
	<b>33-1/3% support tests—2016.</b> If t is not more than 33-1/3%, check	this box and sto	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	▶ ∐
	<b>33-1/3% support tests—2015.</b> If t line 18 is not more than 33-1/3% <b>Private foundation.</b> If the organization	, check this box	and <b>stop here.</b> The	e organization qu	ualifies as a public	ly supported organ	ization ►

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was			
2-	described in section 509(a)(1) or (2).  Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)	2		
	and (c) below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
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 <b>Part VI</b> .	9с		
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 10b below.	10a		
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.)	1 <b>0</b> b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	<b>b</b> A fan	nily member of a person described in (a) above?	11b		
	<b>c</b> A 359	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction I	3. Type I Supporting Organizations			
				Yes	No
1	or ele <b>Part</b> If the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in If No the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	ction (	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction I	D. All Type III Supporting Organizations			
				Yes	No
1	orgar	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization'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			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how					
	the o	rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
		s regard.	3		
Sec	ction I	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a 🗌 T	he organization satisfied the Activities Test. Complete line 2 below.			
	ь∏т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🔲 T	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted	20		
	subst	antially all of its activities.	2a		
	the o	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parer	nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	<b>a</b> Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	<b>b</b> Did th suppo	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganizati	ons	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tri instructions. All other Type III non-functionally integrated supporting organization	ust on Notions must	v. 20, 1970 (explain in t complete Sections A	n Part VI). <b>See</b> A through E.
Sec	tion 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		
Sec	tion 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 shot tax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
I	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally in	ntegrated	Type III supporting or	ganization

(see instructions).

Schedule A (Form 990 or 990-EZ) 2016

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sec	tion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in <b>Part VI</b> ). See instructions.					
7	<b>Total annual distributions.</b> Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2016:			
a			
b			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
<b>b</b> Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			
BAA		Schedule A (Fo	rm 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016

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

#### PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013	2012
OTHER INCOME	\$ 0	\$ 0	\$ 1,278. \$ 1,278	\$ 3,668. \$ 3,668	\$ 2,161. \$ 2,161
IOIAL	<del>y</del> 0.	<del>y 0.</del>	<del>γ 1,270.</del>	<del>y</del> 3,000.	<del>γ 2,101.</del>

## SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	YOUTH COMMUNICATION/ NY CTR.	•		13-3047555		
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.						
		(a) Donor advised	funds	(b) Funds and other acc	counts	
1	Total number at end of year	(0) = 0		(2)		
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 are the organization's property, subject to the organization's	advisors in writing that the ganization's exclusive legal	e assets held in don control?	or advised funds	No	
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writ the donor or donor adviso	ing that grant funds r, or for any other p	can be used only surpose conferring	□ No	
Day						
Par	Conservation Easements. Complete if the organization answe	rad 'Vas' on Form 991	) Part IV line 7	7		
	Purpose(s) of conservation easements held by the			•		
•	Preservation of land for public use (e.g., recr			a historically important land a	ıroa	
	Protection of natural habitat	eation of education)		a certified historic structure	irea	
	Preservation of open space		reservation or	a certified filstoffe structure		
2	Complete lines 2a through 2d if the organization held	La qualified concentration cor	stribution in the form	of a conservation assembnt on	tho	
_	last day of the tax year.	i a quaimeu conservation coi	ithibution in the form	of a conservation easement on	uie	
	•			Held at the End of t	he Tax Year	
á	Total number of conservation easements			. 2a		
ŀ	Total acreage restricted by conservation easeme	nts		. 2b		
(	Number of conservation easements on a certified	I historic structure included	l in (a)	. 2c		
(	Number of conservation easements included in (or structure listed in the National Register			2 d		
3	Number of conservation easements modified, transfer					
4	tax year ►	tion accomment is leasted b				
4	Number of states where property subject to conserva		a increation band	lling of violations		
5	Does the organization have a written policy regar and enforcement of the conservation easements				No	
6	Staff and volunteer hours devoted to monitoring, insp				year	
7	Amount of expenses incurred in monitoring, inspectin ►\$	ng, handling of violations, an	d enforcing conserva	tion easements during the year		
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the re	equirements of sect	ion 170(h)(4)(B)(i) <b>Yes</b>	No	
9	In Part XIII, describe how the organization reports coinclude, if applicable, the text of the footnote to the second of the footnote to the second of the se				1. 6	
Par	till Organizations Maintaining Collecti Complete if the organization answe					
Ιā	If the organization elected, as permitted under SI art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financia	for public exhibition, education	on, or research in furt	le statement and balance she therance of public service, provi	et works of de,	
ŀ	If the organization elected, as permitted under SI historical treasures, or other similar assets held for p following amounts relating to these items:	oublic exhibition, education, c	or research in furthera	ance of public service, provide the	vorks of art, ne	
	(i) Revenue included on Form 990, Part VIII, line	e 1		▶\$		
	(ii) Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, histo amounts required to be reported under SFAS 116	orical treasures, or other sim 5 (ASC 958) relating to the	ilar assets for financi se items:	al gain, provide the following		
á	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990 Part X			►\$		

Part III Organizations Maintaining Col	lections of Art, Histo	ricai Treasures, or	Other Similar Ass	ets (c	ontinu	ea)			
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):									
a Public exhibition	<b>d</b> Loan o	or exchange programs							
<b>b</b> Scholarly research	e Other								
c Preservation for future generations									
4 Provide a description of the organization's colle Part XIII.	ctions and explain how they	further the organization's	s exempt purpose in						
5 During the year, did the organization solicit to be sold to raise funds rather than to be m	or receive donations of art	t, historical treasures, o rganization's collection?	r other similar assets	Yes		No			
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a Is the organization an agent, trustee, custod	lian or other intermediary	for contributions or othe	er assets not included						
on Form 990, Part X?				Yes	L	No			
<b>b</b> If 'Yes,' explain the arrangement in Part XIII and complete the following table:									
				Amoun	<u> </u>				
<b>c</b> Beginning balance									
<b>d</b> Additions during the year									
e Distributions during the year									
<b>f</b> Ending balance									
2a Did the organization include an amount on F	form 990, Part X, line 21,	for escrow or custodial	account liability?	Yes		No			
<b>b</b> If 'Yes,' explain the arrangement in Part XIII	. Check here if the explan	nation has been provide	d on Part XIII		L				
Part V Endowment Funds. Complete i	f the organization an	swered 'Yes' on Fo	rm 990, Part IV, lir	ne 10.					
(a) Curre	ent year <b>(b)</b> Prior year	(c) Two years back	(d) Three years back	(e)	Four years	s back			
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net investment earnings, gains,									
and losses									
<b>d</b> Grants or scholarships					-				
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>q</b> End of year balance					-				
2 Provide the estimated percentage of the cur	rent vear end balance (lin	e 1g. column (a)) held	as:	1					
a Board designated or quasi-endowment ►	%	- 19, (-),							
<b>b</b> Permanent endowment ►	%								
c Temporarily restricted endowment ►	%								
The percentages on lines 2a, 2b, and 2c should									
•	·								
3a Are there endowment funds not in the possession	on of the organization that a	ire held and administered	for the	ſ	Yes	No			
organization by: (i) unrelated organizations				3a(i)	165	110			
(ii) related organizations				3a(ii)		<u> </u>			
<b>b</b> If 'Yes' on line 3a(ii), are the related organizations.				. 3b		<del>                                     </del>			
	·			. 30		<u> </u>			
4 Describe in Part XIII the intended uses of th		ent iunus.							
Part VI Land, Buildings, and Equipme Complete if the organization an		n 990, Part IV, line	11a. See Form 99	0, Par	t X, lir	ne 10.			
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue			
<b>1 a</b> Land	_ ` '	` '							
<b>b</b> Buildings									
c Leasehold improvements		450,910.	302,259.		148	,651.			
<b>d</b> Equipment		117,870.	89,640.			,230.			
e Other		111,010.	09,040.			, 200.			
Total. Add lines 1a through 1e. (Column (d) must		column (R) line 10c \	<b>&gt;</b>		176	001			
Total Add Illies Ta tillough Te. (Column (a) must	equal Form 330, Fall A, C	.о.а.піт ( <i>D)</i> , піте тос.)			T / D	,881.			

BAA Schedule **D** (Form 990) 2016

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	Investments -			N/A	
				, Part IV, line 11b. See Form 9	
(a) Desc	cription of security or cate	egory (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of	f-year market value
(1) Financ	cial derivatives				
(2) Closel	y-held equity interes	sts			
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(l)					
Total. (Colui	mn (b) must equal Form 9	990, Part X, column (B) line 12.) 🕨			
<b>Part VIII</b>	Investments -	- Program Related.	1.07 1 5 000	N/A	00 D 1 V 1: 10
				, Part IV, line 11c. See Form 9	
	(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)					
(10)	(1) 1 15 (	200 D 17 1 (D) 1 10 )			
Part IX	Other Assets.	990, Part X, column (B) line 13.) 🕨			
raitin	Other Assets.				
	Complete if the	e organization answered	d 'Yes' on Form 990	, Part IV, line 11d. See Form 99	90, Part X, line 15
	Complete if the		d 'Yes' on Form 990 escription	, Part IV, line 11d. See Form 9	90, Part X, line 15 (b) Book value
	CURITY DEPOSI	<b>(a)</b> De		, Part IV, line 11d. See Form 9	
(2)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7) (8)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)	,	<b>(a)</b> De		, Part IV, line 11d. See Form 9	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10)	CURITY DEPOSI	(a) De	escription		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Co	CURITY DEPOSI	(a) De	escription	, Part IV, line 11d. See Form 9	(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)	Dlumn (b) must equal	(a) De	(B) line 15.)		(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (10) <b>Total.</b> (Co	Olumn (b) must equal Other Liabilitie Complete if the organization.	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ca	Olumn (b) must equal Other Liabilitie Complete if the organization.	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X   (1) Fede (2) (3) (4) (5) (6) (7)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ca  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Ca  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X  (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10)	column (b) must equal Other Liabilitie Complete if the organic (a) Descrip	(a) De	(B) line 15.)		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Co  Part X   (1) Fede (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	Olumn (b) must equal Other Liabilitie Complete if the organization (a) Descriperal income taxes	(a) December 1	(b) Book value		(b) Book value 94,468.
(2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (	Olumn (b) must equal Other Liabilitie Complete if the org (a) Descrip eral income taxes	(a) December 17 (a) December 17 (a) December 17 (a) December 18 (a) December 19 (a) December 1	B) line 15.)		(b) Book value 94, 468.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
1 Total revenue, gains, and other support per audited financial statements	1	924,499.			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrealized gains (losses) on investments					
b Donated services and use of facilities					
c Recoveries of prior year grants					
d Other (Describe in Part XIII.)					
e Add lines 2a through 2d.	2 e				
3 Subtract line 2e from line 1	3	924,499.			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a Investment expenses not included on Form 990, Part VIII, line 7b					
b Other (Describe in Part XIII.) 4b					
c Add lines 4a and 4b.	4 c				
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	924,499.			
Dord VIII Decompiliation of Functions and Audited Financial Ctatements With Functions and					
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Returr	1.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Returr	1.			
	Returr 1	1,298,184.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  2 a  2 b					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of Facilities.					
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1	1,298,184.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d.	1 2 e				
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 a	1 2 e	1,298,184.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	1 2 e	1,298,184.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	1 2e 3 4c	1,298,184.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)  4 b Other (Describe in Part XIII.)	1 2e 3	1,298,184.			

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

BAA Schedule **D** (Form 990) 2016

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016

Open to Public Inspection

Name of the organization Employer identification number 13-3047555 YOUTH COMMUNICATION/ NY CTR., INC. 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 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. Part II 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. (c) IRC section (b) EIN (d) Amount of cash grant (f) Method of valuation 1 (a) Name and address of organization (e) Amount of non-cash (a) Description of (h) Purpose of grant (book, FMV, appraisal, noncash assistance or government assistance or assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1 PRIZES & AWARDS	56	23,688.						
2								
_ 3								
4								
5								

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

BAA Schedule I (Form 990) (2016)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

### 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

2016

YOUTH COMMUNICATION/ NY CTR., INC

Employer identification number 13-3047555

#### FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

YOUTH COMMUNICATION EOUIPS AND EMPOWERS EDUCATORS AND YOUTH WORKERS WITH REAL TEEN-WRITTEN STORIES AND A LITERACY-RICH TRAINING MODEL TO ENGAGE STRUGGLING YOUTH AND BUILD THEIR SOCIAL AND EMOTIONAL LEARNING SKILLS.

OUR STORIES, DEVELOPED IN A RIGOROUS WRITING PROGRAM, ARE UNIQUELY COMPELLING TO YOUTH WHOSE VOICES ARE MISSING FROM MAINSTREAM CONTENT. THE STORIES MODEL SOCIAL AND EMOTIONAL LEARNING, AND SHOW TEENS HOW TO MAKE POSITIVE CHANGES IN THEIR LIVES. THEY ALSO MOTIVATE TEENS TO READ AND WRITE.

OUR AWARD-WINNING CURRICULA AND PROFESSIONAL DEVELOPMENT ARE CREATED AROUND TH STORIES. THEY TURN CLASSROOMS AND PROGRAMS INTO DYNAMIC AND ENCOURAGING LEARNING ENVIRONMENTS BY HELPING EDUCATORS AND YOUTH WORKERS BECOME MORE COMPASSIONATE AND EFFECTIVE AT BUILDING THE SKILLS THAT STRUGGLING TEENS NEED TO LEAD SUCCESSFUL, MEANINGFUL LIVES.

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

YOUTH COMMUNICATION PROVIDES POWERFUL, TEEN-WRITTEN STORIES AND PROFESSIONAL DEVELOPMENT TO HELP EDUCATORS AND YOUTH WORKERS ENGAGE STRUGGLING YOUTH THEIR LITERACY-RICH TRAINING MODEL HELPS TEACHERS, AFTER-SCHOOL WORKERS, COUNSELORS, AND OTHER PROFESSIONALS TO CONNECT WITH THE TEENS THEY SERVE AND BUILD THEIR SOCIAL AND EMOTIONAL LEARNING SKILLS.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER THE DIRECTORS ARE THE MEMBERS.

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 IS TO PROVIDED TO EACH BOARD MEMBER BEFORE FILING. ANY QUESTIONS AND/OR COMMENTS ARE SENT TO THE AUDIT COMMITTEE FOR RESOLUTION WITH MANAGEMENT. ONE ALL QUESTION/ISSUES ARE SATISFACTORY RESOLVED, EACH BOARD MEMBER VOTES TO ACCEPT THE FORM 990 AS FILED.

Employer identification number

13-3047555

#### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ANNUALLY REVIEW THE ORGANIZATIONS CONFLICT OF INTEREST POLICY. MEMBERS COMPLETE CONFLICT OF INTEREST STATEMENT EACH YEAR TO DISCLOSE BUSINESS OR LEGAL INTERESTS THEY MAY HAVE WITH THE CORPORATION.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT
MANAGEMENT COMPENSATION IS REVIEWED ANNUALLY AND COMPARED TO ORGANIZATIONS OF
SIMILAR SIZE, MISSION AND GEOGRAPHICAL LOCATION USING COMPARABILITY DATE. EXECUTIVE
COMPENSATION AND SUBSEQUENT SUBSTANTIATION OF THE DELIBERATION FOR THE CEO, IS
REFLECTED IN THE BOARD MINUTES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

MANAGEMENT COMPENSATION IS REVIEWED ANNUALLY AND COMPARED TO ORGANIZATIONS OF

SIMILAR SIZE, MISSION AND GEOGRAPHICAL LOCATION USING COMPARABILITY DATE. EXECUTIVE

COMPENSATION AND SUBSEQUENT SUBSTANTIATION OF THE DELIBERATION FOR THE CEO, IS

REFLECTED IN THE BOARD MINUTES.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION DISCLOSES THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS BY REGISTRATION WITH PUBLIC CHARITIES AND COPIES OF THESE DOCUMENTS ARE PROVIDED UPON REQUEST.