Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

Wilson & Wilson Certified Public Accountants 344 Minnie Street Fairbanks, Alaska 99701

Fairbanks Youth Advocates 138 10th Avenue Fairbanks, AK 99701

Fairbanks Youth Advocates:

Enclosed is the 2013 Exempt Organization return, as follows...

2013 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Thank You!,

Wilson & Wilson

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2013

Dramarad far	
Prepared for	Fairbanks Youth Advocates 138 10th Avenue Fairbanks, AK 99701
Prepared by	
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Form	887	'9-	EO
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IRS e-file Signature Authorization for an Exempt Organization

OMB No 1545-1878

•	U
	. 2013. and

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Department of the Treasury Internal Revenue Service

Name of exempt organization

Do not send to the IRS. Keep for your records.
▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879ec

For calendar year 2013, or fiscal year beginning

Employer identification number

FAIRBANKS	YOUTH	ADVOCATES

90-0434664

Part I	Type of Return and Return Information	(Whole Dollars Only)
TREAS	URER	
BRADW	ICK JOHNSTON	
Name and t	tle of officer	

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

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,292,746.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

L I authorize		to enter my PIN
ERO fir	rm name	Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2013 elect is being filed with a state agency(ies) regulating charities enter my PIN on the return's disclosure consent screen.	5	. ,
X As an officer of the organization, I will enter my PIN as my indicated within this return that a copy of the return is be program, I will enter my PIN on the return's disclosure co	eing filed with a state agency(ies) regulatir	
Officer's signature	Date 🕨	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
number (EFIN) followed by your five-digit self-selected PIN.	92028692 do not enter all	
I certify that the above numeric entry is my PIN, which is my signate confirm that I am submitting this return in accordance with the requ <i>e-file</i> Providers for Business Returns.	,	8
ERO's signature 🕨	Date 🕨	
	n This Form - See Instructions To the IRS Unless Requested 1	۲۰ Do So
LHA For Paperwork Reduction Act Notice, see instructions. 223051 10-01-13		Form 8879-EO (2013)

1

Form 990
Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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



Α	For th	e 2013 calendar year, or tax year beginning and	ending		
В	Check i applica	De: C Name of organization		D Employer identified	cation number
	Addı char	FAIRBANKS YOUTH ADVOCATES			
	Nam Char	e		90-0	434664
	Initia retur		Room/suite	E Telephone number	
	Term ated	in- 138 10TH AVENUE			457-6002
	lretur			G Gross receipts \$	1,292,746.
	Appl tion pend	FAIRBANKS, AK 99701		H(a) Is this a group re	
	pene	F Name and address of principal officer: PATRICK ENDRES			? Yes X No
		138 10TH AVENUE, FAIRBANKS, AK 99701		H(b) Are all subordinates in	
		(empt status: X 501(c)(3) 501(c) ()	or 🛄 527	-	list. (see instructions)
		ite: WWW.FAIRBANKSYOUTHADVOCATES.ORG		H(c) Group exemption	
		of organization: X Corporation Trust Association Other	L Year (of formation: 2009 N	State of legal domicile: AK
P	-	Summary			
Se	1	Briefly describe the organization's mission or most significant activities: TO FZ FOR AT-RISK YOUTH IN THE FAIRBANKS AND G	ACIDII DEVMED	TNUEDICE A	UNGRY UNDITIONS
Governance					
ver	2	Check this box I if the organization discontinued its operations or disposed with the second			7 sets.
ဗီ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			7
ა ა	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)			10
itie	6	Total number of volunteers (estimate if necessary)			30
Activities &	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.
◄		b Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		32,265.	1,088,278.
nuə	9	Program service revenue (Part VIII, line 2g)		166,438.	204,402.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	66.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		293.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		198,996.	1,292,746.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		55,849. 0.	268,906.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
Ě		•••••••••••••••••••••••••••••••••••••••		105,288.	90,204.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		161,137.	359,110.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,859.	933,636.
L S	3	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		298,477.	1,371,238.
Ass	20	Total liabilities (Part X, line 16)		74,580.	173,086.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		223,897.	1,198,152.
	art I		·····	,,	_,,,,
Und	der per	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, 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 Here	Signature of officer BRADWICK JOHNSTON Type or print name and title	I, TREASURER		Date	
Paid	Print/Type preparer's name	Preparer's signature	Date	Check PTIN	
Preparer	Firm's name	·	•	Firm's EIN	
Use Only	Firm's address 🕨			Phone no.	
May the II	RS discuss this return with the preparer	shown above? (see instructions)		Yes	No No
332001 10-2 S		n Act Notice, see the separate instruct			90 (2013)

	990 (2013) FAIRBANKS YOUTH ADVOCATES	90-0434664	Page 2
Pa	rt III Statement of Program Service Accomplishments		v
_	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: FAIRBANKS YOUTH ADVOCATES IS ORGANIZED TO SHARE THE	E LOVE OF CHRIST	
	WITH HURTING PEOPLE. THIS IS DONE BY PROVIDING ALL		
	COUNSELING SERVICES BOTH IN INDIVIDUAL AND GROUP SH		
	ALSO ACCOMPLISHED BY PROVIDING CARE FOR YOUTH WHO A	ARE HOMELESS AND	
2	Did the organization undertake any significant program services during the year which were not listed		XNo
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	······Yes	L ∆ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services? X Yes	
U	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	ervices, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ons to others, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 190,179. including grants of \$ IN 2013, WE CONTINUED TO PROVIDE OVERNIGHT SHELTER	_) (Revenue \$)
	9:00P.M. TO 8:00A.M. DAILY, TO HOMELESS YOUTH IN A		
	DAYS A WEEK. IN OUR FIRST FULL YEAR OF OPERATING TH	-	TER.
	WE PROVIDED SHELTER FOR OVER 160 DIFFERENT YOUTH WE		
	AGES OF 12 AND 21.		
4b	(Code:) (Expenses \$ 111,586. including grants of \$) (204	468.)
40	(Code:) (Expenses \$ 111,586. including grants of \$ IN 2013, WE CONTINUED TO PROVIDE INDIVIDUAL AND GRO		<u>+00-</u>)
	SERVICES TO THE GENERAL PUBLIC. WE SAW APPROXIMATE		
	CLIENTS, AVERAGING ABOUT 25 SESSIONS PER WEEK.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 301,765.)	
4e	Total program service expenses ► 301,765.		90 (2013)
33200 10-29-		Form	~~ (2013)
10-28-	2		
580	731 785088 FYA 2013.06040 FAIRBANKS YOUTH	ADVOCATES FYA	1

2013.06040 FAIRBANKS YOUTH ADVO CATES

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u></u>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	10h		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
.e 14a	Did the organization maintain an office, employees, or agents outside of the United States?	 14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u>.</u> _
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2013)

FYA___1

4 2013.06040 FAIRBANKS YOUTH ADVOCATES

Form **990** (2013)

FYA____1

FAIRBANKS YOUTH ADVOCATES Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			x
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
04-	Schedule J	23		<u>л</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete</i>			
		040		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		21
b		240		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24u		
200		25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
, N	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula L Part I	25b		x
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 so,			
	complete Schedule L, Part II	26	x	
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
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	x	
	INDIG. AILFOLLI 330 IIIEIS SIG FEQUIFED LO COLIDIELE SCHEQUIE O	1 30	1 27	

90-0434664 Page 4

Form	990 (2013) FAIRBANKS YOUTH ADVOCATES 90-0434	664	P	age 5				
Pa	t 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							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c						
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 10							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	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?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting							
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a L	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1							
b								
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-						
		12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
d	Note. See the instructions for additional information the organization must report on Schedule O.	15a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the							
U	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand 13c							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>				
	,							

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VI	Governance, Manage	ement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" resp	oonse
	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

X

<u>Sec</u>	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		4					
	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 0.			_					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4					
2									
	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the					v			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X			
_	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			7-		x			
h	more members of the governing body?			7a					
a	Are any governance decisions of the organization reserved to (or subject to approval by) members, s persons other than the governing body?			7b		x			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			70		- 21			
o a	The governing body?	-	-	8a	х				
b	Each committee with authority to act on behalf of the governing body?			8b		x			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00					
3				9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R			v					
		orona			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such cl								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b					
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	iflicts?	12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," d	escribe						
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		Х			
15	Did the process for determining compensation of the following persons include a review and approva	al by ii	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
b	Other officers or key employees of the organization			15b		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 arrange	ment \	with a			v			
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	-	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			166					
Sec	exempt status with respect to such arrangements?			16b					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright AK$								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	T (Sec	tion $501(c)(3)s$ only	availah	ام				
.0	for public inspection. Indicate how you made these available. Check all that apply.	. 1050		availat					
	Own website Another's website I Open request Other (explain	in Sc.	hedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co			nd finar	ncial				
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	nd rec	ords of the organization	ation: D	•				
	BRADWICK JOHNSTON AND KATHIE GETTINGER - (907)378-			-					
	138 10TH AVENUE, FAIRBANKS, AK 99701								
332006	5 10-29-13			Form	990	(2013)			
	б								

2013.06040 FAIRBANKS YOUTH ADVOCATES

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax yea
• List a	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 report-

able 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.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)		Institutional trustee	Officer 0		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PATRICK ENDRES PRESIDENT	4.00	x		x				0.	0.	0.
(2) DAVE MILLER	2.00			- 23					••	0.
VICE PRESIDENT	2.00	x		x				0.	0.	0.
(3) BARB TYNDALL	1.00									
SECRETARY		x		x				0.	0.	0.
(4) BRADWICK JOHNSTON	2.00									
TREASURER		x		х				0.	0.	0.
(5) MERYEM KUGZRUK	1.00									
DIRECTOR		x						0.	0.	0.
(6) SARAH FINNELL	1.00									
DIRECTOR		X						0.	0.	0.
(7) KATHRYN BIRCH	1.00									
DIRECTOR		Х						0.	0.	0.
					-					
		1								
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Form 990										90-043	4664	Pa	age 8
Part VII	Section A. Officers, Directors, Trus	stees, Key Em	ploy	vees			ghe	st C	compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck i ss per nd a di	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensa rom the ganizat id relation	e ion ed
			Ē	ü	Of	Ke	ΞÐ	Fo					
			-										
	-total								0.	0			0.
d Tota	al from continuation sheets to Part V al (add lines 1b and 1c) al number of individuals (including but r								0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	0 000 of reportable			0.
	pensation from the organization											Yes	C No
line	the organization list any former officer, 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual									3		X
and	any individual listed on line 1a, is the su related organizations greater than \$15 any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4		X
renc Section I	lered to the organization? If "Yes," con B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .				5		X
	nplete this table for your five highest co organization. Report compensation for								n the organization's tax				
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	(Compe	C) ensatio	n
	al number of independent contractors (•	not lir	mite	d to		~	sted	above) who received n	nore than			
\$10	0,000 of compensation from the organi	ization 🕨				(0				Form	990 (2	2013)

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Form 990 (20		FAIRBAN
Part VIII	Statement	of Revenue

		Check if Schedule O contair	is a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
s, G		Fundraising events		9,985.				
Sift ar J		Related organizations						
s, (mil		Government grants (contribution		974,518.				
r Si		All other contributions, gifts, grants,						
but		similar amounts not included above		103,775.				
d Otri	c	Noncash contributions included in lines 1a		832,224.				
anc	h	Total. Add lines 1a-1f			1,088,278.			
				Business Code				
ë	2 a	CLEARWATER COUNS	ELING	624100	204,402.	204,402.		
e rvio	b							
Se	с							
Program Service Revenue	d							
ogr	е							
Pr	f	All other program service revenu	e					
		Total. Add lines 2a-2f		>	204,402.			
	3	Investment income (including di						
		other similar amounts)	,	· •	66.	66.		
	4	Income from investment of tax-e						
	5	Royalties						
		Γ	(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		>				
			(i) Securities	(ii) Other				
		assets other than inventory	()					
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		►				
en	8 a	Gross income from fundraising e						
		including \$ 9,98	5. of					
Other Reven		contributions reported on line 10						
er H		Part IV, line 18	а	0.				
the	b	Less: direct expenses		0.				
0	с	Net income or (loss) from fundra	ising events	>	0.			
	9 a	Gross income from gaming activ	ities. See					
		Part IV, line 19	а					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming	gactivities	🕨				
	10 a	Gross sales of inventory, less re-	turns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	с	Net income or (loss) from sales of	of inventory	►				
		Miscellaneous Revenue		Business Code				
	11 a	L						
	b							
	с							
	d	All other revenue						
		• Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.		►	1,292,746.	204,468.	0.	-
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					9			

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Sect	ion 501(c)(3) and 501(c)(4) organizations must com		-						
	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21								
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22								
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section $4958(f)(1)$) and								
_	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	252,502.	252,502.						
8	Pension plan accruals and contributions (include								
-	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits	16,404.	16,404.						
10	Payroll taxes	10,404.	10,404.						
11	Fees for services (non-employees):								
a	Management								
	F	21,904.		21,904.					
	Accounting	21,904.		21,904.					
d	Lobbying Professional fundraising services. See Part IV, line 17								
e 4									
f	Investment management fees								
g	column (A) amount, list line 11g expenses on Sch 0.)								
12	Advertising and promotion	4,064.		4,064.					
13	Office expenses	16,220.	7,799.	7,592.	829.				
14	Information technology	_ ,	.,	.,	•=••				
15	Royalties								
16	Occupancy	14,615.	8,937.	5,678.					
17	Travel	6,868.	374.	6,494.					
18	Payments of travel or entertainment expenses	,							
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	1,910.		1,910.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance	11,036.	6,894.	4,142.					
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 0.)								
а	OTHER EXPENSES	7,703.	5,490.	2,079.	134.				
b	PROPERTY TAX	3,808.	3,165.	643.					
c	TRAINING & EDUCATIONS	2,076.	200.	1,876.					
d		• -		· ·					
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	359,110.	301,765.	56,382.	963.				
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)								

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Check if Schedule O contains	a	res

		Check if Schedule O contains a response or not	te to any	line in this Part X			
	-	·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			83,070.	1	155,427.
	2	Savings and temporary cash investments		2	1,695.		
	3	Pledges and grants receivable, net	14,088.	3	17,355.		
	4	Accounts receivable, net			32,569.	4	47,791.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	-				
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec					
ets		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		7			
4	8	Inventories for sale or use	·····		8		
	9		·····		9		
	10a	Land, buildings, and equipment: cost or other		1 146 000			
		basis. Complete Part VI of Schedule D	10a	1,146,220.	1 6 0 0 0		1 146 000
	b		10.0	-	168,000.	10c	1,146,220.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			750	14	
	15	Other assets. See Part IV, line 11	750. 298,477.	15	2,750. 1,371,238.		
	16	Total assets. Add lines 1 through 15 (must equ		2,080.	16	14,619.	
	17	Accounts payable and accrued expenses	2,000.	17	14,019.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities				20	
		Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee					
ilidi		Complete Part II of Schedule L			72,500.	22	72,500.
Lia	23	Secured mortgages and notes payable to unrela			, 2, 3000	23	85,967.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	•				
			-			25	
	26	Total liabilities. Add lines 17 through 25			74,580.	26	173,086.
		Organizations that follow SFAS 117 (ASC 958					
Se		complete lines 27 through 29, and lines 33 an					
DC.	27	Unrestricted net assets			223,897.	27	1,198,152.
ala	28	Temporarily restricted net assets				28	
Ц	29			<u></u> [29	
Fun		Organizations that do not follow SFAS 117 (A					
r		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec	quipmen	t fund		31	
et /	32	Retained earnings, endowment, accumulated in	icome, c	r other funds		32	
z	33	Total net assets or fund balances			223,897.	33	1,198,152.
	34	Total liabilities and net assets/fund balances			298,477.	34	1,371,238.
							Form 990 (201

Form 990 (2013)
Part X Balance Sheet

FAIRBANKS YOUTH ADVOCATES

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Form	990 (2013) FAIRBANKS YOUTH ADVOCATES	90-0	434664	Page 12
Ра	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,746
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,110
3	Revenue less expenses. Subtract line 2 from line 1	3		3,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	223	3,897
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	40),619,
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,198	3,152
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>L</u>
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	
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Form **990** (2013)

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SCHEDULE A	
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(Form	990	or	990-EZ)
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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.

Open to Public . Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of t	he organizati	on	•	,				Ei	mployer	ider	ntificatio	on nur	mber
			KS YOUTH ADV						9	0 -	0434	664	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	:.) See inst	ructions.					
The organ	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
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 stat	e:											
5 📖	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	bed i	n		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6 🔛	A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b) (1	I)(A)(v).						
7 📖	An organizati	on that normally rec	eives a substantial part of	of its supp	ort from a	governme	ental unit c	r from the	general	pub	lic descr	ibed i	n
		b)(1)(A)(vi). (Comple	,										
8			ection 170(b)(1)(A)(vi).										
9 X			eives: (1) more than 33 1										
			nctions - subject to certa										
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after	r June 30), 197	5.
	See section 509(a)(2). (Complete Part III.)												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11 📖			perated exclusively for th										or
	. ,		ations described in section		,		2). See sec	tion 509(a	a)(3). Ch	eck	the box i	that	
			organization and comple		-								
	a L Type I			/pe III - Fu		-					nctionally		
e 📖	, .		It the organization is not						•	•			n
4		•	han one or more publicly		U U				a(a)(1) or	seci	tion 509(a)(2).	
f	-	rganization, check th	ten determination from t		-								
a		•	organization accepted ar										
g	-		irectly controls, either al			-				,	Г	Yes	No
		-	upported organization?	-						i r	11g(i)	103	
			described in (i) above?								11g(ii)		
			person described in (i) o								11g(iii)		
h			about the supported or							L			
		g		J	(-)-								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	u notify the	(vi) s	the	(vii)	Amount	of mor	netarv
.,	anization	(1) 211	(described on lines 1-9		sted in your			organizatio (i) organiz	ed in the	(,	supp		iotai y
above or IRC section governing document? (i) of your support? U.S.?													
			(see instructions))	Yes	No	Yes	No	Yes	No				

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

Schedule A (Form 990 or 990-EZ) 2013

Part II	Sup

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
	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)						
-	Public support. Subtract line 5 from line 4.						L
	ction B. Total Support	(a) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 2012	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for	-			•		
0	organization, check this box and stor ction C. Computation of Publ	here					>
-							
	Public support percentage for 2013 (•	column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the c						ox and
	stop here. The organization qualifies						▶∟
b	33 1/3% support test - 2012. If the c						his box
	and stop here. The organization qual						▶∟
1 7a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the organization meets the "facts-and-circ						e ►
10							
18	Private foundation. If the organization	n diu not check a		a, 100, 17a, 01 171			

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

09580731 785088 FYA

Schedule A (Form 990 or 990-EZ) 2013 FAIRBANKS YOUTH ADVOCATES Part III Support Schedule for Organizations Described in Section 509(a)(2)

FYA___1

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100.		3,391.	45,340.	1088278.	1137109.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	150 005	150 410	156 220	152 260	204 402	015 505
	organization's tax-exempt purpose	150,085.	152,419.	156,329.	152,360.	204,402.	815,595.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	150 105	1 5 0 4 1 0			1000600	1050504
	Total. Add lines 1 through 5	150,185.	152,419.	159,720.	197,700.	1292680.	1952704.
7a	Amounts included on lines 1, 2, and						0
l-	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
D	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						1952704.
	ction B. Total Support	i					
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	150,185.	152,419.	159,720.	197,700.	1292680.	1952704.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties		43.	50.	28.	66.	187.
	and income from similar sources		43.	50.	20.	00.	107.
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired offer June 20 1075						
	Add lines 10a and 10b		43.	50.	28.	66.	187.
	Net income from unrelated business activities not included in line 10b, whether or not the business is			50.	20.		1071
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)					1000511	1050001
	Total support. (Add lines 9, 10c, 11, and 12.)	150,185.		159,770.	-	1292746.	1952891.
14	First five years. If the Form 990 is for	Ũ	, ,	, ,	,	()()	<i>'</i>
	check this box and stop here		•				>
-	ction C. Computation of Publ						
	Public support percentage for 2013 (olumn (f))		15	<u>99.99 %</u>
<u>16</u>	Public support percentage from 2012					16	99.98 %
	ction D. Computation of Inve		`				01
17	Investment income percentage for 20					17	<u>.01 %</u> .02 %
18	Investment income percentage from 2					18	
198	33 1/3% support tests - 2013. If the						
I-	more than 33 1/3%, check this box a						
D	33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 09-25-13		507 OF INC 14, 19				0 or 990-EZ) 2013
00204	20 00 20-10			15	301		U U UUU-LLJ ZU IU

2013.06040 FAIRBANKS YOUTH ADVOCATES

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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332024 09-25-13	16	Schedule A (Form 990 or 990-EZ) 2013
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Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

Name o	f the	organ	ization
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

FAIRBANKS YOUTH ADVOCATES

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Part I

Employer identification number

FAIRBANKS YOUTH ADVOCATES

90-0434664 **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	WISE ENTERPRISES, LLC 725 26TH AVE, SUITE 203 FAIRBANKS, AK 99701	\$15,000. 	Person X Payroll Noncash C (Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
2	CREDIT UNION 1 1941 ABBOTT ROAD ANCHORAGE, AK 99507	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$	Person Payroll Noncash Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		\$	Person Payroll Noncash (Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		_ \$	Person Payroll Noncash Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
		_ \$	Person Payroll Noncash Complete Part II for noncash contributions

Employer identification number

90-0434664

FAIRBANKS YOUTH ADVOCATES

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 10-24-13		\$	990, 990-EZ, or 990-PF

rt III	NKS YOUTH ADVOCATES Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition)(7), (8), or (10) organizations that total more than \$1,000 to ins completing Part III, enter the year. _(Enter this information once.) \$
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- - - -		(a) Transfer of sif	[
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	Relationship of transferor to transferee
- No. m t I -	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	t Relationship of transferor to transferee
No. m tl	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -	Transferee's name, address, a	(e) Transfer of gif	
-	Transferee s name, address, a		Relationship of transferor to transferee
No. m 11	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	 t
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
I -			

SCHEDULE	D
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(Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Internal Revenue Service	
Name of the organizati	on

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

Inspection Employer identification number

OMB No. 1545-0047

Open to Public

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90-0434664

	FAIRBANKS YOUTH ADVOCATES		90-0434664
Pa	rt I Organizations Maintaining Donor Advised Funds or Oth	ner Similar Funds or ,	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor a	dvised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the asso	ets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive legal con		
6	Did the organization inform all grantees, donors, and donor advisors in writing th		
	for charitable purposes and not for the benefit of the donor or donor advisor, or		
	impermissible private benefit?		•
Pa	rt II Conservation Easements. Complete if the organization answered		
1	Purpose(s) of conservation easements held by the organization (check all that a		,
-		Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation of	ontribution in the form of a c	conservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
c c	Number of conservation easements on a certified historic structure included in (2c
d			20
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguishe		
Ŭ	year	a, or torrininated by the erge	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, in		
•	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cons		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conserva		
8	Does each conservation easement reported on line 2(d) above satisfy the require		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in its		
-	include, if applicable, the text of the footnote to the organization's financial state		
	conservation easements.		. gan naanon o accoantin ig tot
Pa	rt III Organizations Maintaining Collections of Art, Historica	I Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to repo	ort in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education,		
	the text of the footnote to its financial statements that describes these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in	its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research		
	relating to these items:	·	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		x x
2	If the organization received or held works of art, historical treasures, or other sin		
	the following amounts required to be reported under SFAS 116 (ASC 958) relation		, i
а	Revenues included in Form 990, Part VIII, line 1	•	▶ \$
b			
~	, · · · · · · · · · · · · · · · · · · ·		··· · · ·
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2013
33205 09-25-	1 , , , , , , , , , , , , , , , , , , ,		

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-		КЅ ҮОИТН А					90-04			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historica	Treasures, o	or Other	r Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi (check all that apply):	ion, and other record	ds, check any of	the following tha	t are a sig	nificant ι	use of its	collectio	n item	IS
а	Public exhibition	d	I 🗌 Loan or	exchange progra	ams					
b	Scholarly research	e								
с										
4	Provide a description of the organization's co	ollections and explai	n how they furth	er the organization	on's exem	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical	treasures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered "	'Yes" to F	orm 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
•	Paginning balance					1c		Amoun	t	
	Beginning balance									
	Additions during the year									
f	Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII.]
	t V Endowment Funds. Complete i									
	·	(a) Current year	(b) Prior yea				ears back	(e) Four	r years	back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur			nn (a)) held as:						
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%%								
20	The percentages in lines 2a, 2b, and 2c should be the percentage and our ment funds pet in the percentage of the percent		ation that are he	ld and administra	rad far th	o oracnia	otion			
Ja	Are there endowment funds not in the posse	ession of the organiz	alion that are ne			e organiz	allon	I	Yes	No
	by: (i) unrelated organizations							3a(i)	103	110
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11	a. See Form 990,	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o basis (investr		Cost or other asis (other)	• •	cumulate reciation	d	(d) Boo	k valu	е
1 a	Land		·	184,896.				18	4,8	96.
	Buildings			961,324.						24.
	Leasehold improvements								-	
	Equipment		1							
	Other									
	Add lines 1a through 1e. (Column (d) must e		X, column (B), li	ne 10(c).)				1,14	6,2	20.
							Schedule	D (Forn	n 990)	2013

332052 09-25-13

(a) Description of seturity of category indexests and scores, (b) Book value (c) Method of valuation: Cost or end of year market va	Complete if the organization answered "Yes" to				
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(3) Other					
(A) (B) (B) (C) (C) (C) (D) (C) (D) (C) (D) (C) (E) (C) (F) (C) (G) ((2) Closely-held equity interests				
(B) (B) (C) (C) (D) (C) (E) (C) (F) (C) (G)					
C3 Image: California of the constant the constant of the constant the consthe the constant the constant the co					
(D) (D) (E) (D) (F) (D) (G) (D) (G) (D) (G) (D) (F) (D) (G) (D) (G) (D) (G) (D) (G) (D) (A) (D) (A) (D) (B) (D) (A) (D) (B) (D) (C) (D) (B) (D) (B) (D) (C) (D) (D) (D) (D)	(B)				
IB Image: Constraint of the second secon					
(F) (G) (G)					
(G)					
(h) Total. (Col. (b) must equal Form 990, Part X, col. (b) line 12,) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or end-of-year market value (i) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (ii) (iii) (b) Book value (c) Method of valuation: Cost or end-of-year market value (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iii) (iiii) (iiiii) (iiiiii) (iiiii) (iiii) (iiiiiiiii) (iiiii) (iiiii) (iiiiii) (iiiii) (iiiiiiii) (iiiiiii) (iiiiii) (iiiiiii) (iiiii) (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii					
Total: (c): (b) must equal form 990, Part X; col. (B) line 12;) Part VIII Investments - Program Related. Complete if the organization answered 'Yes' to Form 990, Part X, line 11c, See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (i) (c) Description of investment (c) Book value (c) Method of valuation: Cost or end-of-year market value (i) (c) Description of investment (c) Book value (c) Method of valuation: Cost or end-of-year market value (i) (c) Description of investment (c) Book value (c) Method of valuation: Cost or end-of-year market value (i) (c) Description of investment (c) Book value (c) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Description (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) (c) Method of valuation: Cost or end-of-year market value (c) (c) (c) Method of value (c) (c) (c) Method of value (c)					
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 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 				-	
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organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗌				for an all the second sec	
	organization's liability for uncertain tax positions under l	-11N 48 (ASC 740). C	neck nere if the text of th		

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ANKS	YOUTH	ADVOCATES	

Sche	edule D (Form 990) 2013 FAIRBANKS YOUTH ADV	VOCATES	90-0434664 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Finance	cial Statements With Rever	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial staten	nents	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
с			
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part		
Pa	rt XII Reconciliation of Expenses per Audited Finar		nses per Return.
	Complete if the organization answered "Yes" to Form 990, P		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses		
d	Other (Describe in Part XIII.)		
е	·····		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Par	t I, line 18.)	
Pa	rt XIII Supplemental Information.		

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

PART VI LINE 1B

EXPLANATION: BUILDINGS NOT PLACED IN SERVICE IN 2013.

332054 09-25-13

Schedule D (Form 990) 2013

SCHEDULE L (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if	the or	ganization an 28b, or 28c, o ch to Form 990	swered "Ye or Form 990 0 or Form 99	s" on)-EZ, P 90-EZ.	Form 990, Par Part V, line 38a ▶ See separa	Persons t IV, line 25a, 25b, 2 o or 40b. ate instructions. \$ is at www.irs.gov/fc		n,	20	is45-00	3
Name of the organization	l							Employ			ion nu	umber
			YOUTH A					90-0	4346	64		
			-				anizations only).					
	the organization					line 25a or 25b I	o, or Form 990-EZ, Pa	art V, line	40b.			0
1 (a) Name of disqualit	ied person	(b) Re	elationship bet person and o		alified	(c) Description of trans	saction			Corre	ected?
			<u>.</u>	5						-	es	No
2 Enter the amount of section 4958	-		-	-	-	-	ring the year under	►	\$			
3 Enter the amount of	tax, if any, on l	ine 2, a	bove, reimburs	sed by the o	rganiza	ation						
Part II Loans to	and/or Fror	n Inte	rested Per	eone								
					7 Dort	V line 29e or E	- orm 990, Part IV, lin	o DEt or if	the ere	opizat	ion	
-	amount on For				z, ran		-0111 990, Part IV, III	e 20, 0r 11	the orga	anizat		
(a) Name of	(b) Relatio		(c) Purpose	(d) Loan to or	6	e) Original	(f) Balance due	(g) In	(h) Ap	proved	(i) V	Vritten
interested person	with organ		of loan	from the organization?		cipal amount		default?		ard or	agree	ement?
				To From				Yes No	Yes	No	Yes	No
DAVE AND MARY	YLECLINI	CAL	O PROVI	X		72,500.	72,500.	X	Х		X	
									_			
				$\left \right $								
									_		-	
otal			China a lasta			> \$	72,500.					
	r Assistance		-									
· · · · · · · · · · · · · · · · · · ·	the organization						()) =					,
(a) Name of interes	ited person		b) Relationship interested pers	son and		c) Amount of assistance	(d) Type assistanc			e) Purp assist	oose o ance	D†
			the organiz	ation								
					+							
		_										
		-			1		1					

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

Schedule L (Form 990 or 990-EZ) 2013

SEE PART V FOR CONTINUATIONS

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Schedule L (Form 990 or 990 EZ) 2013 FAIRBANKS YOUTH ADVOCATES

Part IV Business Transactions Involving Interested Persons.

 Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

 (a) Name of interested person
 (b) Relationship between interested person and the organization
 (c) Amount of transaction
 (d) Description of transaction
 (e) Sharing of organization's revenues?

 Ves
 No

 Image: state of the organization
 Image: state of transaction
 Image: state of transaction</

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: DAVE AND MARYLEE BATES

(B) RELATIONSHIP WITH ORGANIZATION: CLINICAL COORDINATOR AND EXECUTIVE

DIRECTOR.

(C) PURPOSE OF LOAN: TO PROVIDE A SHELTER DESIGNED TO PROVIDE YOUTH A SAFE

PLACE.

Schedule L (Form 990 or 990-EZ) 2013

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

20

90-0434664

Open	to	Puk	olic
Insp	pec	ctio	า

13

Department of the Treasury Internal Revenue Service Name of the organization

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Daut

Attach to Form 990.

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

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

Employer identification number

FAIRBANKS YOUTH ADVOCATES

Pa	IT I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contr amounts repor	ted on	(d) Method of d noncash contrib	etermin	•	s
			items contributed	Form 990, Part VI	III, line 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
23 24									
	Archeological artifacts Other (BUILDING)	X	1	828,	724.	СОЗТ			
25 00	/	- 21		020,	/ 4 4 •				
26	Other ()								
27	Other ()								
28	Other ()	·							
29	Number of Forms 8283 received by the orga		• •						
	for which the organization completed Form 8	283, Part IV,	Donee Acknowled	gement	29			V	
00	5 · · · · · · · · · · · · · · · · · · ·							Yes	No
30a	During the year, did the organization receive								
	at least three years from the date of the initia			•					v
	the entire holding period?						30a		х
	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance						31		Х
32a	Does the organization hire or use third partie	s or related o	rganizations to soli	icit, process, or se	ll noncash				
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount i	n column (c) t	for a type of prope	rty for which colun	nn (a) is ch	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, se	e the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2013)

09580731 785088 FYA

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: CITY OF FAIRBANKS OBTAINED A GRANT AND CONSTRUCTED A

RESIDENTIAL YOUTH SHELTER ON FAIRBANKS YOUTH ADVOCATES PROPERTY. THE

BUILDING WAS COMPLETED AND TURNED OVER TO FAIRBANKS YOUTH ADVOCATES IN

DECEMBER.

Schedule M (Form 990) (2013)

332142 09-03-13

SCHEDULE O	
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(Form 990 or 990-EZ) Department of the Treasury

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

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

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 -EZ.

Internal Revenue Service Name of the organization

FAIRBANKS YOUTH ADVOCATES

Employer identification number 90-0434664

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM BROKEN FAMILIES THROUGH ANY MEANS THAT WORK FOR POSITIVE OUTCOMES.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

EXPLANATION: CONSTRUCTION OF OUR RESIDENTIAL SHELTER WAS COMPLETED IN

DECEMBER 2013 AND TURNED OVER TO FAIRBANKS YOUTH ADVOCATES. THE

SHELTER WAS PENDING OUR OPERATIONAL LICENSE FROM THE STATE OF ALASKA AT

YEAR END.

FORM 990, PART VI, SECTION A, LINE 8B:

EXPLANATION: COMMITTEES ARE NOT AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FORM 990 AND SUPPORTING DOCUMENTS ARE REVIEWED BY THE

BOARD OF DIRECTORS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ANNUAL REVIEW OF CONFLICT OF INTEREST POLICY AND DISCLOSURE AS REQUIRED.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: EXECUTIVE DIRECTOR'S AND CLEARWATER COUNSLING DIRECTOR'S

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2013)

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 09-04-13
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2013.06040 FAIRBANKS YOUTH ADVOCATES FYA____1

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization FAIRBANKS YOUTH ADVOCATES	Employer identi 90-0434	Page 2 fication number 4664
SALARY ARE DETERMINED BY THE BOARD OF DIRECTORS BASED ON		
AND STATE INFORMATION.		
FORM 990, PART VI, SECTION C, LINE 19:		
EXPLANATION: AVAILABLE ON REQUEST.		
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		40 610
CAPITALIZED MATCHING CONSTRUCTION COSTS		40,619.
332212 09-04-13 Sche	dule O (Form 990 c	or 990-EZ) (2013)
30 9580731 785088 FYA 2013.06040 FAIRBANKS YOUTH AD	VOCATES	FYA1

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Da Acqu	ite Jired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
5	THE DOOR - LAND			L			169,000.			169,000.			0.
6	THE DOOR - BUILDING 132 10TH AVENUE -			NC	39.00		868,344.			868,344.			0.
7	LAND			ь			15,896.			15,896.			0.
8	132 10TH AVENUE - BUILDING			NC	39.00		92,980.			92,980.			0.
	* TOTAL 990 PAGE 10 DEPR						1146220.		0.	1146220.	0.	0.	0.
			E										

(D) - Asset disposed

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check	this box and complete
Part I only	,	
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 ome tax returns.	
		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) c
•	FAIRBANKS YOUTH ADVOCATES	90-0434664
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 138 10TH AVENUE	Social security number (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAIRBANKS, AK 99701	

Enter the Return code for the return that this application is for (file a separate application for each return)]	0	[]	Ē

Application	Return	Application			Return	
Is For	Code	e Is For				
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	03	Form 4720 (other than individual)			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
BRADWICK JOHNST	FON AI	ND KATHIE GETTINGER				
• The books are in the care of > 138 10TH AVENUE	$\mathbf{E} - \mathbf{F}$	AIRBANKS, AK 99701				
Telephone No. ► (907)378-5975		Fax No. ► (907)457-361	0			
• If the organization does not have an office or place of business	s in the Ur	nited States, check this box		▶		
• If this is for a Group Return, enter the organization's four digit (heck this	
box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright	1					
1 I request an automatic 3-month (6 months for a corporation						
AUGUST 15, 2014 , to file the exemption				The extension		
is for the organization's return for:	U U	, and the second s				
► X calendar year 2013 or						
	, an	d ending				
		J		_		
2 If the tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🗌 Initial return 🗌 Fina	l retur	'n		
Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax. less any				
nonrefundable credits. See instructions.	,		3a	\$	Ο.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	. enter an	v refundable credits and				
estimated tax payments made. Include any prior year overp			3b	\$	Ο.	
c Balance due. Subtract line 3b from line 3a. Include your pa				- -		
by using EFTPS (Electronic Federal Tax Payment System).		, I ,	3c	\$	Ο.	
Caution. If you are going to make an electronic funds withdrawal			-FO a	nd Form 8879-FO fo	r navment	
instructions.			u			
LHA For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (Re	ev. 1-2014)	
2/38/1 12-31-13						
		31				

2013.06040 FAIRBANKS YOUTH ADVOCATES

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