



Youth Advocates of Sitka, Inc.

Homes ● Schools ● Community

Application for Sitka City Grant
Request for Aid for Human Services
Youth Advocates of Sitka, Inc.

August 8th, 2014

City and Borough of Sitka

ANNUAL GRANTS FROM GENERAL FUND

SUMMARY SHEET

Name of Organization: Youth Advocates of Sitka, Inc.

Name of Contact Person: Annette Becker

Phone: 907-747-3687 Email: annette.becker@sitkayouth.org

Mailing Address: 805 Lincoln Street Sitka, AK 99835

Grant Category (check either annual or special emergency grant, and check type of services for annual grant):

- Annual Grant:
 - Human Services**
 - Cultural And Educational
 - Community Development
- Special Emergency Grant

Dollars Requested: \$ 10,000.00

Match Dollars Committed: \$ 885.00 Percentage: 9%

Sources of Matched Dollars: Youth Advocates of Sitka & Schmolck Mechanical Contractors

Brief Description of the Purpose of the Grant: Youth Advocates of Sitka (YAS) is seeking funding to replace old appliances at the Hanson House as well as to purchase healthy snacks for youth in our programs.

If awarded, this grant will provide funding for YAS's Hanson House program, a community-based 10-bed level III residential treatment facility licensed by the State of Alaska for youth ages 10-18. Hanson House is a live-in treatment facility providing therapy for mental illness, substance abuse, and behavioral problems in a structured, positive, family-like environment. In this program, we serve youth in need of intensive supervised care but who do not need the restrictive environment of detention or a locked treatment facility. Funds would allow YAS to replace old and nonfunctional appliances such as washers and dryers, a refrigerator, a stovetop oven, and a microwave.

Total Grant funds being requested = \$5,500.
YAS Matching funds = \$220
Schmolck Mechanical Contractors Matching funds = \$215

This grant will also provide funding for the YAS's Community Mental Health B.E.A.R. (Behavioral, Emotional, Academic Reinforcement) Program and Youth Drop-in Center. Funds would allow YAS to continue to provide nutritious snack foods for these clients, items such as fresh fruits and vegetables, whole grain granola bars, and real fruit juices.

Total grant funds being requested = \$4,500.
YAS Matching funds = \$450

I, Annette Becker, do hereby certify that all information provided in this grant application is accurate and complete to the best of my knowledge.

Name: Annette Becker Title: Executive Director Date: August 8, 2014

Project Description Overview:

What grant category are you applying for?

Youth Advocates of Sitka, Inc. (YAS) is applying for the Human Services grant category. YAS is a non-profit mental health agency providing services to youth and families in Sitka since 1975. Our mission is to support the mental health of Alaska's youth and their families. Our vision is to empower youth to grow into healthy, happy, and productive members of our community.

What will be done with these funds?

Appliances - Funds from the requested grant would go toward purchasing replacement appliances for our Hanson House, which is a residential treatment facility for youth ages 10 to 18 years of age. Our current appliances are old and are on the brink of breaking down and need to be replaced. The refrigerator leaks water onto the floor, the buttons on the stovetop range are wearing out and it is difficult to change the temperature settings. We have had to have our washer and dryers tuned up twice in the past year, and our microwave needs to be upgraded. All of these appliances are well used every day and are vital in order for us to continue to provide essential mental health and behavioral health services to youth and their families.

Healthy Snacks - We would also be using these funds to purchase healthy snacks for youth in our programs.

Who will do it?

Appliances - The Hanson House program coordinator will be responsible for purchasing and overseeing installation of the replacement appliances.

Healthy Snacks - The Program Coordinator of the Community Mental Health Program will be responsible for allocating monies on a weekly basis to purchase snack foods and drinks for our clients. She will distribute it to the skills trainers in the schools who in turn will distribute it to the clients that they work with in the schools, afterschool programs, and our Youth Drop-In Center.

Who will be served?

All of our clients have been assessed by a mental health clinician and have been diagnosed with a Severely Emotional Disturbance (SED), which is often a result of the experience of trauma in their lives. Some youth may have medical, emotional or behavioral challenges, while others may have experienced abuse or neglect at some point in their lives. It is essential that their basic needs are met and they can feel safe and valued. Last year alone YAS provided services to **154** at-risk youth in our community. Out of those youth, **94** were enrolled in our programs and received mental health or behavioral health services, and the remaining **60** at-risk youth accessed our services through YAS's Youth Drop-In Center but were not officially enrolled.

Appliances - All current and future clients in the Hanson House program will be served by the funding provided. Thirteen individual youth lived and were enrolled in the Hanson House program while receiving residential treatment this past year. The Hanson House is set up as a

very structured home environment and youth live here while receiving behavioral and mental health treatment. The average length of stay for youth enrolled in the Hanson House program is around nine months.

Healthy Snacks - All current and future clients in our programs will be served by the funding provided. Last year alone we provided services to 154 youth.

When will this service be provided?

Appliances - Purchasing replacement appliances would take place as soon as the grant is awarded. This would allow us to continue to provide residential treatment services in a functional live-in environment.

Healthy Snacks - Distributing healthy food to clients will be provided on an ongoing daily basis throughout the year. There is always a high need of extra food for clients in the morning hours as many of our clients come to school without having had a nutritious breakfast. We continue to supply snacks throughout the day, as many youth require not only the break in the day but continued supplements to their diet. We also provide snacks during our after school programs. Snacks are provided to all YAS clients on an as needed basis as all youth are going through continued growth periods throughout the school years.

Expected Outcomes:

How will the project be measured as successful?

Appliances - The project will be considered successful when the new refrigerator, stovetop oven, microwave, and washers and dryers are installed and working.

Healthy Snacks - The project will be considered successful by the quality of food that is distributed and eaten on a regular basis. We would hope to see healthier and happier children due to a boost in their nutritional intake.

What will the tangible community benefit be?

Appliances - The Hanson House provides behavioral and mental health services to youth with highest needs in Sitka. Our target population for Hanson House is youth ages 10 to 18 who have experienced trauma which has impacted their ability to function successfully in their home lives. All of our clients have been diagnosed by a mental health clinician as Severely Emotionally Disturbed (SED) which is often a result of trauma. Trauma negatively affects these youth's physical and emotional well-being, and, to cope with their trauma, many engage in unhealthy or risky behaviors. Escalated at-risk behaviors can represent "...costs to tax payers and communities as a result of adolescent problem behavior and criminal activities which may include: destruction of personal and public property, expenses incurred for legal processing and institutional fees, coupled with the additional expenses for the mandated treatment for offenders" (Loney and Lima, 2003). By improving the facility it will allow us to continue to provide mental and behavioral health service. A big part of our services is to teach youth healthy coping skills and the opportunities to develop basic life skills such as cooking, cleaning, washing their own cloths, role model appropriate and healthy social skills and job skills, to name a few. Client goals and their progress made towards those goals are documented in their client treatment documents.

Healthy Snacks - Youth and teachers will likely see an increase in positive behaviors in the youth during the school day. Research has indicated that "...unhealthy food environments are detrimental to the long-term health and educational success of children" (Mark Muller; Foodandsocietyfellows.org of Institute of Agriculture and Trade Policy ((IATP)), 7-14-10). Children who are unsuccessful in school are more likely to become involved with other at risk youth and reinforce each other in undesirable behaviors such as early onset smoking and drinking, along with aggressive behaviors in the preadolescent and adolescent age groups.

Our overall goal is to work with youth and teach them the skills that they need in order to grow into healthy, happy, and productive members of our community.

What are some benchmarks during the project that indicate things are going in the right direction?

Appliances - Foreseen benchmarks would be: installed, working appliances which will allow us to continue to provide residential treatment services; greater self-confidence displayed by youth in and out of the home, as children who have opportunities to practice life skills, such as cooking, cleaning, and washing their own laundry, in a therapeutic environment develop higher autonomy, independence, and a healthy sense of self-worth, along with exhibiting bright dispositions due to the fact that some of their basic needs – food and hygiene - were being met.

Healthy Snacks - Foreseen benchmarks would be: greater attention span displayed by youth in and out of the classroom, as children who have a healthy and fulfilling diet are more apt to have fewer mood swings, fewer disruptive behaviors, increase in energy, more alert, and improvement in academic performance.

Statement of Need:

How does this project align with the funding category that you are applying for?

This project aligns with the funding category of Human Services as YAS provides continued mental health and behavioral health services to youth and their families in our community and throughout Alaska. Some of our services include assessment and testing; individual, group, and family therapy with a Master's level clinician, individual and group skills development; life skills; and case management.

What documented needs does this project address?

This project addresses needs identified by the Children and Youth Needs Assessment conducted by the State of Alaska's Department of Health and Social Services. Level III Residential Treatment Facilities and services are provided for children who are in need of and are able to respond to therapeutic intervention and who cannot be treated effectively in their own family, a foster home, or in a less restrictive and structured setting. Residential Treatment facilities provide a safe and healthy living environment to improve behaviors for youth who are Severely Emotionally Disturbed including: appropriate impulse control and anger management, forming and maintaining appropriate relationships, reducing delinquent acts, developing independent

living skills, and improving educational progress. By replacing old appliances our facility will function correctly and the living environment will be improved. We will be able to continue to provide a high level of residential treatment care.

This project also addresses the Youth Risk Behavior Survey. This survey analyzed data submitted by youth, including education, sex, weight, diet, activity level, as well as at risk behaviors such as early onset drinking, drug use, and smoking, along with at risk behaviors such as fighting - with and without the use of weapons.

Does the funding from this request help leverage other funds for the project? How?

No. This funding will not leverage other funds for this project.

Organizational Capacity:

Track record

YAS has been helping youth and families in Sitka since 1975. The Hanson House program has served youth in Sitka's schools for 38 years. Last year YAS provided services to 154 youth and their families. Services included: Hanson House Level III Residential Facility, Non-Secure Attendant Program, Family Resource Center which includes the Youth Drop-in Center and Therapeutic Foster Care, Community Mental Health Program, which includes the BEAR program along with outpatient Individual, Group and Family Therapy.

Community Support

YAS works collaboratively with many other agencies in Sitka including Sitka Counseling, Sitka School District, Mt Edgecumbe High School, SEARHC Clinic II & Raven's Way, Sitka Tribe of Alaska, Center for Community, SEERS School, Sitkans Against Family Violence, Sitka Job Center, Division of Vocational Rehabilitation, Department of Juvenile Justice and Office of Children's Services.

Board Attendance

The Board of Directors meets with the Executive Director on a monthly basis. The Board and the Executive Director had an overall quorum of 83%.

Board Members and Officers

John O'Brien – President
Debi Terry – Vice President
James Claire - Secretary
Mark White - Member
Melanie Boord - Member

Budget:

Statement of assets, revenues, and expenditures

- See Attached 990 for FY2012 (July 1, 2012 to June 30, 2013), refer to pages 8 - 23
- See Attached Balance Sheet dated June 30, 2014, refer to page 24

Detailed budget for current year FY2015, including funds for this project

- See Attached FY15 Budget, refer to page 25 - 26
- See Attached City of Sitka Grant Budget, refer to page 27

Include itemized list of grants received or pending for prior and current years

- Comprehensive Behavioral Health Treatment and Recovery Grant, Department of Health and Human Services –Department of Behavioral Health
- Residential Care for Children and Youth, Department of Health and Human Services
- Non-Secure Attendant Care Program, Department of Health and Human Services – Division of Juvenile Justice
- Successful Transitions for At Risk Youth Grant – Department of Education & Early Development
- Wells Fargo – Employment education & training for at risk youth
- First Bank – Stipends for Youth Run Business program
- Crossett Fund – AmeriCorps volunteer and program supplies for Youth Run Business
- USDA Community Facilities grant for Youth Run Business (pending August 2014)
- Rasmuson Foundation for Hanson House Construction and Repairs (pending September 2014)

Required Documentation:

Copy of nonprofit documentation

- See Attached IRS 501C3 designation, refer to pages 28 - 29

Current State of Alaska nonprofit organization business license

- See Attached YAS business license, refer to page 30

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **YOUTH ADVOCATES OF SITKA**
 Doing Business As: _____
 Number and street (or P.O. box if mail is not delivered to street address): **310 PRICE STREET**
 Room/suite: _____
 City, town or post office, state, and ZIP code: **SITKA AK 99835**

D Employer identification number: **92-0064393**

E Telephone number: **907-747-3687**

G Gross receipts \$: **2,207,153**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A** **H(c)** Group exemption number: _____

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1978** **M** State of legal domicile: **AK**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF A RESIDENTIAL CARE FACILITY FOR YOUTHS 10 TO 19 YEARS OF AGE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	54	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 512,919	Current Year: 379,318
	9	Program service revenue (Part VIII, line 2g)	1,392,946	1,447,391
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	306	10,504
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,906,171	1,837,213
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,334,787	1,368,244
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
16b		Total fundraising expenses (Part IX, column (D), line 25) 0		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	545,374	415,572
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,880,161	1,783,816
	19	Revenue less expenses. Subtract line 18 from line 12	26,010	53,397
	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,811,420	End of Year: 1,471,471
	21	Total liabilities (Part X, line 26)	676,334	282,988
	22	Net assets or fund balances. Subtract line 21 from line 20	1,135,086	1,188,483

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **ANNETTE BECKER** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **CHRISTINE E HARRINGTON** Preparer's signature: _____ Date: **11/13/13** Check if self-employed PTIN: **P00441102**

Firm's name: **Christine E Harrington CPA, LLC** Firm's EIN: _____
 Firm's address: **PO Box 1328 Sitka, AK 99835** Phone no.: **907-747-5500**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

OPERATION OF A RESIDENTIAL CARE FACILITY FOR YOUTHS 10 TO 19 YEARS OF AGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,783,816** including grants of \$) (Revenue \$ **1,457,895**)

SERVICES INCLUDE OUTPATIENT THERAPY, HOME, SCHOOL, AND COMMUNITY-BASED SUPPORT SERVICES, CASE MANAGEMENT, ASSESSMENT & TESTING, RESIDENTIAL TREATMENT, THERAPEUTIC FOSTER CARE, AND TRANSITIONAL LIVING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **▶ 1,783,816**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	4		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
12c			
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
15b			
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?		<input checked="" type="checkbox"/>
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?		
16b			

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **None**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in 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.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARY ALICE HAMBURG** **P.O. BOX 664**

SITKA

AK 99835

907-747-3682

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM CLARE	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(2) DEBI TERRY	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) JOHN O'BRIEN	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) MELONIE BOORD	1.00									
MEMBER	0.00	X					0	0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning **07/01/12**, and ending **06/30/13**

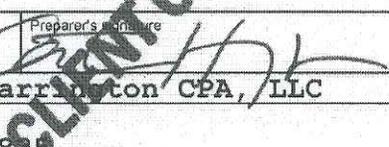
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization: YOUTH ADVOCATES OF SITKA		D Employer identification number: 92-0064393
	Doing Business As		E Telephone number: 907-747-3687
	Number and street (or P.O. box if mail is not delivered to street address) 310 PRICE STREET	Room/suite	
	City, town or post office, state, and ZIP code SITKA AK 99835		G Gross receipts \$ 2,207,153
F Name and address of principal officer:			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1978	M State of legal domicile: AK

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OPERATION OF A RESIDENTIAL CARE FACILITY FOR YOUTHS 10 TO 19 YEARS OF AGE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 512,919	Current Year 379,318
	9 Program service revenue (Part VIII, line 2g)	1,392,946	1,447,391
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	306	10,504
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,906,171	1,837,213
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,334,787	1,368,244
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) 0			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		545,374	415,572
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,880,161	1,783,816	
19 Revenue less expenses. Subtract line 18 from line 12	26,010	53,397	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,811,420	End of Year 1,471,471
	21 Total liabilities (Part X, line 26)	676,334	282,988
	22 Net assets or fund balances. Subtract line 21 from line 20	1,135,086	1,188,483

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: ANNETTE BECKER		Date: EXECUTIVE DIRECTOR	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name: CHRISTINE E HARRINGTON	Preparer's signature: 	Date: 11/13/13	Check <input checked="" type="checkbox"/> if self-employed PTIN: P00441102
	Firm's name: Christine E Harrington CPA, LLC	Firm's EIN:		
	Firm's address: PO Box 1328 Sitka, AK 99835	Phone no.: 907-747-5500		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

OPERATION OF A RESIDENTIAL CARE FACILITY FOR YOUTHS 10 TO 19 YEARS OF AGE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,783,816** including grants of \$) (Revenue \$ **1,457,895**)
SERVICES INCLUDE OUTPATIENT THERAPY, HOME, SCHOOL, AND COMMUNITY-BASED SUPPORT SERVICES, CASE MANAGEMENT, ASSESSMENT & TESTING, RESIDENTIAL TREATMENT, THERAPEUTIC FOSTER CARE, AND TRANSITIONAL LIVING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **1,783,816**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 4		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
12c			
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		<input checked="" type="checkbox"/>
b	Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
15b			
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?		<input checked="" type="checkbox"/>
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARY ALICE HAMBURG** **P.O. BOX 664**

SITKA

AK 99835

907-747-3682

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM CLARE	1.00									
SECRETARY/TREASURER	0.00	X		X			0	0	0	
(2) DEBI TERRY	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) JOHN O'BRIEN	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) MELONIE BOORD	1.00									
MEMBER	0.00	X					0	0	0	
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

YOUTH ADVOCATES OF SITKA, INC.

Balance Sheet

June 2014

ASSETS	
Current Assets	
AK PACIFIC CHECKING	162,453.98
AK PACIFIC SAVINGS	47,935.68
WELLS FARGO SAVINGS	65,720.55
PETTY CASH	200.00
ACCOUNTS RECEIVABLE	89,716.00
MEDICAID RECEIVABLE	102,818.00
GRANTS RECEIVABLE	63,667.53
PREPAID EXPENSES	17,162.50
TOTAL Current Assets	549,674.24
Fixed Assets	
LAND	340,000.00
BUILDINGS	621,419.68
BUILDING IMPROVEMENTS	82,500.48
OTHER FIXED ASSETS	177,455.69
ACCUMULATED DEPRECIATION	(298,450.68)
TOTAL Fixed Assets	922,925.17
TOTAL ASSETS	1,472,599.41
LIABILITIES	
Current Liabilities	
ACCOUNTS PAYABLE	10,937.82
MEDICAID REFUND DUE	6,633.00
FEDERAL PAYROLL TAXES PAYABLE	10,206.16
STATE PAYROLL TAXES PAYABLE	7,989.57
RETIREMENT BENEFITS PAYABLE	(0.75)
ACCRUED VACATION	55,319.58
TOTAL Current Liabilities	91,085.38
Long-Term Liabilities	
WELLS FARGO LOAN 805 LINCOLN	184,723.32
TOTAL Long-Term Liabilities	184,723.32
TOTAL LIABILITIES	275,808.70
EQUITY	
RETAINED EARNINGS	1,188,498.89
Year-to-Date Earnings	8,291.82
TOTAL EQUITY	1,196,790.71
TOTAL LIABILITIES & EQUITY	1,472,599.41

Youth Advocates of Sitka FY2015 Budget

	Funding and Grant Sources							Total Budgeted Expense
	Non-Secure Grant	Hanson House Grant	Hanson House Medicaid *	CMHP Medicaid *	TFC Medicaid *	DHSS/BH Grant	Dept Ed Grant	
Total Personnel	15,702		290,073	443,738	109,266	130,976	104,999	1,094,754
Payroll Taxes		-	27,731	42,421	10,446	12,521	8,165	101,285
Health Insurance				8,722				30,000
Life Insurance					1,872			1,872
Background Checks	795		1,000	1,200				2,995
Total	16,497	-	318,804	496,081	121,584	164,775	113,164	1,230,906
TRAVEL								
Travel/Training	579	4,500						5,079
Moving Expenses				2,500				2,500
Total	579	4,500	-	2,500	-	-	-	7,579
FACILITY								
Communications	168	6,000		3,000	3,000	3,300		15,468
Utilities		7,500		1,100		12,736		21,336
Minor Repairs/Maint.		1,200						1,200
Total	168	14,700	0	4,100	3,000	16,036	0	38,004
SUPPLIES								
Program Supplies	375	3,000		1,500			250	5,125
Office Supplies					8,500	200		8,700
Computer				1,500				1,500
Hanson House Client Food	230	28,600		1,500		1,860		32,190
Staff Food				500				500
Client Supplies		10,000						10,000
Total	605	41,600	-	5,000	8,500	2,060	250	58,015
EQUIPMENT								
Maintenance/Repair		5,000			2,600			7,600
Purchases				1,000	1,700			2,700
Vehicle Fuel			1,250	1,250	-	500		3,000
Total	-	5,000	1,250	2,250	4,300	500	-	13,300

OTHER	Non-Secure Grant	Hanson House Grant	Hanson House Medicaid *	CMHP Medicaid *	TFC Medicaid *	DHSS/BH Grant	Dept Ed Grant	Total Budgeted Expense
Prof/Contract Services				7,200	7,200			14,400
Insurance		7,200			14,417			21,617
Workers Comp			23,019	27,337	3,404	17,656		71,416
Printing and Advertising			530	-	530			1,060
Americorps Volunteers			14,500	14,500				29,000
Dues and Memberships			600		600			1,200
Staff Miscellaneous				500				500
Contractual Foster Care					164,250			164,250
Mortgage Principal					17,350			17,350
Mortgage Interest					11,214			11,214
Bank Fees				700				700
License Fees				50				50
Total	-	7,200	38,649	50,287	218,965	17,656	-	332,757
			*	*	*			
Total Expenses	\$17,849	\$73,000	\$358,703	\$560,218	\$356,349	\$201,027	\$113,414	\$1,680,561

* PLEASE NOTE THE MEDICIAD SOURCES OF INCOME IS NOT GARENTEED - THESE NUMBERS ARE BASED ON AGENCY EXEPENCES AND PROJECTED INCOME BASED ON FEE FOR SERVICES .



Youth Advocates of Sitka, Inc.

Homes ● Schools ● Community

City of Sitka Grant Budget

2014-2015

Line Item Detail	Funding Description	Cost
Whirlpool front load washer	City of Sitka	\$ 1,350
Whirlpool front load drier	City of Sitka	\$ 1,350
Whirlpool Range	City of Sitka	\$ 1,250
Whirlpool Refrigerator	City of Sitka	\$ 1,550
Whirlpool Microwave	YAS match	\$ 220
Appliance delivery, installation, and haul away old appliances	Schmolck Mechanical Contractors match	\$ 215
Healthy Snacks	City of Sitka	\$ 4,500
Healthy snacks	YAS match	\$ 450
Total	City of Sitka Grant	\$ 10,000
	Match	\$ 885
	Total Project Cost	\$10,885

Internal Revenue Service
District Director

Department of the Treasury

EP/EO:EO-1:JPJ

Date: NOV 3 1978

Employer Identification Number:
92-0064393
Accounting Period Ending:
December 31
Form 990 Required: Yes No

▷ Youth Advocates of Sitka, Inc.
Box 1066
Sitka, AK 99835

Person to Contact:
Patricia D. Grenier
Contact Telephone Number:
(206) 442-5110
SEA:EO:78-1028

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

P.O. Box 21224, Seattle, Washington 98111

(over)

Letter 947(DO) (5-77)

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

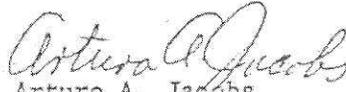
You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,


Arturo A. Jacobs
District Director

This determination letter modifies our letter of April 26, 1978.

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

This is to certify that

YOUTH ADVOCATES OF SITKA, INC

805 LINCOLN ST SITKA AK 99835

owned by

YOUTH ADVOCATES OF SITKA, INC.

is licensed by the department to conduct business for the period

May 10, 2013 through December 31, 2014
for the following line of business:

62 - Health Care and Social Assistance

This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Susan K. Bell
Commissioner

