ESTIMATED RETURN WILL AMEND

(Rev. January 2020) 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.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2019 calendar year, or tax year beginning

and ending

OMB No. 1545-0047 Open to Public inspection

₿	Check Applica	if able:	C Name of organization	_	D Employer identif	ication number
Г	Add	lrees	PATDRANCE VOLUME ADVIOLANCE		ļ	
ř	icha Nan	ne	FAIRBANKS YOUTH ADVOCATES		.	
ř	Jcha Initi retu	a√	Doing business as		90-04346	
ř	Fina	a	Number and street (or P.O. box if mail is not delivered to street address) 122 10TH AVENUE	Room/suite		er_
-	retu tem ated	nin-			907-374-	
Γ	Ame	ended	City or town, state or province, country, and ZIP or foreign postal code FAIRBANKS, AK 99701		G Gross receipts \$	779,192.
ř	retu	lica-	F Name and address of principal officer JOYCE WEIS		H(a) Is this a group r	
_	ltion pen		100 10		for subordinates	
$\overline{}$	Tav.o	vemn			H(b) Are all subordinates i	
÷	Weh	ite.	status: \(\biggreenture{X}\) 501(c)(3) \(\biggreenture{J}\) 501(c)(\(\biggreenture{J}\) \(\disperset\) (insert no.) \(\biggreenture{J}\) 4947(a)(1) \(\disperset\) \(\disp	or 527	4	t list. (see instructions)
			nization: X Corporation Trust Association Other	_	H(c) Group exemption	n number 🟲
	art I	_	mmary	L Year	of termation: 2009	M State of legal domicile: AK
_	1	_	ly describe the organization's mission or most significant activities: PROV	IDE OU	TET MED MO TO	·
Activities & Governance		YO	UTH AND LICENSED PROFESSIONAL COUNSEL	TOE ST	THE CENTER TO HO	MELESS
r S	2	Che	ck this box if the organization discontinued its operations or disp	VG TO	THE GENERAL	PUBLIC.
Š	3	Nun	ber of voting members of the governing body (Part VI, line 1a)	of of more		ssets.
Ğ	4	Nur	ber of independent voting members of the governing body (Part VI, line 1a)		<u>3</u>	4
٠ 9	5	Tota	number of individuals employed in calendar year 2019 (Part V, line 15)		4	4
₽	1 6	Tota	number of volunteers (estimate if necessary)		5	0
듄	7 2		unrelated business revenue from Part VIII, column (C), line 12		6	0
⋖		Net	unrelated business taxable income from Form 990-T, line 39	· · · · · · · · · · · · · · · · · · ·	<u>7a</u>	0.
_	 	1101	a related business taxable income from Form 990-7, line 2		7b	0.
	8	Cont	tributions and grants (Part VIII, line 1h)	<u> </u>	Prior Year	Current Year
Revenue	9		Tam conting resigning (Flort) (III Flore Call		216,008.	261,457.
8	10		stment income (Part VIII, column (A), lines 3, 4	·······	447,739.	482,843.
č	11		r revenue (Part VIII, column (A), lines 5, 6d, 8 9c, 10c, dd 11e)		1,323.	224.
	12	Tota	revenue - add lines 8 through 11 (must equal part VIII, quimn (A), line 12)	······	2,750.	34,668.
	13	Gran	its and similar amounts paid (Part IV, column (667,820.	779,192.
	14		fits paid to or for members (Port IV, column (A) I		0.	
93	15	Salar	ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		14,243.	2,700.
Expenses	16a	Profe			433,642.	506,807.
8	lь	Total	fundraising expenses (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25)		0.	0.
û	17		expenses (Part IV column (A) lines 11-114 11501.)	<u>0.</u>	100 000	100 155
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	······	199,982.	197,155.
	19	Reve	nue less expenses. Subtract line 18 from line 12		647,867.	706,662.
ဗန္တ			TO TOTAL ME 12		19,953.	72,530.
Sets or Balances	20	Total	assets (Part X, line 16)	ьед	Inning of Current Year	End of Year
<u> </u>	21		liabilities (Part X, line 26)	······	2,114,862. 8,340.	2,364,164.
턆	ı		ssets or fund balances. Subtract line 21 from line 20	····· —-	2,106,522.	217,537.
Pξ	rt #	Sig	nature Block		2,100,522.	2,146,627.
Jnd	er pena	lties o	perjury, I declare that I have examined this return, including accompanying schedules a	ametete hos	nte and to the best of my	knowledge and halfet it is
лиe,	correc	t, and	complete. Declaration of preparer (other than officer) is based on all information of which	b orenarer b	nis, and to the best of my as any kanyladaa	knowledge and belief, it is
			CUNURLUXIO	n properti		1020 ——
Sigr	1	7	Signature of officer		Date	
ler	e		ALNISE WYLES, EXECUTIVE DIRECTOR			
			Type or print name and title		<u> </u>	_
		Print	Type preparer's name Preparer's signature	Da	te Check	TI PTIN
aid		ROC	KNE S. WILSON	11	-1/2-2G	
rep.	arer		name WILSON & WILSON CPAS, INC.	- 	sell-employed	2-0135287
se	Only	Firm'	s address 344 MINNIE STREET		CHAI S LIM	2 0133201
			FAIRBANKS, AK 99701		Phone no. (90	7) 456-8115
/lay	the IF	RS dis	cuss this return with the preparer shown above? (see instructions)		T none no. (> 0	Yes X No
	1 01-20		LHA For Paperwork Reduction Act Notice, see the separate instruction	s.	<u></u> 1.	Form 990 (2019)
						(2013)

Form 990 (2019) FAIRBANKS YOUTH ADV		90-0434664	Pag
Part III Statement of Program Service Accomplishm	ents		-
Check if Schedule O contains a response or note to any lin	e in this Part III		[
Briefly describe the organization's mission:			
FAIRBANKS YOUTH ADVOCATES IS ORG.	ANIZED TO SHARE	THE LOVE OF CHRIST	
WITH PEOPLE HURTING. THIS IS DON	E BY PROVIDING	ALL MANNER OF	
COUNSELING SERVICES BOTH IN INDI	VIDUAL AND GROU	P SETTINGS. THIS IS	
ALSO ACCOMPLISHED BY PROVIDING C.			
2 Did the organization undertake any significant program services	during the year which were no	of listed on the	
prior Form 990 or 990-EZ?		Yes	X
If "Yes," describe these new services on Schedule O.			46.
3 Did the organization cease conducting, or make significant change	jes in how it conducts, any pr	rogram services?Yes	X
If "Yes," describe these changes on Schedule O.			
4 Describe the organization's program service accomplishments for			
Section 501(c)(3) and 501(c)(4) organizations are required to repo	rt the amount of grants and a	allocations to others, the total expenses,	and
revenue, if any, for each program service reported.			
4a (Code:) (Expenses \$ 270,488. including THE DOOR-YOUTH SHELTER IS OPEN 7	grants of \$) (Revenue \$	7
SHELTER PROVIDES A SAFE PLACE TO	CIEED HOME CO	OKED MEALS CLOTHING	i ar
	CUELTED PAR AU	TER 120 DIFFERENT VOI	77H
SUPPLIES. THIS YEAR WE PROVIDED WHO WERE OF THE AGES OF 12 THROU		ER 120 BIFFERENT TOO	
WHO WERE OF THE AGES OF 12 THROO	311 10.	·	
		·· ·	
			
· · · · · · · · · · · · · · · · · · ·			

SERVICES TO THE GENERAL PUBLICATION OF THE CLIENTS, AVERAGING ABOUT 21 SESS	ONS PER WEEK.		
	<u> </u>	<u> </u>	
		<u> </u>	
		···	
4C (Code:) (Expenses \$ includin	g grants of \$) (Revenue \$	
	·		
	. ,		
			-
4d Other program services (Describe on Schedule O.)			
(Excenses \$ 184,583 • including grants of \$) (Reven	nue \$)	
4e Total program service expenses ► 691,25	5.		000
		Form	88 0 (
32202 01-20-20	2		

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		ŢY	es N
	ii res, complete schedule A		Ι.	_
:	2 Is the organization required to complete Schedule B, Schedule of Contributors	1	- + -	<u> </u>
;	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_2	: 2	<u>- -</u>
	Parties of Mass. In Treas, Complete Schedule C, Part I	١		.
•	The state of the organization engage in inhibiting of house a settle court in	 3	+	_{X}
	s -lis tax year: // res, complete acriedule C, Part II	^{CT} _	1	X
	The angle of the decoration of the property of		┽	- - ^
	and a defined in neverine Procedure 98-197 if "Yes." complete Schedule C. Doet III	. 5	1	x
•	and the state of t		+-	
7	and the distribution investment of amounts in such funds or accounted if along the contract of	/ 6	-	x
•	and a generation receive or motoral conservation easement, including easements to assert and a second secon	<u> </u>	+	+
8	are crivillothresia, historic land areas, or historic structures? If "Yes " complete Schodule D. Cod III	7	1	x
	Schedule O. Bart III.		+	+==
9	==····==······························	8		x
J	and the distriction of the second sec	 -	+-	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10	The state of the s	9	1	X
	a related organization, hold assets in dono extricted and company		_	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
• • •	If the organization's answer to any of the following questions is "Yes," then complete 5. Jule D, Parts VI, VII, VIII, IX, or X as applicable.			1-
		1	1	1
	Did the organization report an amount for land, buildings, and equipment in Park, line 10? If "Yes," complete Schedule D, Part VI		ſ	
1	1. Did the organization record as	11a	<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule, Part			Ţ-
	Nid 44.4	<u>115</u>	Ц.	X
	related in part X, line 13, that is 5% or more of its total assets reported in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule Part VII]	
•	FC.1 at 1	11c		<u> </u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liability his Part V no 250 / V vo 1 accepts 0.	11d	ـــــ	X
f	Did the organization's separate or consolidated financial the organization's liability for uncertain tax positions and the organization of the organization's liability for uncertain tax positions and the organization of the organizati	11e	<u> </u>	X
	The second text positions under FIN 48 (ASC: 740)? If "Yee complete Cabadida D. A. D. A. V.	1	ľ	,,
12a	bid the organization obtain separate, independent audited financial statements for the tax year? If "Yes " complete	11f	├—	<u> </u>
	Correduce D, Paris XI and XII	1		-
b	was the organization included in consolidated, independent audited financial statements for the terror of the terr	12a	├-	X.
	" Tes, and if the organization answered "No" to line 12a, then completing Schedule D. Parts VI and VII is noticed.			
13	is the digalifization a school described in section 170(b)(1)/A\(ii\)? If "Ves " complete Sebestials E	12b	-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	and the drganization have aggregate revenues or expenses of more than \$10,000 from grantmaking for designing the design of the d	148		A
	A CONTROL OF PROGRAM SERVICE ACTIVITIES OUTSIDE THE LIMITED States or aggregate ferring in the service in the s			1
4-	This is the second of the seco	14b		х
15	The state of the s			
10	toleign organization? If ites, complete Schedule F, Parts II and IV	15		x
16	The and disjunction report on Earl IA I Thurston IA I line is more than the non-it		_	
17	Si for foreign morviduals? If these, complete Schedule F, Parts III and IV	16		х
"				
18	colorin (Aguilles 6 and Trey ir res, complete Schedule G. Part)	17		X
19	re and dating res, complete scriedule G, Part II	18	X	
-	activities on Part VIII, line 9a? If "Yes."			_
20a	Complete Schedule G, Part III Did the organization operate one or more begotted to IIII and III and I	19		X
ь		20a		X
-	and a section of the organization attach a copy of its audited financial statements to this setum of	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	T		
932003	01-20-20	21		<u>X</u>
		Form §	990 t	2019)

						_
2	2 Did the	organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Г	- '	Yes	N
2		" Soldring (1), line 21: 11 165, COMDETE SCHAMILE I Parts I and III	: ا	22	ĺ	2
					7	_
	Sched	"Yes." complete	- 1	-		
2			. 4	23		X
	last da	organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the yof the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			$\neg \uparrow$	
	Sched	Ile K. If "No," go to line 25a	- 1		- 1	
	b Did the	prganization invest any proceeds of tax-evernt bonds beyond a territory	. 2	4a		X
	c Did the	organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 2	₽b .	\Box	
					ŀ	
	d Did the	prganization act as an "on behalf of" issuer for bonds outstanding at any time of the control of	. 24	ŧc	_	_
25		The state of the s	- 24	ld	4	_
		you mut a disqualitied person during the year? If "Yes " complete Schoolule 1. Ded (- 1	- }	
	n is trie o	rganization aware that it engaged in an excess benefit transaction with a discussion of	. 25	ia	-	X
		reported on any of the organization's prior Forms on any one from the prior Forms on the prior Forms of the	1		1	
	-			.	ļ	3 7
26	Did the	organization report any amount on Part X, line 5 or 22, for receivables from payables to any current	<u> 25</u>	ᄟ	-	<u>x</u>
	O. 101771	officer, director, trustee, key employee, creator or founder, substantial on the dor or 250/			ľ	
	COLLEGE	A entity or family member of any of these persons? If "Yes " complete-Cabo	٦.	.		v
27	Dia ale	organization provide a grant or other assistance to any current or former	2	'	-+	X
		our round and advantage Contribution of employee thereof is grant a]		- }	
	entity (in	who are employee thereon or ramily member of any of these person of the second of the	27	,		X
28	-	party to a business trailsaction with one of the	121	+-		
	#Structi	or is, for applicable filling thresholds, conditions, and exceptional				
•	"Ves " o	t or former officer, director, trustee, key employee, cream or to liver, or substantial contributor? If			1	
	,,	Anpiete Scriedule L. Part IV	288	.		X
	: A 35% o	member of any individual described in line 28a? If "Yes complete schedule L, Part IV	28Ł	-		X
`		anization of one or more includes and/	-	+-	+	<u> </u>
29	Did the d	Implete Schedule L, Part IV	280	; [] 2	X
30	Did the o	rganization receive more than \$25,000 in not each contributions? If "Yes," complete Schedule M	29	1	7	X
	_	rganization receive contributions of art, historic spaces, or other similar assets, or qualified conservation ions? If "Yes," complete Schedule M		1	7	_
31			30		3	X
32	Did the o	rganization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I rganization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31	L	7	K
	Schedule	N, Part II				
33	Did the o	ganization own 100% of an entity disregarded as separate from the organization under Regulations	32	<u> </u>	Х	ζ_
	sections	301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		1		
34	Was the	xganization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	┞_	X	<u> </u>
		7		1		
35a	Did the or	garization have a controlled entity within the meaning of section 510/b/(10)3	34	<u> </u>	X	
b	II "Yes" to	line 35a, did the organization receive any payment from a conserve in	35a	├	X	<u>-</u>
		Thousand of Section 5 (200) (3) (1) Tes.: Complete Schedule D. Doet (7 time 2				
36		The second of the control of the con	35b	├—	 	_
_	, -	The second of th	~	1	- v	,
37	Did the or	an included more trigit 370 til its activities through an potin, that is an an anti-	36	├	<u>X</u>	_
	and digit is	deated as a partnership for regeral income tax numbers? If "Yes " complete Cabady is 0. 0. 4.4.4	37	ľ	X	
8		spirituation complete outledule U and provide explanations in Schodule O for Donald Schodule	31	-	<u> </u>	_
بود	11010.7 077	with 550 tiers are required to complete Schedule O	38	X		
		atements Regarding Other IRS Filings and Tax Compliance	~_			_
		ck if Schedule O contains a response or note to any line in this Part V				1
10	Enter the	Number reported in Day 0, 45		Yes	No	_
1 a	Enter the	number reported in Box 3 of Form 1096. Enter -0- if not applicable			1.40	_
	muret me i	igniber of Forms W-2G included in line 1a. Enter 0, if not applicable				
-	DIG GIC DI	Winnings to prize with packup withholding rules for reportable payments to vendors and reportable gaming			i	
	01-20-20	William gs to prize willners?	1c			
			Form	990	(2019	9)
21:	116 78	5088 FYA 2019 04020 PATRIANKO WOMEN ARIONALI				

	obstantia riagarding other ma rinings and Tax Compliance (continued)								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
	filed for the calendar year ending with or within the year covered by this return 2a			ŀ					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	26		f					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>	7.5	<u> </u>					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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	30							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
þ	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	. 4							
5a	Was the droppization a party to a prohibited tay shelter transaction at any time during the tay year?	5a		X					
þ									
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		X					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	3C							
	any contributions that were not tax deductible as charitable contributions?	6a		X					
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Oa							
	were not tax deductible?	6ь							
7	Organizations that may receive deductible contributions under section 170(c).	 " 							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and part or goods and services provided to the payor?	7a	Ī	X					
ь	If "Yes," did the organization notify the donor of the value of the goods or sentinged ded?	7b	-+	 -					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property which it was required	''''	$\overline{}$						
	to file Form 8282?	7c	i	х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
8	Did the organization receive any funds, directly or indirectly, to pay premark in a personal benefit contract?	7e	ĺ						
f	Did the organization, during the year, pay premiums, directly or indirectly, on personal benefit contract?	7f	\neg						
g	If the organization received a contribution of qualified intellectur, proper did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplaces, or other rehicles, did the organization file a Form 1098-C?	7h	\neg						
8	Sponsoring organizations maintaining donor advised funds: all a dor advised fund maintained by the								
	sponsoring organization have excess business holdings by time and the year?	8	ĺ						
9	Sponsoring organizations maintaining donor adviser funds.								
а	Did the sponsoring organization make any taxable discretions upper section 4966?	9a							
	Did the sponsoring organization make a distribution to a nor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	. 1							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.]							
11	Section 501(c)(12) organizations. Enter:	- 1							
8	Gross income from members or shareholders	İ							
D	Gross income from other sources (Do not net amounts due or paid to other sources against	- 1	- }						
12-	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı							
	Section 501(c)(29) qualified nonprofit health insurance issuers.		 ∔						
	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	 -						
	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
~	annotation in the control to the control of the con	- 1	- 1						
c	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c	- 1							
14a		145	\dashv	$\overline{\mathbf{x}}$					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b	\dashv	<u>~</u>					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	\dashv						
	excess parachute payment(s) during the year?	15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.	-" 	\dashv						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x					
	If "Yes," complete Form 4720, Schedule O.	~~ +	\dashv						

Form **990** (2019)

932005 01-20-20

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Form 990 (2019) FAIRBANKS YOUTH ADVOCATES 90-0434664 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the drganization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions under in during the year by the following: a The governing body? Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Sa organization's mailing address? If "Yes," provide the names and addres s on nedule O Х Section B. Policies (This Section 8 requests information about policies red by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates X b If "Yes," did the organization have written policies and proced s govern the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the aniza 's exempt purposes? 11a Has the organization provided a complete copy of this 90 tembers of its governing body before filing the form? b Describe in Schedule O the process, if any, used by t organiza n to review this Form 990. 12a Did the organization have a written conflict of interest icy? If " go to line 13 b Were officers, directors, or trustees, and key employees require e annually interests that could give rise to conflicts? X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? $\overline{\mathbf{x}}$ 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AK Section 6 04 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the hame, address, and telephone number of the person who possesses the organization's books and records WILSON & WILSON CPAS - 907-456-8115

09121116 785088 FYA

932006 01-20-20

344 MINNIE STREET, FAIRBANKS, AK

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2019.04020 FAIRBANKS YOUTH ADVOCATES

Form **990** (2019)

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

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

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

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

Check this box if neither the (A) Name and title	Average hours per week	age (do not check m per box, unless pers officer and a dire			Sition more than one lesson is both an		one	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
1) JOYCE WEIS	(list any hours for related organization below fine)	us display ferribis	Institutional frustee	Officer	Key employee	est compensated over	mer	the organization (-2/1099-MISC)	organizations (W-2/1099-MISC)	compensati from the organizatio and related organization
RESIDENT 2) DAVE MILLER	4.00	ן אַ	:	Х				0.	0.	
ICE PRESIDENT 3) PAUL DICK	2.00	ער		A				0.	0.	
REASURER	1.00	ן×	K					0.	0.	
1) SARAH FINNELL SCRETARY	1.00	X		7				0.	0.	
) ALNISE WYLES RECTOR	40.0			X				28,766.		<u> </u>
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	(A)	(B)		<u> </u>	/01			Compensated Employe	es (corrandea)			
	Name and title	Average		F	(C) Positio	חכ		(D)	(E)		(F	;)
		hours per	(do .	not chi	eck mo s perso	re than	one then	Reportable compensation	Reportable		Estim	
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		(list any	director					the	organizations	. ا	oth: compen	_
		hours for related	ㅎ	, l	- 1	33	1	organization	(W-2/1099-MIS		from	
		organizations	ags	₽ E] _{es}	E S	l	(W-2/1099-MISC)		. I .	organiz	
		below	individual trustee or	nstitutional trustee	_ §	2 2		į			and rel	
		line)	līdi.	atte	Officer Key employee	Highest compensated employee	Fermer			٩	organiza	ations
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b Subtotal							┰	28,766.		-	——	_ ₀
c Total fro	n continuation sheets to Part VI	II, Section A	<u></u>			7>	▶ [0.				ŏ
Total nur	d lines 1b and 1c)		7.,	\rightarrow		<u></u> ▶	<u>• [</u>	28,766.				
compens	nber of individuals (including but nation from the organization	of limited fathor	se lis	4	bove) who	rec	ceived more than \$100,0	00 of reportable			
	garazation			J							-	1
Did the o	rganization list any former officer,	director, trustee	Kev	/ emr	nion ros	ant	siah	act comments it is			Yes	No
mie ia: /	res, complete schedule J for st	uch individual —								_		J
For any in	dividual listed on line 1a, is the su	M of recordable .		Danc	ntion	and.				3	┿┈┩	X
and relate	A color in property of a paret right \$ 100	J,UUU? IT "Yes, " c	юто	dete :	Sched	dule .	1 for	such individual		4	1	x
Did		CCT IS COMPARE!									╅	r
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rendered	to the organization? If "Yes," come	olete Schedule J	ation	trom such	anv.	iriral	ated	organization or individu	al for services	5	}	х
rendered ection B. Ind	to the organization? If "Yes," compendent Contractors	olete Schedule J	ation I for s	such	perso	unrel on	ated		al for services	5	i	X
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	_			Check if Schedule O contains a respo	nse or note to any li	ne in this Part VIII			<u></u>
-	- I					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ta, Grant	ATTOUNTS	1 a	м	ederated campaigns 1a 1b 1b 1c					
Contributions, Gifts, Grants		e f	IRe Go	elated organizations 1d overnment grants (contributions) 1e other contributions, gifts, grants, and					
Contribu		g	Sin No	nilar amounts not included above 1f 1g shocksh contributions included in lines 1a-1f 1g \$	261,457.	261,457.			
vice	Ţ	2 a	Cı	LIENT FEES	Business Code 624100	290,005.			
Program Service Revenue		c	A	HFC-BHAP GRANT INCOM HFC-ESG GRANT INCOME	E 624100 624100	180,438. 12,400.	180,438. 12,400.		
Prog		e f g		other program service revenue tal. Add lines 2a-2f		482_84			
		3 4	Inv oth	estment income (including dividends, in er similar amounts) ome from investment of tax-exempt bon	terest, and	224.	224.		· · · · · · · · · · · · · · · · · · ·
	١.	5 5 a	Ro	/alties (i) Real ss rents 6a 4 , 9 31	(ii) Personal				
		b	Les Rer).	0.21			
	7	a	Gros asse	ss amount from sales of (i) Securities to ther than inventory so cost or other basis	(ii) Other	4,931.	4,931.		
Other Revenue		c	and Gair	sales expenses 76 7c					
Other R	8	а	Gres inclu conf	gain or (loss) s income from fundraising events (not uding \$ of tributions reported on line 1c). See	•				
	_	¢	Less Net	IV, line 18 8 c direct expenses 8 ncome or (loss) from fundraising events	ь				
		b 1	Part Less	s income from gaming activities. See IV, line 19 git direct expenses					
		a (Gros and :	ncome or (loss) from gaming activities s sales of inventory, less returns allowances 10	b				
\downarrow		Ьί	_ess	cost of goods sold 10 ncome or (loss) from sales of inventory					
Revenue		a l b c	MIS	CELLANEOUS REVENUE EARWATER REVENUE SOA	624100 624100	28,447.	28,447. 1,290.		
		d Ā	otal	her revenue . Add lines 11a-11d	-	29,737.			
2009	12 01-			revenue. See instructions		779,192.	517,735.	0.	0.
	_	_				9		Fo	rm 990 (2019)

Form 990 (2019) FAIRBANKS YOUTH ADVOCATES [Part IX | Statement of Functional Expenses Section 501(c)(β) and 501(c)(4) organizations must complete all columns. All other of

	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	·			
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		j		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	2,700.	2,700.		
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)	474 660	174 668		
7 8	Other salaries and wages Pension plan accruals and contributions (include	474,669.	474,669.		<u>. </u>
ō	·				
9	section 401(k) and 403(b) employer contributions)				
10	Other employee benefits Payroll takes	32,138.	38.		
11	Fees for services (nonemployees):		32 10.		
''a	, , ,				
b	Management Legal				
	Accounting	4,747	2,871.	1,876.	
d			2,071.	1,070.	
e	Professional fundraising services. See Part IV, line 17		· · · · · ·		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		-		
•	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5, 6.	311.	5,445.	<u></u>
13	Office expenses	3 /4.		3,674.	
14	Information technology				
15	Royalties		·		
16	Occupancy	<u></u> ''		_	
17	Travel	2,955.	2,955.		
18	Payments of travel or entertainment expenses			· · ·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	968.	968.		<u> </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,223.	34,543.	1,680.	
23	Insurance	15,922.	13,870.	2,052.	
24	Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e, If	İ		·	
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		ĺ		
а	UTILITIES	30,360.	30,360.		
Ь	OUTSIDE CONTRACT SERVIC	30,013.	30,013.	- ·	
c	REIMBURSEMENTS	19,275.	19,275.		
d	OFFICE SUPPLIES & EXPEN	7,310.	7,310.		 _
_	All other expenses	39,952.	39,272.	680.	 -
25	Total functional expenses. Add lines 1 through 24e	706,662.	691,255.	15,407.	0.
<u></u> 26	Joint costs. Complete this line only if the organization	,	, 2551		
	reported in column (B) joint costs from a combined		ĺ	1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
932010	01-20-20				Form 990 (2019)

Form 990 (2019)
Part X | Balance Sheet

<u>Рап</u>		Balance Sheet			-0434004 Page
		Check if Schedule O contains a response or note to any line in this Part X		_	 -
			(A)	Τ.	(B)
$^{-}$ T	1	Cash - non-interest-bearing	Beginning of year		End of year
- 1		Savings and temporary cosh invest—	174,489		242,48
	3	Savings and temporary cash investments	489,197	. 2	424,94
Ī	4	Pledges and grants receivable, net Accounts receivable, net		3	
			15,911.	• 4	-34,18
	-	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
	6	gans and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other receivables from other will and other will		5	<u> </u>
-	_	Loans and other receivables from other disqualified persons (as defined			
<u>, </u>	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
5	8	Notes and loans receivable, net		7	
₹ ,		Prepaid expenses and deferred charges		8	
- 1	Oa i	and, buildings, and equipment: cost or other	915.	9	915
		Sesis Complete Part VI of Sahadula D			3.
	ь	ess: accumulated depreciation 10a 1,977,062.			
1		Pulsetments - U. P. L.	1,434,350.	10c	1,729,142
12	 2 i	Tyestments - other securities Cos Deat Not Inc.		11	
13	 3 /	nvestments - other securities. See Part IV, line 11 nvestments - program-related. See Part IV, line 11		12	
14	4 1	ntannible assets		13	
15	5 (ntangible assets		14	
16	5 T	other assets. See Part IV, line 11 otal assets. Add lines 1 through 15 (must equal line 33)	0.	15	867
17	, A	ccounts payable and accrued expenses	2,114,862.	16	2,364,164
18	3 (rants payable	8,340.	17	217,537
19	• 0	eferred revenue		18	
20	Т	ax-exempt bond liabilities		19	
21	E	scrow or custodial account liability. Complete Part IV of Spedule	-	20	
22	L	cans and other payables to any current or former etc. er, discussions		21	
ľ	tr	ustee, key employee, creator or founder, substantial conductor, or 35%		ŀ	
	C	ontrolled entity or family member of any of the opersons	1	-	
23	S	equired mortgages and notes payable to unrelate actions attended to the		22	
24	Ų	nsecured notes and loans payable to unrelated third parties	_	23	
25	0	ther liabilities (including federal income tax, payables to related third		24	
1	pa	urlies, and other liabilities not included on lines 17-24). Complete Part X		- 1	
	of	Schedule D	ľ	[
26	To	tal liabilities. Add lines 17 through 25	8,340.	25	
		genizations that follow FASB ASC 958, check here	0,340.	26	217,537.
	an	d complete lines 27, 28, 32, and 33.			
27	Ne	assets without donor restrictions	2,106,522.		2 146 605
28	Ne	t assets with donor restrictions		27	2,146,627
1	Or	ganizations that do not follow FASB ASC 958, check here		28	
1	an	d complete lines 29 through 33.	1	- }	
29	Ca	pital stock or trust principal, or current funds	+	_	•
30	ra	out or capital surplus, or land, building, or equipment fund		29	
31	Re	tained earnings, endowment, accumulated income, or other funds		30	
32	10	al net assets or fund balances	2 100 500	31	3 146 60=
33	Tot	al liabilities and net assets/fund balances	A 444 A 44 A	32	2,146,627.
			2,111,004	33	2,364,164. Form 990 (2019)

Form **990** (2019)

932011 01-20-20

1	Reconciliation of Net Assets Check if Schedule O contains a response greate to a suite in the first series and the series are series as the series are series are series as the series are series are series as the series are series as the series are series are series as the series are series as the series are series are series as the series are series are series as the series are series are series are series are series as the series are		434664	Page 1
-	Uneck if Schedule O contains a response as note to account a first out of the contains a second			
-	Check if Schedule O contains a response or note to any line in this Part XI	,		Г
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX column (A), line 25)	1	<u> </u>	9,192
3	Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	2	<u> </u>	6,662
4	Net assets or fund balances at beginning of year /must asset 9	_3	7	2,530
5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments.	4	2,10	6,522
6	Net unrealized gains (losses) on investments Donated services and use of facilities	5		
7	Donated services and use of facilities Investment excenses	6		
	Paint	7		
	***************************************	8	-3	2,425.
0	Other changes in net assets or fund balances (explain on Schedule O)	9		0,
•	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))			
ar	XII Financial Statements and Reporting	10	2,14	6,627.
	Chook if School of Control of Con			
	Check if Schedule O contains a response or note to any line in this Part XII			
l 2a ∖	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 Were the organization's financial statements compiled or reviewed by an independent accountant?		-	Yes No
b \	separate basis, consolidated basis, or both: Separate basis		2a 2b	X
c li	f "Yes," check a box below to indicate whether the financial statements or the pear were audited on a separate consolidated basis, or both: Separate basis Consolidated basis Both masolic wand separate basis "Yes" to line 2a or 2b, does the organization have a committee anat as the esteronic little consolidation of its financial statements and selections an independent accountant?	e audit,	2c	
aA A	the organization changed either its oversight process or select process during the tax year, explain on Schools a result of a federal award, was the organization required burnounced audit or audits as set forth in the Sin	edule O. gle Audit	За	x
0 If 0	"Yes," did the organization undergo the required au or audits of the organization did not undergo the required audits, explain why on Schedule O and describe any	ed audit	3b	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number FAIRBANKS YOUTH ADVOCATES Reason for Public Charity Status (All organizations must complete this part.) See instructions. 90-0434664 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An proganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) oper ted in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from butions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exception (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 51) fron usinesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An drganization organized and operated exclusively to test fg See section 509(a)(4). An drganization organized and operated exclusively for th to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in secti 509(a)(1 section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting ganiz n and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, sug led by its supported organization(s), typically by giving the supported organization(s) the power to reg arty appe or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sens A an Type II. A supporting organization supervised of in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN ((y) is the omanization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other organization in your governing docum (described on lines 1-10) support (see instructions) Yes support (see instructions) above (see instructions)) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

	: 						
Part	Form 990 or 990-EZ) 2019 Support Schedule for Complete only if you check fails to qualify under the tes	r Organization ed the box on line	ns Described i	n Sections 17	'0(b)(1)(A)(iv) ar tion failed to qualify		4664 Page vi) e organization
Section A	Public Support				<u> </u>		
Calendar year	(or fiscal year beginning in)	(a) 2015	(b) 2016	(+) 0017	7		
	ents, contributions, and	1-7-20-10	(5) 2010	(c) 2017	(d) 2018	(e) 2019	(f) Total
member	ship fees received. (Do not		1			1 .	
include a	ny "unusual grants.")	J	İ		ľ		
2 Tax reve	nues levied for the organ-		 	 	 	 	
	benefit and either paid to	ļ]	ľ		
or expen	ded on its behalf			!			
3 The value	of services or facilities	<u> </u>		 -	┼		
furnished	by a governmental unit to					į .	
	ization without charge]			
4 Total. Ac	ld lines 1 through 3					 	
5 The porti	on of total contributions				 	 	
	erson (other than a						
governme	ental unit or publicly	. •					
supporte	d organization) included	ł	ļ				
	that exceeds 2% of the	•	1				
	bown on line 11,				1		
column (f)	•]	- N	}		
6 Public su	port. Subtract line 5 from line 4.		 	<u> </u>	 		
	Total Support					<u> </u>	
	or fisca! year beginning in) 🕨	(a) 2015	(b) 2016	(2017	(d) 2018	(=) 00+0	
7 Amounts					(0) 2010	(e) 2019	(f) Total
	ome from interest,					 +	_
	payments received on				!	1	
	oans, rents, royalties,]]	
	e from similar sources				· [1	
	e from unrelated business						_
	whether or not the	4			! !		
	s regularly carried on						
	me. Do not include gain					 	
	n the sale of capital						
	plain in Part VI.)					1	
	ort. Add lines 7 through 10						<u> </u>
2 Gross rece	pts from related activities,	etc. (see instructio	ons)			12	_
3 First five y	ears. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	IX VOAT AS A Section	501(a)(3)	
Organizatio	in, uneuk inis box and stop	nere				301(0)(3)	
ection C. (omputation of Public	Support Per	centage				
Public sup	port percentage for 2019 (lin	te 6, column (f) div	vided by line 11, co	Jumn (f))		14	
s i doic aub	Hour berdeurage from 2018 :	Schedule A. Part I	l. line 14				%
oa 33 1/3% si	pport test - 2019. If the or	ganization did not	check the box on	line 13, and line 1	4 is 33 1/3% or mo	re, check this box	% and
stop here.	The organization qualifies a	s a publicly suppo	orted organization			, critical and DOX	a/Ku

25	CHOIL C. C	omputation of Public Support Percentage			<u>—</u>	
14	Public supp	port percentage for 2019 (line 6, column (f) divided by line 11, column (f)	44 1			
15	Public supp	port percentage from 2018 Schedule A, Part II, line 14	14	_	%	
16a	33 1/3% su	pport test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or a	15	_ <u></u>	%	
	arob nerci	ine organization qualifies as a publicly supported organization		ъ г		
b		TELEVISOR AND THE COMMONICATION LIKE HOLDER A DOMESTIC OF 18 A REAL ARTS AND A 1992		and the second s		
	and stop he	ere. The organization qualifies as a publicly supported organization	OFIIK	ore, check this box		
	and if the or meets the "	ganization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par facts-and-circumstances" test. The organization qualifies as a publicly supported experience.	ind line t VI ho	e 14 is 10% or more, w the organization		
	more, and if	and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization				
18	Private four	ndation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box ar	nizatio	· innahmusaki	={	
		School School	tulo A	(Form 990 or 990-EZ) 2	<u>-</u>	
		oche,	Juie M	(Louin aan 0, 880-FS) 5	V19	

932022 09-25-19

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

A . I . I	on A. Public Support						
Galenda	r year (or fiscal year beginning In)	(a) 2015	(b) 2016	410047			
	fts, grants, contributions, and	(4) 2510	(0) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	embership fees received. (Do not]			1		1
ind	clude any "unusual grants.")	300.861.	361,871.	260 257	450 004		1
2 Gr	oss receipts from admissions		301,0/1.	300,357	458,224	484,032	1965345
me	erchandise sold or services per-			!		1	
for	med, or facilities furnished in				1		ľ
oro	y activity that is related to the parization's tax-exempt purpose	245 517	217 504	1		1	
3 Gr	oss receipts from activities that	-443,317.	217,704.	191,282.	208,273.	290,005.	1152781
	not an unrelated trade or bus-	;		1			
	ss under section 513]			ľ		
	revenues levied for the organ-				<u></u>		
	tion's benefit and either paid to						
	expended on its behalf	[]			,	1	
	***********			<u></u>	1		
	value of services or facilities	[]					
TUTT	nished by a governmental unit to			A			
	organization without charge					1	
6 Tota	al. Add lines 1 through 5	546,378.	579,575.	551 6 0.	666,497.	774,037.	2110156
7a Am	ounts included on lines 1, 2, and				000,137.	114,031,	3118126
3 re	ceived from disqualified persons						•
b Amou	unts included on lines 2 and 3 received						0
excee	other than disqualified persons that ed the greater of \$5,000 or 1% of the		•				
amou	int on line 13 for the year						_
c Add	lines 7a and 7b						0
<u>8 Pub</u>	lic support. (Subtract line 7c from line 6.)						0
ection	B. Total Support						3118126
alendary	year (or fiscal year beginning in)	(a) 2015	201c	(-) 0047			
	ounts from line 6	546,378	579, 75.	(c) 2017 551,639.	(d) 2018 666, 4 97.	(e) 2019	(f) Total
Ja Gros	s income from interest		3,3,4,3.	331,639.	000,497.	774,037.	3118126
divid	lends, payments received on						
and	rrities loans, rents, royalties, income from similar sources	309.	264.	2 250	4 200	!	
	ated business taxable income			3,258.	<u>1,323.</u>	224.	<u>5,3</u> 78.
	section 511 taxes) from businesses		İ	İ			
	red after June 30, 1975						
	lines 10a and 10b	309.					
Net in	ncome from unrelated business	309.	264.	3,258.	1,323.	224.	5,378
activi	ities not included in line 10b.	1	ľ				
wheti	her or hot the business is				1		
regus Othor	arly carried on rincome. Do not include gain						
orlos	s from the sale of capital		T				
asset	s (Explain in Part V()				1		
l Otal	Support. (Add lines 9, 10c, 11, and 12.)	546,687.	579,839.	554,897.	667.820.	774,261.	3123504.
First	ine hears. If the Form 990 is for t	he organization's fi	rst, second, third.	fourth, or fifth tax	Vear as a section	501/0)/2) 00000-1-04	<u> </u>
	The quit and stop hale				700. 03 a 360001	oo i(c)(o) organiza	lion,
CTION.	At Abrilbaracion of Entitle	Support Perc	entage			<u></u>	
<u> </u>	200000000000000000000000000000000000000	0 - 1 - 40 11 -	ded by line 13, co	luma (fl)			99.83 %
Public	supply bercentage for 2019 (line	e a, column (t), drvi					
Public Public	c support percentage for 2019 (line c support percentage from 2018 S	chedule A. Part III.	line 15		Г.	-	00 00
Public Public ction	D. Computation of Invest	chedule A, Part III, ment income i	line 15 Percentage	<u></u>		16	99.86 %
Public Public ction Invest	D. Computation of Investi ment income percentage for 2018	chedule A, Part III, ment Income I O (line 10c. column	line 15 Percentage (f) divided by line				
Public Public ction Invest Invest	D. Computation of Investi trient income percentage for 2018 trient income percentage from 2018	chedule A, Part III, ment Income I Vilne 10c, column 18 Schedule A. Pa	Percentage (f), divided by line	13, column (f))	1	7	.17 %
Public Public ction Invest Invest	D. Computation of Investi trient income percentage for 2018 trient income percentage from 2018	chedule A, Part III, ment Income I Vilne 10c, column 18 Schedule A. Pa	Percentage (f), divided by line	13, column (f))	1	7	.17 %
Public Public Ction Invest Invest 33 1/3	D. Computation of Invest: Iment income percentage for 201s Iment income percentage from 20 Imen income percentage from 20 Imen income percentage fr	chedule A, Part III, ment Income I (line 10c, column 18 Schedule A, Par ganization did not	Percentage (f), divided by line 1 III, line 17	13, column (f)		8	.17 %
Public Public Ction Invest Invest 2 33 1/3 more t	D. Computation of Invest: trnent income percentage for 201s trnent income percentage from 20 3% support tests - 2019. If the or than 38 1/3%, check this box and	chedule A, Part III, ment Income I O (line 10c, column 18 Schedule A, Par ganization did not stop here. The ord	Percentage (f), divided by line 1 III, line 17 check the box on	13, column (f))	5 is more than 33	7	.17 % .14 %
Public Public Ction Invest Invest 33 1/3 more to 33 1/3	D. Computation of Investi- tment income percentage for 201s tment income percentage from 20 3% support tests - 2019. If the or than 38 1/3%, check this box and 3% support tests - 2018. If the or	chedule A, Part III, ment Income I (line 10c, column 18 Schedule A, Parganization did not stop here. The organization did not ganization stop here.	Percentage (f), divided by line 1 III, line 17 check the box on anization qualifies	13, column (f)	5 is more than 33	1/3%, and line 17	.17 % .14 % is not
Public Public Ction Invest 10 33 1/3 more 10 33 1/3 line 18	D. Computation of Investi- tment income percentage for 201s tment income percentage from 20 3% support tests - 2019. If the or than 33 1/3%, check this box and 3% support tests - 2018. If the or 3 is not more than 33 1/3%, check	ment Income I Gline 10c, column 18 Schedule A, Par ganization did not stop here. The org ganization did not this box and stop	Percentage (f), divided by line 1 III, line 17 check the box on anization qualifies check a box on lin	13, column (f)) line 14, and line 1 as a publicly sup	5 is more than 33 ported organization	1/3%, and line 17 on than 33 1/3%, and	.17 % .14 % is not
Public Public Public Invest 2 33 1/3 more 1 5 33 1/3 line 18	D. Computation of Investigation income percentage for 201s and income percentage from 201s are income percentage from 201s are income percentage from 201s apport tests - 2019. If the or than 38 1/3%, check this box and 3% support tests - 2018. If the or 3 is not more than 33 1/3%, check the foundation. If the organization of the computation of the compu	ment Income I Gline 10c, column 18 Schedule A, Par ganization did not stop here. The org ganization did not this box and stop	Percentage (f), divided by line 1 III, line 17 check the box on anization qualifies check a box on lin	13, column (f)) line 14, and line 1 as a publicly sup	5 is more than 33 ported organization	1/3%, and line 17 on than 33 1/3%, and	.17 % .14 %

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all ϕ f the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes, and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether ants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such co and discretion despite being controlled or supervised by or in connection with its suppo
- c Did the drganization support any foreign supported organization that g ve an IRS determination s not under septions 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part V introls the organization used to ensure that all support to the foreign supported organization was ly for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported ganizatio during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in P M. inch ng (i) the names and EIN numbers of the supported organizations added, substitu (ii) the reasons for each such action; (iii) the authority under the organization's organizing d iment au prizing such action; and (iv) how the action was accomplished (such as by amendment to the org
- b Type I or Type II only. Was any added or substituted ganization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section \$09(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 2 3a 3ь 3с 4a 4h 4c 5h 5c 6 R 99 9ь 9c 10a

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

10b

	Supporting Organizations (continued)	90-04346	04
11			Ye
	Has the organization accepted a gift or contribution from any of the following persons?		+'-
_	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l	
	y and solver a supported organization?	11a	†
	A family member of a person described in (a) above?		+-
Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	╫
	tion B. Type I Supporting Organizations		—
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Ye
	The order of cicor at least a majority of the organization's dispotent or the state of the state		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1
	controlled the organization's activities. If the organization had more than one supported organization,	3	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization,		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported	1	
	organization(s) that operated supervised as contained organization other than the supported		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ł
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1. 3	1
	on C. Type II Supporting Organizations	2	1
			_
1	Were a majority of the organization's directors or trustees during the tax year about prity of the directors		Yes
	The organization's supported organization(s)? If No decomposition		
	the same not the supporting organization was vested in the same not		
	ile supported organization(s).		
Secu	on D. All Type III Supporting Organizations		<u> </u>
1 (id the organization provide to each of its supported organizations, by ast pay of the fifth month of the		Yes
	(190)79HOO'D FOY HEAR (1)		
v	rganization's tax year, (i) a written notice describing the type d amount support provided during the prior tax	f ' '	1.
,			
	Afficiant of the process of the proc		
	and organization s united s, directors, or the tees either in appointed as alcohol built		
		i i	
	hship with the supported area in the supported area.	2	j
-	. I did to reaction stup described in (2), did the organization's supported exercise the state of the organization of the orga	-	
-	s mount voice in the organization's investment policies and in direction the use of the asset in		·
	assets at all times during the tax year? If "Yes," describe in Part VI the role the great institution		ı
	poorted organizations played in this regard. n E. Type III Functionally Integrated Supporting Organizations	3	ľ
ectiv	III E. Type III runctionally integrated Supporting Organization		
ection	seck the box port to the grade of the grade of the box port to the grade of the box port to the grade of the		
ection	eek the box next to the method that the organization used to satisfy the Integral Part Tant during the	ctions).	
ection	The organization satisfied the Activities Test. Complete line 2 helow	ctions).	_
1 C	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 2 below.		
ections 1 Care a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported in the parent of each of its supported organizations.		_
1 C a [b [c [2 Ac	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity, Describe in Part VI how you supported a government entity (tivities Test. Answer (a) and (b) below.	see instructions).	
1 C a [b [c [2 Ac a Di	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (tivities Test. Answer (a) and (b) below.	see instructions).	Yes
the	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (stricties Test. Answer (a) and (b) below. I substantially all of the organization's activities during the tax year directly further the exempt purposes of supported organization(s) to which the organization was responsive? If "Yes." then in Part VI had the composite organization was responsive? If "Yes." then in Part VI had the composite organization was responsive?	see instructions).	
ection a [b [c [2 Acc a Diction	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The properties of each of its supported organizations. Complete line 3 below. The properties of each of its supported organizations. Complete line 3 below. The properties of each of its supported organization supported a government entity (strictles). The properties of each of its supported organization is the parent of each of its supported organization is activities during the tax year directly further the exempt purposes of supported organizations and explain how these activities directly furthered their in Part VI identify uses supported organizations and explain how these activities directly furthered their	see instructions).	
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1	Check here if the organization satisfied the lateral D. (3) Supporti	ng Org	anizations	Pag
	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organization	ng trust o	on Nov. 20, 1970 (explain in Pa	art VI). See instructions
	must c	omplete	Sections A through E.	
	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		 _
3	Other gross income (see instructions)	3	 	
	Add lines 1 through 3.	4		
	Depreciation and depletion	5		
)	Portion of operating expenses paid or incurred for production or		 	
	collection of gross income or for management, conservation, or		1	
	maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		<u>_</u>
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
cti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
١.	Aggregate fair market value of all non-exempt-use assets (see			(- y
	instructions for short tax year or assets held for part of year):	[A VALUE OF THE STATE OF THE STA	
a	Average monthly value of securities	≜ a		<u>·</u>
	Average monthly cash balances			
C	Fair market value of other non-exempt-use assets			
<u>ď</u>	Total (add lines 1a, 1b, and 1c)	710		
e i	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	H		
	Acquisition indebtedness applicable to non-exempt-use assets	2 7		<u> </u>
	Subtract line 2 from line 1d.	3		
(Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater as oft,	Ĭ		
5	see instructions).	4		
1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	 	
	Multiply line 5 by .035.	6		-
F	Recoveries of prior-year distributions	 3		
M	Minimum Asset Amount (add line 7 to line 6)	+ 4		<u> </u>
	n C - Distributable Amount			Current Year
Α	edjusted het income for prior year (from Section A, line 8, Column A)	11		
E	inter 85% of line 1.	1 2		<u>_</u>
N	finimum asset amount for prior year (from Section B, line 8, Column A)	3		<u></u> _
E	nter greater of line 2 or line 3.	/ - 		
	ncome tax imposed in prior year	4		
D	istributable Amount. Subtract line 5 from line 4, unless subject to	5		
er	mergency temporary reduction (see instructions).		ļ	
T	Check here if the current year is the organization's first as a non-functionally instructions)	6		

Schedule A (Form 990 or 990-EZ) 2019

Schedule	•	/F -		~~~			_		_
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Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

1

Part VI	Form 990 or 990-EZ) 2019 FAIRBANKS	YOUTH ADVOCATES	90-0434664 Page
	ING 1: Part IV Section D. lines 2 and 2. D. J.	the explanations required by Part II, line 10; Pisa, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, SiV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Paron E, lines 2, 5, and 6. Also complete this par	art II, line 17a or 17b; Part III, line 12; section B, lines 1 and 2; Part IV, Section C
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09-25-19			Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization Employer identification number FAIRBANKS YOUTH ADVOCATES 90-0434664 Organization type (check one): Filers of: Section: ∑ 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 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 the, neral Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that eived, di g the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. instru ons for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) fill 0 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2019)

Schedule B (Fdrm 990, 990-EZ, or 990-PF) (2019) Page 2 Name of organization Employer identification number FAIRBANKS YOUTH ADVOCATES 90-0434664 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 WISE FAMILY TRUST X Person Payroli 1416 GILLAM WAY 17,000. Noncash (Complete Part II for FAIRBANKS, AK 99701 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution CREDIT UNION 1 Person Payroll 1941 ABBOTT ROAD 8,035. Noncash (Complete Part II for ANCHORAGE, AK 99507 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution GEORGE RUSSELL 3 Person Payroll PO BOX 2358 6,000. Noncash (Complete Part II for GIG HARBOR, WA 98335-4358 noncash contributions.) (a) (b) (c) (d) No. Name, address, and Zil Type of contribution **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No Name, address, and ZIP + 4 Total contributions Type of contribution

		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-19		Schedule B (For	m 990, 990-EZ, or 990-PF) (2019)

09121116 785088 FYA

FYA___1

22

Employer identification number

FAIRBANKS YOUTH ADVOCATES

90-0434664

Part II	N	oncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(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
			\$	
(a) No. from Part I		(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			\$	
23453 11-06	- 19	23	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2019)

_			Tansieree to transferee
No.	(b) Purpose of gift		
11		(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gift	
-	Transferee's name, address, and	IZIP + 4	Relationship of transferor to transferee

09121116 785088 FYA

923454 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.04020 FAIRBANKS YOUTH ADVOCATES

FYA 1

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Name of the organization

FAIRBANKS YOUTH ADVOCATES

Employer Identification number 90-0434664

_	organizations Maintaining Donor Advised	and a series of the series	Of ACCOUNTS.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	and the second s
_	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's e	xclusive legal control?	
6	and donor ad	visors in writing that grant funds can be u	ead only
	for chantable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose of	onferring
D.			
	Complete if the orga	nization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreating	on or education) 🎑 Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation common in the form of	a conservation easement on the last
	day of the tax year,		Held at the End of the Tax Ye
а	The state of the s		
b	Total acreage restricted by conservation easements		··· — — — — — — — — — — — — — — — — —
C	Number of conservation easements on a certified historic struc	ture includes	20
đ	and the second second the second seco	1/25/s and not on a historic structure	
	listed in the National Register		24
3	Number of conservation easements modified, transferred, release	exting shed, or terminated by the o	roanization during the tay
	year ————		Samuel and the same and the sam
4	Number of states where property subject to conservation ease	met is located ▶	
5	Does the organization have a written policy regarding a period	dictionitoring, inspection, handling of	
	violations, and enforcement of the conservation easement	s?	Yes N
3	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservatio	n easements during the year
_			
8	Does each conservation easement reported on line 2/d\ above		
•	and a second strain of the sec	satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(h)	Voc D
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	easements in its revenue and expense st	Yes N
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot	easements in its revenue and expense st	Yes N
9	and section 170(h)(4)(8)(iii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements.	easements in its revenue and expense st e to the organization's financial statement	atement and state that describes the
•	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. III Organizations Maintaining Collections of A	easements in its revenue and expense st e to the organization's financial statement ort, Historical Treasures, or Oth	atement and state that describes the
9 Par	and section 170(h)(4)(8)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. Till Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 99	easements in its revenue and expense st e to the organization's financial statement ort, Historical Treasures, or Oth 10, Part IV, line 8.	atement and s that describes the er Similar Assets.
ar	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. Till Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 99 If the organization elected, as permitted under FASB ASC 958,	easements in its revenue and expense st e to the organization's financial statement art, Historical Treasures, or Oth 0, Part IV, line 8.	atement and state that describes the er Similar Assets.
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b Scholarly research e Other c Porvide a description of the organization's collections and explain how they further the organization's exempt purpose in Part. Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: c Beginning balance d Additions during the year 1 If Yes, "explain the arrangement in Part XIII and complete the following table: c Beginning balance 1 If Yes, "explain the arrangement in Part XIII and complete the following table: c Beginning balance 1 If Horizon an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: c Beginning balance 1 If Horizon additions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or estodial account liability? 3 If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Part V, line 10. 1 Beginning of year balance 2 Provide the estimated percentage of the current year of balance been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Part V, line 10. 1 Beginning of year balance 2 Provide the estimated percentage of the current year of balance been provided on Part XIII. Part V Endowment III. See Form 990, Part X, line 10. 1 Beginning of year balance 2 Provide the estimated percentage of the current year of balance been provided on Part XIII. Part V II Land, Buildings, and Established Qual 100%. 3 Are there andowment by \$6 The percentages on lines 2a, 2b, and 2c abouted equal 100%. 3 Are there andowment by Endowment Europeanization is listed as require	а	P\	blic exhibition	ı	d Displayer exc	change prog	ram			
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	Schedule D (Form 990) 20	19
Organization s	liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.	
Organization!	the roothout the roothout the organization's financial statements that reports the	

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	Fr. reduced 41		nue ner Return
	Reconciliation of Revenue per Audited Fin Complete if the organization answered "Yes" on Form 99	0. Part IV line 12a	noe per neturn.
iotaire	venue, gams, and other support per audited financial sta	temente	
Amoun	ts included on line 1 but not on Form 990. Part Vill line 1	2.	
a Netuni	ealized gains (losses) on investments	1	[]
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Subtrac	1 24 (1011)		
			3
i Investm	ent expenses not included on Form 990. Part VIII. line 7k		1 1
, Onlei (F	escribe in Part XIII.)	' 4a	
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Total re	enue. Add lines 3 and 4c. (This must equal Form 990, Pa	ut I. line 12)	
I CAIL	reconciliation of Expenses per Audited Fin	ancial Statements With Exper	See nor Detur
	1p.o.o ore organization answered "Yes" on Form our	\ Part II/ Gas 40-	
lotal ex	penses and losses per audited financial statements		
Donated	services and use of facilities	ا ما	
· · · · · yee	adjustinents	24	
Onici to	363		—— I
Other ID	escribe in Part XIII.)		
	au a "ough zu		
SUUTRACT	rine ze from line 1		
/ unconte	included on Form 990, Part IX, line 25, but not on line 1:		 3
Investme	nt expenses not included on Form 990, Part VIII, line 75.	4a	1 1
Other (De	scribe in Part XIII.)	40	-
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Total exp	enses. Add lines 3 and 4c. (This must equal Form 990, upplemental Information.	# 1. line R)	4c
ue trie des	criptions required for Part II, lines 3, 5, and Part III, li	1a and 4: Part IV lines 1h and 2h: D	0+1/ K 4- D 4 / D 4
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection

	FAIRBANK	S YOUTH ADVOCAT	'ES		100 040	lentification number
Part I	Fundraising Activities. Corequired to complete this part.	complete if the organization ar	swered "Yes"	on Form 990, Part IV	, line 17, Form 9904	7 filers are not
1 Indicate	whether the organization raison	d 6 sode the sale				T mera are not
a 🔲 N	whether the organization raised	nungs through any of the foll	owing activities	s. Check all that appl	y	<u> </u>
	nternet and email solicitations	f Soli	citation of non-	government grants		
	mone solicitations	- 501	citation of gove	ernment grants		
	person solicitations	g L_J Spe	cial fundraising	j events		
a Did the	organization have a written or o	ral agreement with any lasts :				
key em	ployees listed in Form 990, Part	VII) or entity in connection will	uai (including	officers, directors, tru	ustees, or	
,	list the 10 highest paid individuated at least \$5,000 by the on	uals of entities (fundraisers) re	in protessional Irsuant to agre	fundraising services ements under which	? Ye : the fundraiser is to	s No be
(i) Name a	and address of individual		(iii) Did fundraiser		(v) Amount paid	
	entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (I)	(vi) Amount paid to (or retained by organization
			Yes No.			
						
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List all stat	tes in which the organization is r	egistered or licensed to solici	contributions	or has been notified	it is exempt from row	
or licerising	9				et	gistration
						
			<u>_</u>		<u> </u>	
						
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For Paper	work Reduction Act Notice, se	ee the Instructions for Form	990 or 990. E7			
09-11-19			vi 330-E1	- Sci	hedule G (Form 990	or 990-EZ) 2019
. ∪a•11-19			20			
116 78	5088 FYA	2019 04020	29 Fatodanu	70 VOTTOTT		
_		2019.04020	CATKRANK	S YOUTH AD	VOCATES	FYA1

			of fundraising event contributions and	(a) - vein # i	(D) Event #2	(c) Other events	
				ONE HOMELESS NIGHT			(d) Total events (add col. (a) through
Ş				(event type)	(event type)	(total number)	∞ l. (c))
Hevenue	1	Gros	s receipts				
_	_					<u> </u>	
	2	Less	Contributions	- 	<u> </u>		
_	3	Gros	s income (line 1 minus line 2)				
	4	Cach	prizes				
	•	Casri	prizes	 			
,	5	Nonc	ash prizes			į	
	_	Dont					
energy robalises	U	nent/	facility costs				
1	7	Food	and beverages	1	A		
1		-					
П	8 9	Other	ainment	<u> </u>			1
ш	10	Direct	direct expenses expense summary. Add lines 4 throug	h 0 i i			
Τ.	11	<u>Net in</u>	come summary. Subtract line 10 from	in 9 in column (d)			
21	t fl	<u>.</u>	arning. Complete if the organization	answered "Yes" on For	art IV line 19 or	reported more than	
_		\$1	5,000 on Form 990-EZ, line 6a.		ar 17, mie 13, 01	reported more man	
l				(a) Bin	(b) all tabs/instant	(c) Other gaming	(d) Total gaming (ad
					go/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 (Gross	revenue				
Γ							
ľ	2 (Cash p	prizes				
l.	3 !	Nonca	sh prizes				
		72.134	51 pieces				
۱	l F	Rent/fa	icility costs				
١.	. (Other o	lirect expenses				
				Yes %	Yes %		
€	V	/olunte	er labor	No	No " "	Yes %	
7	r-)irect e	VDOOD OUR WALL ON				<u> </u>
•	Ļ	ALCCI E	xpense summary. Add lines 2 through	5 in column (d)		.	
8	N	let gar	ning income summary. Subtract line 7	from line 1, notions (d)			
			seme semmaly, constract life /	irom line ↑, column (d)		<u></u>	
Ei	iter 	the st	ate(s) in which the organization conduc	cts gaming activities:			
ıs	the	organ	ization licensed to conduct gaming act	tivities in each of these et	ates?	 -	Yes No
"	INO	, ехр	ain:				
	_	_			<u> </u>		
W	ere	any of	the organization's gaming licenses rev	oked, suspended, or term	insted during the term		
lf '	Yes	s," exp	lain:		militared during the tax ye	ear?	Yes No
		. <u>-</u>					
	9-11-	-19				Schedule G (Form	990 or 990-EZ) 2019
2 0							

	<u>edule G (Fo</u>	orm 990 or 990 EZ) 2019 FAIRBANKS YOUTH ADVOCATES 90	-0434	4664	Pane
11	Does the	organization conduct gaming activities with nonmembers?	L	Yes	L
12	is the orga	inization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			_
	to adminis	ter charitable gaming?		Yes	
13	Indicate ti	e percentage of gaming activity conducted in:		,,,,,	
		ization's facility	13a	1	
þ	An outside	facility	136	+-	
14	Enter the	name and address of the person who prepares the organization's garning/special events books and records:	130		
	Name >				
	Address I				
15.					
		rganization have a contract with a third party from whom the organization receives gaming revenue?		Yes	L I
b	If "Yes," e	nter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming	revenue retained by the third party -\$			
C	if "Yes," e	nter name and address of the third party:			
	Name .				
	Name >				
	Address 1				
16	Gaming m	anager information:			
	Name ►				
	Gaming m	anager compensation > \$			_
	Description	of services provided			
	Dire	ctor/officer Employee Independent contractor			
		distributions:			
a	s the orga	nization required under state law to make charitable distributions from the gaming proceeds to			
ı	retain the s	tate gaming license?		Yes	╚
В	inter the a	mount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organizatio	n's own exempt activities during the tax year > \$			
Par	t IV Si	pplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lir	nes 9, 9	b, 10l
	<u>. 151</u>	o, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	•				
	<u>, </u>				
	_				
					
2083	09-11-19	Schedule G /For	m 990 ~	990-	
		Schedule G (Form 31 5088 FYA 2019.04020 FAIRBANKS VOITH ADVOCATES	m 990 o	r 990-E	Z) 20

Schedule G	Form 990 or 990-EZ) Supplemental Info	FAIRBANKS	YOUTH	ADVOCATES	90-0434664 Page 4
	Supplemental into	mation (continued)	_		T dge
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084 04-01-19					Schedule G (Form 990 or 990-EZ)
				32	

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public mepaction

Department of the Treasury Internal Revenue Service Name of the organization

FAIRBANKS YOUTH ADVOCATES

Employer identification number 90-0434664

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 4D, OTHER PROGRAM SERVICES:
VARIOUS OTHER PROGRAMS.
EXPENSES \$ 184,583. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
TEADURE 2 0.
FORM 990, PART VI, SECTION A, LINE 2:
THE CLINICAL DIRECTOR AND EXECUTIVE DIRECTOR HUSBAND AND WIFE.
HOSBAND AND WIFE.
FORM 990, PART VI, SECTION A, LINE 8B.
THE FORM COO AND CURRENT
DIRECTORS PRIOR TO FILING THE POUR
BODY 000 BADE OF
FORM 990, PART VI, SECTION B, LINE 11B:
COMMITTEES ARE NOT AUTHORIZED TO ACT ON BEHALF OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUAL REVIEW OF CONFLICT OF INTEREST POLICY AND DISCLOSURE AS REQUIRED.
FORM 990, PART VI, SECTION B, LINE 15A:
EXECUTIVE DIRECTOR'S AND CLEARWATER COUNSLING DIRECTOR'S SALARY ARE
DETERMINED BY THE BOARD OF DIRECTORS BASED ON AVAILABLE LOCAL AND STATE
INFORMATION.
FORM 990, PART VI, SECTION C, LINE 18:
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)
33
121116 785088 FYA 2019.04020 FAIRBANKS YOUTH ADVOCATES FYA 1

Name of the organization FAIRBA	NKS YOUTH ADVOCATES	Employer identification n 90-0434664
AVAILABLE UPON REQUE		
FORM 990, PART VI, S	ECTION C. LINE 19.	
AVAILABLE UPON REQUE		
		—
		
212 09-06-19		
1116 785088 FYA	34 2019.04020 FAIRBANKS	Schedule O (Form 990 or 990-EZ) (20

FORM 990 PAGE 10

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								990							
Asset No.		Description	Date Acquired	Method	Life	Cocy	une Unadjusted No. Cost Or Basis	Bus % Exct	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
51	4820 DRAKE	BUILDING	02/12/19	2.T	39.00	1004	91 344,900.				344,900.			7,738,	7,738,
52	CC-FURNITO	PE	06/30/19	20000	7.90		90 6,299		1	5,295	20.00.			6 299	,,,,
53	CC-OFFICE	EQUIPMENT	06/30/19	200DB	5.00	BAT.	9B 1,026.			1.026				1,026	
	* 990 PAGE	10 TOTAL OTHER					352,225.			7,125,	344,900.	0.		15,063	
	PROGRAM SE	RVICES				1				J		,		15,463,	7,738.
2	BOILDING -	TRE DOOR	04/09/14	5T.	39,00	***	#68,344.			4 N	86 0 ,344.	104,831.		22,265	127,096.
3	LAND - THE	DOOR	12/05/11	L			169,000		17		169,000.			٥.	
4	2 APPLE CO	Cotters	10/09/14	20008	5.00	# * 17	2,628.		,		2,628.	2,477.	V:	151	2,628.
5	MACBOOK AT		10/09/14	200DE	5,00	EYL 7	769		İ	}	769,	725.		44.	769.
6	ROOF 132 I		07/28/14	a	15.00	50	7,162.				7,162.	2,147.	1	477.	2,524.
7	BIKE RACK		06/02/14	200DB	5.00	н у 7	2,483.		ļ	Ī	2,483.	2,340.	}	143.	2,493,
8	21,5 INCH (NOAC .	04/03/14	200m	5.00	-	1,699.	ŀ		- 1	1,699.	1,601.	İ	98	1,699.
9 1	PHONE & SEC	URITY SYSTEM	04/03/14	200DB	5,00	EY 7	2,546.	ľ	i		2,546.	2,399.	1	147.	2,546,
10	GE CHEST	FREEZER	04/03/14	20001	5.00	B10 7	797.		i	-	797.	751.	-	46	797.
11	P BLECTRIC	DRYER	04/03/14	200DE	5.00	н уц 7	725.				725.	683.]	42	725.
12	P ELECTRIC	DRYER	04/03/24	200DB :	5.00	7	725.		1		725.	683.	ł	42	725.
13 W	TP FL WASHE	R .	04/03/14	200DB 5	5.00 I	HY 7	725.]			725.	683.	ľ	42]	725.
14 W	P FL WASEE		04/03/14	20 OCUE :	.00	7	725.	\perp			725	683.	į	42	725.

(D) · Asset disposed

* ПС, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

34.1

FORM 990 PAGE 10

990

				_					990							
Asset No.	Mary sea	Description	Date Acquired	Method	Life	Genv	l.ine No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction in Basis	8asis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated
15	HELD	JRITY SYSTEM HAND	04/03/14	200DE	5.00	HY	17	542.				542	511.	Exposise	31.	Depreciation
16	SECURITY	I PAD	04/09/14	200Da	5.00	_	٠,	579.				\$79.	546.		33.	542,
17	SECURITY	COMPUTER - DELL	04/24/14	200DH	5.00	нх	17	810.				B10.	763		Ĭ	579,
18	SECURITY (CAMERIA SYSTEM	04/27/14	20008	5.00		2.7	7,853.				7,853,	7,401		47.	810.
19	BUILDING	132 10 TH	02/01/14	SL	39.00) 1004	17	92,580.		_4	7	92 980	11,622.		452.	7,853.
30	LAND - 132	10TR	87/24/13	L				15,896.				35,896	11,044		2,384,	14,006,
21	CARPET FOR	132 10TH	02/01/14	200DB	5.00	EM	17	3,033		Y	,	3,033,	2,858.		•	
		S TO 132 10TH	02/01/14	st.	39.00		.,	7,840.				7,840	960.	j	175.	3,033.
	PARKING LO LANDSCAPIN	T PAVING & G	07/01/14	SL	15,00	ну	7	2,95	7			2,955.	887.		201	1,181,
24	116 10TH -	LAND	10/10/14	r	į		- [12,751.	İ			12,751.	007.		197.	1,094.
25	122 10TH -	LAND	10/10/14	ь			1	11,811,	ŀ		·	11,811,		j		÷
26	172 10TH -	BOILDING	10/10/14	st.	39,00	-	,	160,372,			ļ	140,372	14,396.		٥	
30	PURNISHING.	S & PIXTURES	08/01/15	SL	15.00	нат	,	1,621,	ľ	i		1,621.	378.		3,599.	17,995.
31	122 10TH A	E REMODEL	09/01/15	st	15.00	H.	,	35,718		į		35,718	1		108.	486.
	REDO DUCTWO	1 ""	10/15/15	sl :	15.00	HY	7	3,412.		ľ		3,412,	8,334,	j	2,361.	10,715.
	PURNISHING RASMUSON OF	# FIXTURES	12/01/15	2000	, ,,,				- 1				795.	- 1	227.	1,022.
- !]		- 1	Ì	ſ		9,598.	Ī		1	9,598.	6,590.	j	857.	7,457.
- 1			09/01/15	SL :	15.00	HAT.	'	727.		- 1	ļ	727,	168.		48.	216.
47 8	ICHAGR - T	ETE DOOR.	05/16/16	20000	7,00	ESE:	上	534.			550.	-16,	38.]		-16,

(D) · Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 PAGE 10

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		38 10								990							
Aaset No.	Description	Date Acquired	Method	Life	Сопу	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation		
48	WATER MAIN REPAIR - THE DOOR	06/16/16	sı	39.00	100	17	10,160,			267.	9,893,	649.		254.	903,		
50	CAMERA SYSTEM 138 10TH * 990 FAGE 10 TOTAL PROGRAM	06/06/17	300DE	5,00	-	17	108.			50.	50.	26,		10,	36.		
	SERVICES					. þ	417,620.			867,	1,416,753.	176,955.		34,543.	211,444.		
	MANAGEMENT AND GENERAL					1	. 1				200						
1	ARLYS/RATRIE COMPUTER	05/24/14	200DE	5.00	ET	L7	868.			1	808.	837.		51,	888.		
27	126 10TH - LAND 126 10TH - DEMOLITION &	10/16/14	r			1	46,363.		i	:	46,363,		;	٥.			
	LANDSCAPING	04/20/16	r.			1	44,009				44,009.			٥			
	2 GE 23.1 CF B/F REFRIDERATOR	04/03/14	300DB	5,00	m	ا,،	2,894.				7,094,	2,727.		167	2,894.		
34	BUILDING IMPROVEMENTS	05/04/15	r				49,010				49,010,			a,			
35	137 FTE LAND	05/04/15	ъ				13,081,				13,981.			٥.			
36	GREEN HOUSE ABATEMENT	09/11/15	r				12,783.	Į			12,783.			o.			
37	ENVIRONMENTAL IMPROVEMENTS	11/28/15	.				1,295.				1,295.						
38	IMPROVEMENTS 147 8TH AVE	05/04/15	r				845.	l			845.			٥.			
39	LAND 147 STH AVE	05/04/15	r	ļ		1	15,563.		ł	1	15,563.	Ì		9.			
41	MARYLEE'S IMAC & CLEAR GUARD	09/01/15	200DA	5,00	нят:	7	1,349.	ļ		j	1,349.	1,116.		155.	1,271,		
42	MACBOOK AIR 11	09/01/15	20001	5.00	-	,	948.				948.	784.	į	165,	893,		
43	KYOCERO ECONSYS	09/01/15	200DB	5.00	ну1.7	7	950.		ļ	İ	950.	786.		109.	895.		
44 :	SHELVING	09/01/15	200DE	5,00	F	,	294.				294.	243.		34	277.		

928111 04-01-19

(D) - Asset disposed

* FTC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM	990	PAGE	10

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									990							
Asset No.		Description	Date Acquired	Method	Life	6300	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
45	FURNITURE	122 10TH AVE	07/12/16	200DE	7.00	HZ	17	11,979.			5,990.	5,989.	3,370.		748.	4,118
		132 10TH THROOM & KITCHEN	05/30/16	20001	5.00		17	2,899.				1,099,	743.		142	885
49	132 10TH * 990 PAGE	i	02/09/17	150DB	15.00	ΕX	17	3,865.			1,933.	1,932.	281.		165,	445.
ľ	* GRAND TO	AND GENERAL TAL 990 PAGE 10						207,215.			2,923,	159,292.	10,867,		1,680.	12,567.
ľ	DEPR							1,977,060.			15.	1,960,945,	187,842.		51,286.	231,749.
	CURRENT YE	AR ACTIVITY								~	. •					
	BEGINGIN	BALANCE					ŧ	,624,835.		_	8,790.	1,616,045.	187,842.	,		724,011.
	ACQUIS	ITIONS	ļ				ı	52,225			7,325.	344,900.	0.			7,730,
ı	DISPOS;	TIOMS/RETIRED				1		٥.		-	0.	0.	.0.			0.
	ENDING BA	LANCE					ŀ	,977,060.		l	16,115,	1,960,945.	187,842.		ĺ	231,749.
1	BRDING M	ľ		- 1	ŀ	1				ł			247,864,			
	ENDING BO	OK VALUE											,729,196.			
		j	1	ŀ	f	1	1			İ		İ	- 1			
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						1		ŀ	-		į			ļ		
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928171 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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