Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

2019 or other tax year beginning JUL 1, 2019 and ending JUN 30,

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Name of organization (Check box if name changed and see instructions)

OMB No 1545-0047

Open to Public Inspection for 501(c)(3) Organizations Only

D Employer identification number (Employees' trust, see

instructions)

	B Ex	xempt under section	Print	YOUNG ADULT	' INSTITUTE,	11-2030172							
	X] 501(උ ්)) 3)	501(CN3) Or Number, street, and room or suite no. If a P.O. box, see instructions								lated business activity instructions)	y code	
		408(e) 220(e)	Type 220 EAST 42ND STREET										
] 408A′530(a)		City or town, state or pro	ovince, country, and ZIP or	r foreig	n postal code						
]529(a)		NEW YORK, N	Y 10017					561000			
	C Boo	ok value of all assets		F Group exemption num	ber (See instructions.)								
	ale	134,359,4	06.	F Group exemption num G Check organization typ	pe ► X 501(c) corp	poration	501(0	c) trust	401(a)	trust	Other	trust	
	H Ent	ter the number of the o	organiza	ation's unrelated trades or l	businesses.	1		Describe th	ne only (or first) un	related			
	trac	trade or business here SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one,											
		describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or											
		business, then complete Parts III-V.											
				ooration a subsidiary in an	affiliated group or a parer	nt-subsi	diary controlled	group?	▶ [Y	es X No		
				tifying number of the parer	· · · · · · · · · · · · · · · · · · ·							_	
				KEVIN CAREY				Telephor	ne number 🕨 ((212) 273-6100			
	Pai			de or Business Inc			(A) Income (B) Expens			3	(C) Net		
	1 a	Gross receipts or sale	s	3,966,427.				İ					
		Less returns and allow			c Balance	1c	3,966,4	127.				ļ	
		Cost of goods sold (S		A. line 7)	•	2						1	
		Gross profit Subtract	·		3	3,966,4	127.		/	3,966,4	27.		
		Capital gain net incom		4a									
Q			•	art II, line 17) (attach Forn	n 4797)	4b							
)		Capital loss deduction			•	4c							
2		•		ship or an S corporation (a	ttach statement)	5							
		Rent income (Schedul	-		·	6							
7		Unrelated debt-finance		ne (Schedule E)		7							
				nd rents from a controlled	organization (Schedule F)	8/	7						
==				on 501(c)(7), (9), or (17) o		9		Ì					
=		Exploited exempt activ				10							
9	11	Advertising income (S	chedule	3 J)		11							
0	12	Other income (See ins	truction	ıs; attach schedule)		12			_				
) ၁	13	Total. Combine lines	3 throu	gh 12		13	3,966,4	127.			3,966,4	<u> 27.</u>	
5	Par	rt II Deduction	ns No	ot Taken Elsewher	e (See instructions fo	r limita	itions on deduc	ctions.)					
		(Deductions	must b	pe directly connected w	ith the unrelated busin	ess inc	ome)						
	14	Compensation of offi	cers, di	rectors, and trustees (Sche	edule K) DECE	3 / [<u> </u>			14			
	15	Salaries and wages			RECE	LYE				15	2,082,5		
	16	Repairs and maintena	ance		4		250.5			16	21,1	<u>.58.</u>	
	17	Bad debts			42 MAY 0 5	202	1 Ÿ			17			
	18	Interest (attach sched	dule) (s	ge instructions)	面		IRS			18			
	19	Taxes and licenses			LOCDEN	1 1	irr i			19	87,8	82.	
	20	Depreciation (attach l	Form 4	562)	OGDE	<u>V. L</u>	21		69,982.	ļ			
	21	Less depreciation clá	ĩmed or	n Schedule A and elsewher	e on return		21	a		21b	69,9	82.	
	22	Depletion								22			
	23	Contributions to defe		mpensation plans						23	29,9		
	24	Employee benefit pro	•							24	415,7	15.	
	25	Excess exempt expen	ises (So	:hedule I)					•	25			
	26	Excess readership co	sts (Sc	hedule J)						26			
	27	Other deductions (att	ach sch	iedule)			SEE	STATE	EMENT 2	27_	1,259,1	79.	

341

Unrelated business taxable income Subtract line 30 from line 29

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see Instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Total deductions. Add lines 14 through 27

(see instructions)

28 29

30

Form **990-T**

Department of the Treasury Internal Revenue Service

Check box if address changed

9-1

Form 990-T (2019)

3,966,427.

0.

28

29

30

31

Form 990-T (2019)

Schedule A - Cost of Good	Is Sold. Enter method of inve	ntory valuation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year	6			
2 Purchases	2	7 Cost of goods sold. Si				
3 Cost of labor	3	from line 5. Enter here	<u> </u>			
4 a Additional section 263A costs		line 2		7		
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to			
5 Total Add lines 1 through 4b	5	the organization?				
Schedule C - Rent Income	(From Real Property and	d Personal Property L	eased With Real Pro	perty)		
(see instructions)		·				
1. Description of property						
(1)		<u> </u>				
(2)						
(3)						
(4)						
	2. Rent received or accrued		0(-) B - t - t t t			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than ` of rent for	and personal property (if the percentag personal property exceeds 50% or if ent is based on profit or income)	ge 3(a) Deductions direct columns 2(a)	lly connected with the income in and 2(b) (attach schedule)		
(1)		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(2)						
(3)		* '				
(4)						
Total	0 . Total	-	0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	D		
Schedule E - Unrelated Del	ot-Financed Income (see	e instructions)				
		Deductions directly connected with or allocable to debt-financed property				
1. Description of debt-fi	nanced property	Gross income from or allocable to debt- financed property	(a) Straight line depreciation	(b) Other deductions		
2000 / 2000 /	, and a property	mariced property	(attach schedule)	` (attach schedule)		
(1)			·			
(2)						
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8 . Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals			0	0.		
Total dividends-received deductions in	ncluded in column 8			0.		

Schedule F - interest,	Amaria	, 110 yai	aco, an		Controlled O				- (355 111	struction	110)
Name of controlled organiza	tion	Identif	nployer ication nber	3. Net ur (loss) (se	nrelated income se instructions)	4. To pay	ments made inc		5. Part of column 4 the included in the control organization's gross in		6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)					· · · · · · · · · · · · · · · · · · ·						
(4)						<u> </u>					
Nonexempt Controlled Organi	zations					_					
7. Taxable Income		nrelated incor se instruction		9. Tota	l of specified payr made	ments	10. Part of colur in the controlli gross		nization's	11. D	eductions directly connected th income in column 10
(1)										<u> </u>	
(2)											
(3)									_		
(4)	<u></u>									<u></u>	
							Add colum Enter here and line 8, c	on page	e 1, Part I,	l .	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totale									0.		0
Totals Schedule G - Investme	nt Incom	ne of a S	Section	501/c)/	7) (9) or (17) Ord	nanization			L	
(see inst		ic or a c	Section		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	17, 018	gamzation				
1. Desc	ription of incon	ne			2. Amount of	ıncome	3 Deduction directly connect (attach schedu	cted	4 Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											<u></u>
(3)					<u> </u>						
(4)									L		
				_	Enter here and o Part I, line 9, col	umn (A)					Enter here and on page Part I, line 9, column (B)
Totals Schedule I - Exploited	F	A .A!!a	I	<u> </u>	The second selection	0.			-		1 0
(see instru	-	Activity		, other	1		ig income		1		
Description of exploited activity	exploited activity income from		3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7		attribi		6 Exp attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	<u> </u>										
(3)											
(4)											
	Enter here page 1, line 10, c	Part I,	Enter her page 1, line 10,	Part I,							Enter here and on page 1, Part II, line 25
Totals		· · · · · · · · · · · · · · · · · · ·		0.							0.
Schedule J - Advertisir	na Incom		nstruction						<u> </u>		
Part I Income From I	Periodica	als Repo	orted or	a Con	solidated	Basis					
1. Name of periodical		2 Gross advertising income ad		Direct rtising costs	or (loss) (co	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		ership s	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(1) (2) (3)							<u></u>				
(3)			 _		_						
(4)							 				
Totals (carry to Part II, line (5))	•	().	0							0.

Total Enter here and on page 1, Part II, line 14

Part Income From Perio columns 2 through 7 on a	-		Separ	ate Basis (For ea	ch perio	dical listed in Pa	art II, fill in		
1. Name of periodical			rect g costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		culation 6.	Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									
(2)									
(3)	· —								
(4)									
Totals from Part I	0.		O . ere and on 1, Part I, 1, col (B)			1		0.	
page 1, Part I, page 1		page 1,						Enter here and on page 1, Part II, line 26	
Fotals, Part II (lines 1-5)	0.		0.					0.	
Schedule K - Compensation	of Officers, D	Director	s, and	Trustees (see in	structio	ns)			
1. Name		2. Title					pensation attributable nrelated business		
(1)						%	-		
(2)						%			
(3)						%			
							1		

Form 990-T (2019)