Department of the Treasury

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.

OMB No 1545-0047 2020 **Open to Public** Inspection

Form 990 (2020)

For the 2020 calendar year, or tax year beginning , and ending D Employer identification number Check if applicable: C Name of organization Address change Paul Anderson Youth Home, Inc. 58-6041868 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) P. Telephone numbe 912-537-7237 P.O. Box 525 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Vidalia GA 30475 G Gross receipts \$ 2,526,913 Amended return Name and address of principal officer: X No H(a) is this a group return for subordinates? Yes Application pending Glenda Anderson Yes 1603 McIntosh St. H(b) Are all subordinates included? Vidalia GA 30474 If "No." altach a list. See instructions X 501(c)(3)) (insert no.) 4947(a)(1) or Tax-exempt status: WWW.PAYH.ORG Website: H(c) Group exemption number Form of organization: X Corporation Trust Year of formation: 1962 Other > M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: The Paul Anderson Youth Home (PAYH) is a residential home providing Activities & Governance Christian rehabilitation for young men ages 16-20 seeking an alternative to incarceration. 2 Check this box ▶ ☐ 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) Number of independent voting members of the governing body (Part VI, line 1b) 14 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 33 6 Total number of volunteers (estimate if necessary) 15 7a Total unrelated business revenue from Part VIII, column (C), line 12 O 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 1,070,786 1,461,190 9 Program service revenue (Part VIII, line 2g) 598,100 462,225 149 5,891 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 305,098 562,456 1,974,133 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,491,762 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 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) 1,321,465 1,448,721 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 758,117 700,556 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,079,582 2,149,277 342,485 -105,44919 Revenue less expenses. Subtract line 18 from line 12 Assets or Belances Beginning of Current Year End of Year 2,383,593 20 Total assets (Part X, line 16) 2,761,543 71,531 21 Total liabilities (Part X, line 26) 80.076 ,312,062 22 Net assets or fund balances. Subtract line 21 from line 20 2.681.467 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 proparer (ther than officer) is based on all information of which preparer has any knowledge, Sign Here Glenda Anderson President Type or print name and title Print/Type preparer's name Preparer's signaturo Date PTIN Paid 06/30/21 self-employed P01272835 Preparer Lanier Deal & Proctor, 58-1820983 Firm's EIN **Use Only** 201 S Zetterower Ave Statesboro, GA 30458-4823 912-489-8756 Firm's acidress May the IRS discuss this return with the preparer shown above? See instructions Yes No For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2020) Paul Anderson	Youth Home, Inc.	58-6041868	Page
-		n Service Accomplishments		
. ***		ontains a response or note to a	ny line in this Part III	
	Briefly describe the organization's miss			
T	he Paul Anderson You hristian rehabilita	ith home (PAIH) is	a residential nome	providing
	ncarceration.	cton for young men	ages 10-20 seeking	an arrelnative to
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2	Did the organization undertake any sign	nificant program services during the ve	ar which were not listed on the	The second secon
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services or		anakini orasan kanakini kanak	And the second second second second
3	Did the organization cease conducting,	or make significant changes in how it	conducts, any program	
	services?	TOTAL OF THE SECTION	01-018-27-20-28-28-28-28-28-28-28-28-28-28-28-28-28-	Yes X No
	if "Yes," describe these changes on Sci	hedule O.		
	Describe the organization's program se			
	expenses. Section 501(c)(3) and 501(c)		t the amount of grants and allocations	to others,
	the total expenses, and revenue, if any,	nor each program service reported.		
A a	(Code:) (Expenses \$	1,557,299 including grants	of \$ 1/20	venue \$ 462,225
न्य	(Code:) (Expenses \$ he Paul Anderson You	The Home (DAVU) 40	a residential home	wented of the second
C	hristian rehabilitat	rion for young man	a residential nome	an alternative to
i	ncarceration.			A. C. J. T. C. A. C.
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d (Other program services (Describe on Sc	chedule O.)	minorane of the second	
(Expenses \$	including grants of \$) (Revenue \$	nates pour rammum constitution and access
le]	otal program service expenses	1,557,299		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
- 0	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	+
2	Did the organization regard in direct or indirect political campaign activities on behalf of or in opposition to		-25	\vdash
۵	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	11b		X
Ç	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
0	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	444	x	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	-	-
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? #			
	"Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1!		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on	40	х	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		All and the	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

P	art IV Checklist of Required Schedules (continued)	-			Ye	s No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	on			10	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		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		03.455.005.003.47	23		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				l
	through 24d and complete Schedule K. If "No," go to line 25a	Feet V	air alter	24	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24)	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ear			1	
	to defease any tax-exempt bonds?		ent for a market	- 110 rok (*1775 state 246		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24	1	
25a						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			.25	1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a					1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990.					x
0.0	If "Yes," complete Schedule L, Part I			25	-	1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any cu or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	urren	ī	#		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee,	lease	wes the exist	40	+-	1
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	key				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				1	
	normana? (f "Van " normalata Cabadula I Dart III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			***********		9 3639
-	IV instructions, for applicable filing thresholds, conditions, and exceptions):	, x. w.		138	THE ST	I Fav.
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?) If			-	-
	"Yes," complete Schedule L, Part IV			28		X
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		********	28	_	X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? if		******		1	
-	"Yes," complete Schedule L, Part IV			286		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule	M	1 2 4 1 2 4 7 4 7 7 1			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		h. h			
	conservation contributions? If "Yes," complete Schedule M		hada maka mara terma ara .	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule	N, F	art I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					T
	complete Schedule N, Part II			32	4	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regula	tions	i	2, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		entriaro, aprilicioni d	33		X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	III,				
	or IV, and Part V, line 1	Turk Turk S	and the second of	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		eran en antario	351	-	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		****	351)	-
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		ব্রহার দিল কর <i>ম</i> নির		-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1		
22.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			37	+-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b	and			1	1
D	19? Note: All Form 990 filers are required to complete Schedule O.	.tht.m/		38	X	1
100.00	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					17
}	Check if Schedule O contains a response or note to any line in this Part V		DANKERS		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	9	All transport	1 68	NO
b	3 1 12 44 1 4 3 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4	1b	0	1 7	36	180
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	10				The second
•	reportable gaming (gambling) winnings to prize winners?	1500	Charles and the second			x
20.00			and the same of th			

-	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	aua/			Vac	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		33		Yes	No
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return	28		2b		x
Ð	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		*************	20		A
3a	Pitel the generalization to the second state of the second state o			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		KOKONYE OTOŁOŁO KROLOWOW			-23
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			35		
74	a financial account in a foreign country (such as a bank account, securities account, or other financial	-		4a		X
b	If "Vac " antar the name of the foreign country		4.4	10000	903E)	35
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		ÉRAR)			78
6a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transacti	on?	ARTHROCEFOR ENGLISHED	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	êtri		5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	i si sai sa	કરોડા કરો રા ક (કરાઈટ) કર્જા ફર્જિસ્ટ કરા	-		
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	IS OF	************			
	aiffe wase that yething?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	'e = 1'= 1'e = 1'e #	र प्रदेश है कि देश है कि कि कि कि आप के अप के प्राप्त		UE SE	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	oods		15.00		
	and services provided to the payor?			7a	-	2000
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	4,44,60	e elektronen komunikalikan kaliforki.	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ी राज्य संक्रिकेत्रीयाँ इ.स.च्या	****	12		
	required to file Form 82627			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	en a la en a de alla diviri e proprie la viva de en arec in d	1000	the state of	1131
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cor		· Affine of the second of the second	70	SERVICE STATE	The same
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	42	CONTEXT ONLY TRANSPORT	75		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 s	s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a	Form 1098-C2	7h		/ <u>-</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine		7 0171 1000 01	10000		910
	sponsoring organization have excess business holdings at any time during the year?	a by the		8	ADMINISTRA	
9	Sponsoring organizations maintaining donor advised funds.	*******		2010	ASO.	WA.
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	000000000000000000000000000000000000000	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	4.1000.45.50	ijan sa manana na singa kata na kata	9b		
0	Section 501(c)(7) organizations. Enter:	में हुने होता महिन्द्र स	YS(46) (FEEDAAAAAXXXXXXXX	1	MEE.	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			3,00	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	The second secon			
1	Section 501(c)(12) organizations. Enter:			388		
a	Gross income from members or shareholders	11a		PI		
b	Gross income from other sources (Do not net amounts due or paid to other sources		100	60		
	against amounts due or received from them.)	11b		923/9		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		w*	12a		
b	PROPERTY AND ADDRESS OF THE PROPERTY A	12b	ા પા ર્ચક અને ક ા પાસપાલી સોલ્સાન સામાના મામ્યાન મા		8	
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			188		
a	is the organization licensed to issue qualified health plans in more than one state?			13a		77
	Note: See the instructions for additional information the organization must report on Schedule O.		35.288	5331	1	
b	Enter the amount of reserves the organization is required to maintain by the states in which			STAIL.	92	
	the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c		100		
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	0	remit e in Mai recijes i ie	14b		
5	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera	tion or	នៅក្រុមស្ថាក់នេះ មានសំព័ត្យ និងក្នុងបានប្រ			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		a street and a sector in			RO
				40		x
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?		16		

Form 990 (2020) Paul Anderson Youth Home, Inc. 58-6041868 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 Yes No 14 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. 14 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 X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? Each committee with authority to act on behalf of the governing body? X 86 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 on Schedule O 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? X 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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 Section 6104 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. Own website Another's website X Upon request 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 name, address, and telephone number of the person who possesses the organization's books and records P.O. Box 525 Eileen Whitfield GA 30475 912-537-7237 Vidalia

Form 990 (2)	(20) Paul Anderso	n Youth	Home, Inc.	58-6041868	Page:				
Part VII			rs, Trustees, h	Key Employees, Highest Compensat	ed Employees, and				
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Truste	es, Key Employ	ees, 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. See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and e director/trustee)					m l	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
řů	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highaet compansaled employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations	
(1) Glenda Anderson President	40,00	×		x				70,000	0	37,714	
(2) Kenneth Vaughn		+**					1	70,000	-	J., 12.	
COO	40.00			x		:	1	79,000			
(3) Truett Andrew	0,00			-,			1			100	
Board Member	0.00	x						0	0		
(4) Sandra Carter						\Box	1				
Board Member	0.00	x			1/			o	o		
(5) Robert Cossio								V S TO STATE OF THE STATE OF TH	***************************************	A STATE OF THE PROPERTY OF THE	
Board Member	0.00	x						o	0		
(6) Nick Greene					777						
	0.00							·			
Board Member	0.00	X					-	. 0	0	s sams as	
(7)Milly Kennedy	0.00										
Freasurer	0.00	X		X				0	0		
(8) Chaplain (BG) Do	ug Lee 0.00								and an order		
Board Member	0.00	x						0	0		
(9) William McClarno	n										
	0.00										
Board Member	0.00	X						O	0		
10) Friz Olnhausen	0.00										
an price apparators in the second field he come	0.00	x		x							
Vice Chairman	0.00	A		^		-		0	0	0	
11)Charles Ruffin	0.00										
Chairman	0.00	X		X				0	0		

Form 990 (2020)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization >

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII. (A) Total revenue (B) Related or exempt function revenue (C) Unrelated (D) Revenue excluded from tex under sections 512-514 business revenue 1a Federated campaigns 1a b Membership dues 16 c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 10 f All other contributions, giffs, grants, and similar amounts not included above 1,461,190 g Noncash contributions included in lines 1a-1f 19 4,426 h Total. Add lines 1a-1f 1,461,190 Business Code 721310 462,225 Parental Assistance 462,225 rram Service . Tarangan kangan kan เรื่องเขตเลขาเล่าเล่าเก็บเรา โดย ค่ำ เรื่องค่าเล่าเล่าเล่าเล่า เรา เล่า เรา เล่า เล่า เล่า เล่า เล่า เล่า เล่า f All other program service revenue g Total. Add lines 2s-2f 462,225 3 Investment income (including dividends, interest, and other similar amounts) 688 688 4 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b C Rental Inc. or (loss) 6c d Net rental income or (loss)
7a Gross amount from (I) Securities (ii) Other sales of assets 5,600 other than inventory 7a b Less: cost or other 397 basis and sales exps. 76 7c 5,203 c Gain or (loss) d Net gain or (loss) 5,203 5,203 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 294,974 b Less: direct expenses 34,754 c Net income or (loss) from fundraising events 260,220 9a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities -10a Gross sales of inventory, less returns and allowances 682 10a b Less; cost of goods sold 10b c Net income or (loss) from sales of inventory 682 682 **Business Code** 245,543 Payroll Protection Program 900099 245,543 56,011 900099 56,011 Other d All other revenue 301,554 Total, Add lines 11a-11d 2,491,762 770,352 12 Total revenue. See instructions

Part IX Statement of Functional Expenses

DU I	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b.	8b, 9b, and 10b of Part VIII.	s once copperious	exponses	general expenses	experises
1	Greats and other assistance to domestic organizations			THE STATE OF THE S	
	and domestic governments. See Part IV, line 21	Tanana and the same and the sam			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			第一条交通货 更多	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		Įį.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	149,000		149,000	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,142,623	915,596	112,809	114,218
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,064	43,995	10,821	6,248
10	Payroll taxes	96,034	69,462	18,205	8,367
11	Fees for services (nonemployees):				
a	Management				notes (s.)
b					
C	Accounting				
d	Lobbying				3 222 2 22 2 2
0					
f	Investment management fees				****
g					
	(A) amount, list line 11g expenses on Schedule O.)	136,453	77,521	52,437	6,495
12	Advertising and promotion	27,775	22,585	i i	5,190
13	Office expenses	50,946	777	37,169	13,000
14	Information technology				
15	Royalties				
16	Occupancy	96,917	75,580	21,337	The second secon
17	Travel	4,888	1,257		3,631
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,504	1,564	10,780	160
20	Interest	4,894		4,894	
21	Payments to affiliates			D	
22	Depreciation, depletion, and amortization	125,402	125,402		
23	Insurance	70,452	67,874	2,578	- MI - 20,700
24	Other expenses. Itemize expenses not covered			建筑是一种,这里的	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Food	64,716	64,540	176	Pilaninis .
b	Supplies	45,504	41,575	3,929	
¢	Dues and fees	14,939	7,606	2,177	5,156
d	Automobile	11,872	11,727		145
e	All other expenses	33,294	30,238	1,889	1,167
25	Total functional expenses. Add lines 1 through 24e	2,149,277	1,557,299	428,201	163,777
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				

				(A) Beginning of year		(B) End of year		
1	Cash—non-interest-bearing	OANTHOUS.		8,041	1	6,751		
2	Savings and temporary cash investments		**************************************	266,984	2	656,29		
3	Pledges and grants receivable, net	***			3			
4	Accounts receivable, net	*****		ALCOHOL	4	11 Have processed and the second		
5	Loans and other receivables from any current or former	officer, o	irector,					
	trustee, key employee, creator or founder, substantial of	ontributo	, or 35%					
	controlled entity or family member of any of these person	ns			5			
6	Loans and other receivables from other disqualified per			P-12/1-00/218 77/2				
	under section 4958(f)(1)), and persons described in sec	tion 495	(c)(3)(B)		6			
7	Notes and loans receivable, net	Herebrook.		**************************************	7			
8	Inventories for sale or use		The second secon	5,995	8	5,85		
9	Prepaid expenses and deferred charges				9	5,33		
10a	Land, buildings, and equipment: cost or other	1 1	1					
	basis. Complete Part VI of Schedule D	10a	5,469,249					
b	Less: accumulated depreciation	10b	3,527,565	2,006,205		1,941,684		
111	Investments—publicly traded securities	. 15 . 5 . 1	the analysis of the consequence	79,684	11	104,23		
12	Investments—other securities. See Part IV, line 11	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P		12	·			
13	Investments—program-related. See Part IV, line 11		animan in the same and		13			
14	Intangible assets			14				
15	Other assets. See Part IV, line 11			16,684		41,390		
16	Total assets. Add lines 1 through 15 (must equal line 3			2,383,593		2,761,54		
17	Accounts payable and accrued expenses	71,530	17	80,076				
18	Grants payable	المعامرين المالية	18					
19	Deferred revenue	10 10000		was see	19			
20	Tax-exempt bond liabilities		edulation (Telepara)		20			
21	Escrow or custodial account liability. Complete Part IV of	f Schedu	le D		21	of the contraction		
	Loans and other payables to any current or former office		40					
	trustee, key employee, creator or founder, substantial co				SECTION IN			
	controlled entity or family member of any of these perso	ns ,	en and a complete and an experience		22			
23	Secured mortgages and notes payable to unrelated thin	d parties	PRINCES CONTRACTOR -		23			
24	Unsecured notes and loans payable to unrelated third p	arties 🚃			24			
	Other liabilities (including federal income tax, payables							
	parties, and other liabilities not included on lines 17-24).				1			
	of Schedule D	+ * * * * * * * *	*****		25			
	Total Ilabilities. Add lines 17 through 25			71,531	26	80,076		
	Organizations that follow FASB ASC 958, check her	e X	10		ELVE			
	and complete lines 27, 28, 32, and 33.		10	0 010 000				
27	Net assets without donor restrictions	2,018,207		2,403,202				
28	Net assets with donor restrictions	293,855	28	278,265				
	Organizations that do not follow FASB ASC 958, ch	eck here						
	and complete lines 29 through 33.		2000年	ENGINEERING CONT.				
29 30	Capital stock or trust principal, or current funds		29	**************************************				
1 .513	raid-in or capital surplus, or land, building, or equipmen			30	-000			
24	Detained agains and arms and a complete of	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances						
31	Retained earnings, endowment, accumulated income, o	r other fu	nos	2,312,062	31	2,681,467		

Form 990 (2020)

om	1990 (2020) Paul Anderson Youth Home, Inc. 58-6041868			Pag	ge 12
_	rt XI Reconciliation of Net Assets				422
- Drive	Check if Schedule O contains a response or note to any line in this Part XI		44.	4.4.4.4	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,14		
3	Revenue less expenses. Subtract line 2 from line 1	3			485
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,3		
5	Net unrealized gains (losses) on investments	5	***************************************	23,	994
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		mkijimmi	
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2,	926
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,68	31,	467
Pa	rt XII Financial Statements and Reporting	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
2500	Check if Schedule O contains a response or note to any line in this Part XII			4 5 1/4 -	
: i				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			113	量质
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			AND B	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	********	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	113065000			W. S.
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				A.S.
Ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				17557
	Separate basis Consolidated basis Both consolidated and separate basis				William .
6	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on	4.4			0.3
	Schedule O.		1.50		100
3-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
J	Single Audit Act and OMB Circular A-133?		3a		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	48,14,11,14		-11-11-11-11-1	- summinous
U	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	Togethor audit or audited ashight min on consider of any accounts only stoke terrent to an arrange address states			904	Ž

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(5) 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

2020

Open to Public inspection
Employer identification number

Schedule A (Form 990 or 990-EZ) 2020

		6 (J.)	Paul Anderso	on Youth	Home,	Inc.		58-604	1868
F	art I	Reas	on for Public Charity	Status. (All	organizati	ons must o	complete	this part.) See instruction	ons
			a private foundation because			3-1			
1		A church, co	nvention of churches, or ass	ociation of chure	ches describe	ed in section	170(b)(1)(/	4)(i).	
2		A school des	scribed in section 170(b)(1)	(A)(II). (Attach S	chedule E (F	orm 990 or 9	90-EZ).)		
3		A hospital or	a cooperative hospital serv	ice organization	described in	section 170	(b)(1)(A)(iii)	•	
4		A medical re	search organization operate	d in conjunction	with a hospit	al described	in section	170(b)(1)(A)(iii). Enter the ho	ospital's name,
		city, and stat	e:	······································					
5		An organizat	ion operated for the benefit	of a college or u	niversity own	ed or operat	ed by a gove	ernmental unit described in	N. 7 + 9 - 10. 2 - 10. 4 > + 0 2 - 2 - 2 - 1 - 1
	1		(b)(1)(A)(iv). (Complete Par		•	•			
6			ate, or local government or g		t described i	n section 17	0(b)(1)(A)(v	·).	
7	X		tion that normally receives a section 170(b)(1)(A)(vi). (C			from a gove	rnmental un	it or from the general public	
8			trust described in section			Part II.)			
9	in the same						ed in coniun	ction with a land-grant colleg	16
	1 mil	or university	or a non-land-grant college	of agriculture (se	e instruction	s). Enter the	name, city,	and state of the college or	
10		An organizat receipts from support from	ion that normally receives: (n activities related to its exen gross investment income at the organization after June 3	 more than 33 npt functions, sund unrelated bus 	1/3% of its si bject to certa liness taxable	upport from o in exceptions income (les	contributions s; and (2) no ss section 51	, membership fees, and gros more than 331/3% of its	ss.
11			ion organized and operated					a)(4).	
12			2. 2				10.	of, or to carry out the purpos	es
		of one or mo	re publicly supported organia	zations describe	d in section	609(a)(1) or	section 509	(a)(2). See section 509(a)(3).
		Check the bo	ox in lines 12a through 12d t	hat describes the	type of sup	porting organ	ization and	complete lines 12e, 12f, and	12g.
	a	the supp	orted organization(s) the por	wer to regularly a	appoint or ele	ct a majority		anization(s), typically by givin tors or trustees of the	g
	0.	F	ng organization. You must o	•	-				
	b	har sever	A supporting organization some r management of the support	•				d organization(s), by having stroi or manage the supporte	d
		organiza	tion(s). You must complete	Part IV, Section	ns A and C.				
	3							and functionally integrated wi	th,
		r r	rted organization(s) (see ins						
	d							vith its supported organizatio uirement and an attentivene	
		- 4	ent (see instructions). You r						
	0		is box if the organization rec					Type I, Type II, Type III	
	f		illy integrated, or Type III not nber of supported organizat	•	egrated supp	orung organ	ZBUOH.		
			ollowing information about the		innization(s)	ya ji ne na ji ya sa	10 * a 2 2 2 2 2 2 2 4 4 4 4 4 4 4 4 4 4 4 4	*******************	1144.12
	***********	of supported	(II) EIN		organization	that le the	organization	(v) Amount of monetary	(vi) Amount of
,		enization	ful car		on lines 1-10		ur governing	support (see	other support (see
				above (see	instructions))	doca	iment?	instructions)	instructions)
_				li		Yes	No		:
(A)									
(B)			1						
(C)		10.13	**	4	····			W.,	
/ID:	-					-		and the second s	
(D)		± 1							
(E)	***	, , , , , , , , , , , , , , , , , , ,		Į.		:			
							-	107 May 100 Ma	

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

Paul Anderson Youth Home, Inc.

58-6041868

Page 2

Schedule A. (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Sar	etion A. Public Support	rano to quanty a	indi tio toota t	otou boilon, pt			
Acres (SECTION)	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,240,856		1,060,097	1,070,786	1,461,190	6,001,691
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						***
3	The value of services or facilities furnished by a governmental unit to the organization without charge		HIR GLEEN CO. BY NO. T. O. T.	an callectionise and		3. 3. 4.	
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	1,240,856	1,168,762	1,060,097	1,070,786	1,461,190	6,001,691
6	Public support. Subtract line 5 from line 4						6,001,691
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,240,856	1,168,762	1,060,097	1,070,786	1,461,190	6,001,691
8.	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	219	603	2,406	149	688	4,065
9	Net income from unrelated business activities, whether or not the business is regularly carried on		makett eft en l	9 (8)			e in the second
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,005,756
12	Gross receipts from related activities, etc. (s	see instructions)				12	1,060,123
13	First 5 years. If the Form 990 is for the orga	anization's first, sec	ond, third, fourth, c	or fifth tax year as	a section 501(c)(3)		
11-	organization, check this box and stop here tion C. Computation of Public Su		The Manager of the Section 1.		CALL TO SAME DATE OF THE SAME		
Sec	tion C. Computation of Public Su	pport Percenta	ige		m • • • • • • • • • • • • • • • • • • •		
14	Public support percentage for 2020 (line 6,	column (f) divided b	y line 11, column (f))	e e kijara organi je okalija wara.	14	99.93%
15	Public support percentage from 2019 Sched	dule A, Part II, line 1	4 vientylesse per livery	agaileanna da ann ag		15	99.67%
16a	33 1/3% support test—2020. If the organize box and stop here. The organization qualifi	zation did not check	the box on line 13	and line 14 is 33	1/3% or more, che	ck this	× X
b	33 1/3% support test—2019. If the organization qualitation of this box and stop here. The organization qualitation of the stop here.	zation did not check	a box on line 13 o	r 16a, and line 15	is 33 1/3% or more	, check	
7a		0. If the organization	did not check a be	ox on line 13, 16a,	or 16b, and line 1	4 is	
	10% or more, and if the organization meets Part VI how the organization meets the "fact	ts-and-circumstance	es" test. The organ	ization qualifies as	s a publicly support	ied	. 1
	organization	orania a a a a a a a a a a a a a a a a a a			del aude		COVERED DE L
b	15 is 10% or more, and if the organization n	neets the "facts-and	-circumstances" te	st, check this box	and stop here. Ex	plain	
	in Part VI how the organization meets the "footganization"		era visa rasa ani kujera i	Seembooks pierwydin	donie oznaka.		> []
8	Private foundation. If the organization did instructions						

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedu

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							-	190 30,000
Cale	ndar year (or fiscal year beginning in)		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513				- i				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge							:	
6	Total. Add lines 1 through 5					and the second of the second			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
C	Add lines 7a and 7b		MARKET BEFORE					-	
8	Public support. (Subtract line 7c from line 6.)	- 1						3	
800	tion B. Total Support				(場合)	CONTRACTOR CONTRACTOR	WHE DANKER	ALC: NO.	***************************************
		T	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	on T	(f) Total
9	Am and the Asset Proc. A		(a) 2010	(0) 2017	(c) 2010	(u) 2015	(8) 204		tij rotai
		10		*	,				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	*.**							0.000000
b	Unrelated business taxable income (les section 511 taxes) from businesses acquired after June 30, 1975			THE SHOPE OF THE S	mili i ii iii iii ii		N		A-40.
C	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			27 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				45 45 41	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11,								
14	First 5 years. If the Form 990 is for the	oras	anization's first ea	econd third fourth	or fifth tay year as	a section 501(c)(3)		
	organization, check this box and stop i		anzanon o mot, oc		anagaan saa yoo aa				.
Sec	tion C. Computation of Public		pport Percent			4.7			
15	Public support percentage for 2020 (lin				n (f))		***************************************	15	%
6	Public support percentage from 2019 S	chec	dule A. Part III, line	e 15				16	%
	tion D. Computation of Investi						******		
17	Investment income percentage for 2020				column (f))			17	%
18	Investment income percentage from 20	19 S	chedule A, Part III	, line 17	**************************************			18	%
19a	33 1/3% support tests-2020. If the o	rgan	ization did not che	eck the box on line	14, and line 15 is	more than 33 1/3%	, and line	Wanner and the	
	17 is not more than 33 1/3%, check this							****	> [_]
b	33 1/3% support tests-2019. If the o	rgan	ization did not che	eck a box on line 1	4 or line 19a, and I	ine 16 is more tha	n 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, check	this	box and stop he	re. The organization	on qualifies as a pu	blicly supported o	rganization	ga nga sa s	maria. 🕨 🔛
20	Private foundation. If the organization	did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	*****	on recipients

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of 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 lines 3b and 3c 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 to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," enswer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 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 or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part 1 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 509(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**.
- Dld 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.
- 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 line 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
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3b	averst	GG13
3c		-
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4a	Salahi Salahi	949
4b	216252	
	GARBINA	
4c	37415	
5a		The Lorentz
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9a		
9b	\$200 B	12991
5		
9c		13940
		No.
10a	25.20	Have
10b	AND ADDRESS OF	Contract Con

COUNTY BANKS	ule A (Form 990 or 990-EZ) 2020 Paul Anderson Youth Home, Inc. 58-604186	58		Page 5
Pa	rt IV Supporting Organizations (continued)		Van	N.
44	the the superimetion appeared with an exhibit for form and the following appeared?	100	Yes	No
11	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 lines 11b and			In it
2	11c below, the governing body of a supported organization?	11a	DAY STREET,	481707412
b	A family member of a person described in line 11a above?	11b		100
-	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1988	mate:	Will Bu
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			CONT.
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		#32 in 24	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	102334		S200-20
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	letter 1	20,500	ESPAIN.
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		AND SANDAGONE
Sect	ion C. Type II Supporting Organizations			of 1000)
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1306	Kon,	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	· ALERS		
	or management of the supporting organization was vested in the same persons that controlled or managed	636		
	the supported organization(s).	1		101 - 101 A
sect	ion D. All Type III Supporting Organizations			
		(Marie	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			KIEK.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Recording	braddents:
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		ACTUAL	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
4. 2.	supported organizations played in this regard.	3		
ect	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see Instructions).			
8	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 governmental entity (see instruc	ntional		
2 ·	Activities Test. Answer lines 2a and 2b below.	monsy.	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	100	105	SOUTH
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	11000		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	17.00	ALVANIE -	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		PIGLE	25
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2.	SO FILES	E21560):
jal.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		MINE L
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	Waller L	mark Back

rganizati	ons	
1 20 4AT		
	0 (explain in Part VI). See Sections A through E.	10
	(A) Prior Year	(B) Current Year (optional)
1		
2		
3		
4		
5		
		*
8		(6) (0)
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
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		Current Year
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Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019
e Excess from 2020

Schedule & (For	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V, lines 2, 5, and 6. Al	Section A, lines 1 art IV, Section C, line 1; Part V, Se	the explanation, 2, 3b, 3c, 4b, line 1; Part IV, section B, line 1e	ons required by 4c, 5a, 6, 9a, 9 Section D, lines Part V, Section	Part II, line 10; l 9b, 9c, 11a, 11b, s 2 and 3; Part IV on D, lines 5, 6, a	and 11c; Part IV, \$ V, Section E, lines 1 and 8; and Part V, \$	Section c, 2a, 2b,
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internel 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

2020

Name of the organization

Employer Identification number

Paul Anders	on Youth Home, Inc. 58-6041868				
Organization type (chec	one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	is covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.				
Special Rules					
regulations under 13, 16e, or 16b, a	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, during literary, or educati	the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
contributor, during contributions totale during the year for General Rule app	the year, contributions exclusively for religious, charitable, etc., purposes, but no such and more than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the lies to this organization because it received nonexclusively religious, charitable, etc., contributions nore during the year.				
Caution: An organization (990-EZ, or 990-PF), but it	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nust 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 to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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 **Employer Identification number** 58-6041868 Paul Anderson Youth Home, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?... Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 **\$** \$ 100 at \$100 keeps and a second control of the Assets included in Form 990, Part X

Part IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Schedul	e D (Form 990) 2020 Paul And					58-6			Page
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection allera (depole): a [XF] Public exhibition b Scholary research c Preservation for future generations c Other Preservation for future generations c Other Reservation for future generations c Other B Scholary research c Previous addition organization solicit or recaive donations of art, historical treasures, or other similar assessable to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrive and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, houses, outstodian or other intermediary for confributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization and part, houses, outstodian or other intermediary for confributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes, and part in the arrangement in Part XIII and complete the following table: C Beginning balance 1 Sequence Se		III Organizations Maintaini	ng Collections of	Art, Histo	rical T	reasures,	or Othe	r Simil	ar Asse	ts (continued)
s Scholarly research e Other	3 Us	sing the organization's acquisition, access	sion, and other records	check any o	f the folio	wing that ma	ake signific	ant use	of its	a Viena Brogo
b Scholarly research e Other c Preservation for Atture generations 4 Provide a description of the organization's collections and explain how they further the organization's exampt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exampt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold for rake funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Part XIII and a complete the following table: C Beginning balance B If Entileg balance C Beginning balance D Beginning balance C Beginning balance C Beginning balance C Beginn	a X	Public exhibition	d III	_oan or exch	ange pro	oram				
c Preservation for future generations A Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar sessels to be sold to called funds rather than to be maintailed as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 930, Part X, line 21. 1a is the organization an agent, trustee, custodial or or other intermediary for contributions or other essets not included on Form 990, Part X line 21. 1b If "Yes," Explain the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account tiability? I Part V Ending balance 1c	7 3	ė.	- Second			-				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purposes in Part XIII. 5 During the year, did the organization collection receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodial arrangement in Part XIII and complete the following table: a Beginning balance in Complete in Part XIII and complete the following table: a Beginning balance in Complete in Part XIII and complete the following table: a Beginning balance in Complete in Part XIII check here if the explanation has been provided on Part XIII and Complete in the explanation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII and Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization and the organization that are held and administered for the organization and the programs and programs and pro	c		E.M.	21507270	*******	The Court of Devices				
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990. Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 16. Amount 16	20	sals to he sold to raise funde rather than	to he maintained as we	art, motorica	i il edsufe	s, or other s	umar			
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Tall she organization an agent, frushee, custedian or other intermediary for contributions or other assets not included on Form 990, Part X; Tell		Complete if the organization		on Form 9	990, Pa	rt IV, line 9	9, or repo	orted a	n amour	nt on Form
Included on Form 990, Part X? Yee	10 10				47			7	-	
C Beginning balance c Beginning balance d Additions during the year e Distributions during the year 12										
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c. Beginning balance	D II	res, explain the alrangement in Part XII	and complete the follo	wing table:				r		
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Distributions during the year 16	C Re	ginning balance			97 8 ,8 1 2 4 2 5 5 5 5			ance I	1c	
Ending balance 16	W / 10	ontono dorning the year			out, planting	CONTRACTOR CO.		Service Co	1d	
Tending balance Building organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Building organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. (a) Tree years back (a) Tree yea	a DE	principles during the year	APPROXIMATION AND APPROXIMATIO	0.0000000000000000000000000000000000000			and the same	AUGUST S	1e	MATERIAL DE 1997
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	f En	ding balance	a distance in the superior of the superior						11	
Description of programs	2a Dic	I the organization include an amount on I	Form 990, Part X, line 2	1, for escrow	or custo	dial account	liability?			Yes N
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b_lf**	es," explain the arrangement in Part XIII	. Check here if the expl	lanation has I	been pro	vided on Par	t XIII			Table Committee (Committee Committee
(a) Current years (b) Prior years (c) Two years back (d) Trice years back (e) Four years (e) Four	Part \		· · · · · · · · · · · · · · · · · · ·							, a
1a Beginning of year balance 95, 264 94,354 233,274 231,870 218,937 b Contributions 875 910 910 575 12,727 c Net investment earnings, gains, and losses 2,318 529 206 d Grants or scholarships 2,318 529 206 d Grants or scholarships 2,318 529 206 d Grants or scholarships 3,325 2,318 529 206 d Grants or scholarships 3,325 2,318 529 206 d Grants or scholarships 3,325 2,325 2,325 2,338 529 206 d Grants or scholarships 3,325 2,3		Complete if the organization	n answered "Yes"	on Form 9	90, Par	t IV, line 1	0.			
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b Contributions	1a Be	ginning of year balance	95,264	9.	4,354	23	33,274		231.8	
c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance he setimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (ives in line 3g(ii), are the related organizations listed as required on Schedule R? 1 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (investment) (in	b Co	ntributions								
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Schedule D (Form 990) 2020 Paul Anderson Youth Home, Inc	c. 58	-6041868	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		nue per Return.	
Complete if the organization answered "Yes" on Form 990,			
1 Total revenue, gains, and other support per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	far 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	. <u>2b</u>		
c Recoveries of prior year grants	2c 2d		
d Other (Describe in Part XIII.)	20	20	
e Add lines 2a through 2d 3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		DEBOUGHO C	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	(
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990; Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial State	ments With Expe	enses per Return.	
Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	24.77	
1 Total expenses and losses per audited financial statements	is the second of	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	all a		
a Donated services and use of facilities	2a		
b Prior year adjustments			
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1	r following because of the risk	3 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	46		
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4c 5	
Part XIII Supplemental Information.	**************************************	AND THE PROPERTY OF THE PROPER	**************************************
Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a Part X - FIN 48 Footnote The youth home is a not-for-profit organization taxes under section 501(c)(3) of the international income taxes are reflected in the financial.	tion and is	exempt from i	ncome
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Part X	III Supple	mental info	ormation (co	ontinued)				
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Department of the Treasury

Internal Revenue Service

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, Ilne 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Name of the organization Paul Anderson You	outh Home 1	ne.		Employer Identification 58-60418	
Part I Fundraising Activities. Comple	te if the organizat	on answe	red "Yes" on Form		
Form 990-EZ filers are not requi			Management State (1994)	The state of the s	
1 Indicate whether the organization raised funds thro	1 1				
a Mail solicitations	e Solicitatio	n of non-gov	ernment grants		
b internet and email solicitations	f Solicitatio	n of governm	nent grants		
c Phone solicitations	g Special fu	ndraising ev	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreeme or key employees listed in Form 990, Part VII) or er	ent with any individual (including off professional	icers, directors, trustee fundraising services?	es,	Yes No
b If "Yes," list the 10 highest paid individuals or entitle compensated at least \$5,000 by the organization.	es (fundraisers) pursua		ents under which the f	undraiser is to be	- August - A
(I) Name and address of Individual or entity (fundraiser)	(II) Activity	(iii) Did fund- raiser 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
	1	Yes No	**************************************	pro-	D ₁₁
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otal				***	
List all states in which the organization is registered registration or licensing.	or licensed to solicit co	ontributions	or has been notified it i	s exempt from	
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######################################	GERTHATA SERVENA A A A ARRASA	Andrew Contracts	\$75 \$. \$ \$ \$\$ -= _\$\$ \$ \$ \$ \$ \$ \$ \$	***********	1 19 4 F 1 6 1 7 1 4 4 6 6 6 6 7 9 1 1 2 2
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Schedule G (Form 990 or 990-EZ) 2020 Paul Anderson Youth Home, Inc. 58-6041868 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through Bike Ride August Golf Cla 2 (total number) col. (c)) (event type) (event type) Revenue 74,338 72,302 294,974 148,334 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 74,338 72,302 294,974 148,334 line 2) 4 Cash prizes 5 Noncash prizes 6,955 6,955 3,854 3,854 6 Rent/facility costs Direct Expenses 381 2,613 2,994 7 Food and beverages 8 Entertainment 2,118 12,212 6,621 20,951 9 Other direct expenses 34,754 10 Direct expense summary. Add lines 4 through 9 in column (d) 260,220 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabe/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net garning income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2020	Paul	Anderson	Youth	Home,	Inc.	58-604186	8	Page 3
11	Does the organization conduct gaming	activities wi	th nonmembers?					Y	es No
12	Is the organization a grantor, beneficia	ry or trustee	of a trust, or a me	mber of a pa	rtnership or	other entity	2,14 (2.11) (11.11) (11.11) (11.11)		
	formed to administer charitable gaming	?					Amadona to and the first of the state to the state	Y	es No
13	Indicate the percentage of gaming active	-					li and		
3	The organization's facility	a parte di Na				CANTON TOTAL CO.	13a	Aut The Table	%
b	An outside facility					2000 THE THE TAX	13b	· · · · · · · · · · · · · · · · · · ·	%
14	Enter the name and address of the per records:	son who pre	pares the organiz	ation's gamir	ng/special e	vents books and	<u> </u>		
	Name >	SKARAMAA KARA	Kirka i kompani ka	Zaven de o egiste	પ્રદેક કેટ ફેલ્પ કરેલ	s et a montania militari ja ks	alanian kanada kanada kanada kan	100447	
	Address >		. เซาะ ซึ่งได้ ก็ต่องเลือด คลัดได้ คลัดได้ เก็บ	6 6 6 8 2	- 1 x - 1 x + 2 x - 1 x + 4;	ช รายไร้เรียดในได้เลี้ ตำหนองตัวเลี้	. A KARAN KALATUR INN JANGTAN KARAN PROPERTY	4 5 2 4 8 6 7	
16a	Does the organization have a contract	with a third p	party from whom the	ne organizati	on receives	gaming			
	revenue?	na a a anglata y granta.					a	Ye	s No
b	If "Yes," enter the amount of gaming re-	venue recei	ved by the organiz	ation > 3	2 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		and the	. "	Caure F
	amount of gaming revenue retained by	the third pa	rty ▶ \$	•7 - V 4.V - Y	THE COURSE		5.		
C	If "Yes," enter name and address of the	third party:			8078.4070				
	Name >								
	Name >				e na li je sama ula l	The second second second second		8 + 2 × + 18	
	Address • CONTRACTOR C	e in the second	restra de alba a contra a o	+ + + + + + + + + + + + + + + + + + +	*****	* * * * * * * * * * * * * * * * * * * *	पान र पाप के बाद न के प्राव्या के देश ने किया के प्राप्त के प्राप्त के प्राप्त के प्राप्त के प्राप्त के प्राप्त	*****	
16	Gaming manager information:								
	Name •								
	A. J	X 3 3 - K * * * * * * * * * *	***	+++++++++	* 5,* * 7 4 *		4 - 24		
	Gaming manager compensation ▶ \$	**********							
	Description of services provided ▶	4 12	termina a la segueta y Turi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-16	(64 244 247 47	1 = 1 4 4 19 3 4 3 1 3 2 4 13 2 4 19 4 14 14 14 14 14 14 14 14 14 14 14 14 1		
	Director/officer Emp	oloyee	[Indeper	ndent contra	ctor				
17	Mandatory distributions:								
a	Is the organization required under state	law to make	charitable distrib	utions from t	he gaming r	nroceeds to			
511	ratain the state semination of							Ye	s No
b	Enter the amount of distributions require	ed under sta	te law to be distrib	uted to othe	r exempt or	ganizations or		()	
	spent in the organization's own exempt								
Pa	t IV Supplemental Informa								
	Part III, lines 9, 9b, 10b	, 15b, 15c	, 16, and 17b,	as applica	able. Also	provide any	additional information		
	See instructions.							-	
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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.

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Paul Anderson Youth Home, Inc.

58-6041868

Employer identification number

Warne OOO Part WI Trans	2 - Related Party Information Among Officers
Glenda Anderson	Paula Schaefer
President	Secretary
Mother	
के करों का में इंबेडिक के किएकों के रक्षा का देव हैं। वहाँ में इंडे की उन्हों की किए हैं कि हैं। किए हैं के स् स्टिक हो	
Charles Ruffin	Sally Ruffin
Chairman	
Spouse	en karakan menanggan beranggan panggan panggan panggan penggan dia danggan penggan
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Form 990, Part VI, Line	6 - Classes of Members or Stockholders
The organization has boar	rd members that are elected into the position.
Decisions are approved by	y the board members.
เพื่อเล่น ได้สุด (เล่น และ จะเล่น (คราคมายการ คราคมายการ คราคมายการ (คราคมายการ คราคมายการ (คราคมายการ (คราคมา	nen erikerinen eriken artikan artikan erikerin erikerin berentan berentan erikerin erikerin betan erikerin.
Form 990, Part VI, Line	7a - Election of Members and Their Rights
The organization has boar	rd members that are elected into the position.
Decisions are approved by	y the board members.
Form 990, Part VI, Line	7b - Decisions Subject to Approval of Members
The organization has boa	rd members that are elected into the position.
Decisions are approved by	y the board members.
Form 990, Part VI, Line	11b - Organization's Process to Review Form 990
The 990 is provided to t	he treasurer and is reviewed by the board of
directors.	
A SECTION OF THE PROPERTY OF	

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization Employer identification number Paul Anderson Youth Home, Inc. 58-6041868 Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The organization's corporate compliance officer discusses the conflict of interest policy during the annual board meeting and each member signs the policy. Form 990, Part VI, Line 15a - Compensation Process for Top Official The organization has a pay plan that is reviewed yearly. The pay plan is compared to similar plans in the Savannah area. Form 990, Part VI, Line 15b - Compensation Process for Officers The organization has a pay plan that is reviewed yearly. The pay plan is compared to similar plans in the Savannah area. Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation All documents are availabe upon request. Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation Change in investment - Family Strong Center

351130 06/30/2021 8:17 AM SCHEDULER (Form 990) Opportment of the Treasury Internal Revenue Service Name of the organization

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(2)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 35, or 37.

► Attach to Form 990.

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

Open to Public Inspection OMB No. 1545-0047 2020 Employer identification number

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 58-6041868 (a) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity ് ക്കുക്കുക്കുക്ക് വിയവ് അത്രത്ത്ത് നിന്ന് നിന്ന നിന്ന് നിന്ന CONTRACTOR OF A SECOND CONTRACTOR SECOND SECOND CONTRACTOR OF THE SECON Paul Anderson Youth Home, Inc. (a) Name, address, and EtN (if applicable) of disregarded entity Part Part

Section 51/2(b)(13) controlled entity × Oired controlling entity PAYH (e)
Public charity status
(if section 501(c)(3)) 12c (d) Exempt Code section 501c3 (c) Legal domicite (state or foreign county) 3 Counseling (b) Primary activity 图中的时间 1. 日本 1. 《中国中国社会》《中国中国社会》《中国中国社会》《中国中国社会》《中国中国社会》《中国中国社会》《中国社会》《中国社会》《中国社会》》(中国社会》) 47-4031102 30474 Paul Anderson Family Strong Center (a) Name, address, and EIN of related organization 3 1603 Meintosh St. Vidalia E 3 3 3 9

Schedule R (Form 990) 2020

For Paperwork Reduction Act Notice, see the instructions for Form 990. DAA

because it had one or more related organizations treated as a partnership during the tax year.	organizations	reated	as a partner	ship during the	tax year.		Name and Address of the Owner, where	The Alley Hammon !	1 V	
Name, addrass, and ElN of reletted organization	(b) Primary activity	(charles or foreign	(4) Direct constrolling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total Thoone	(g) Share of end-of- year assess	ft. Disproc portionale affoc.?	Code V.—UBI amount in box 20 of Schedule K-1 (Form 1085)	General or managing partner?	Percentage Ownership
(1)		country		sections 512-514)		70.00	Yes No		Yes	
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(2)								energia.		
(8)						*		on the state of th		
						200°C-0-1-1-1-1-1-1-1				
(4)						Emine 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	tions Taxable	as a (corporation treated as a	or Trust. Con	plete if the or trust during t	ganization answ he tax year.	rered "Yes"	"Yes" on Form 990, Part IV	Part IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	4	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets		(ft) Percentage ownership	(i) Section 512(b)(13) controlled entiti?
3										Yes No
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PartV

Page 3

Schedule R (Form 990) 2020 Paul Anderson Youth Home, Inc.

59-6041868

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				\$6).	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	forganizations listed in I	Parts II-IV?			ă
a Receipt of (I) interest, (II) annuities, (III) royalties, or (IV) rent from a controlled entity			6		×
b Gift, grant, or capital contribution to related organization(s)			41		×
c Giff, grant, or capital contribution from related organization(s)		· · · · · · · · · · · · · · · · · · ·	2		×
d Loans or loan guarantees to or for related organization(s)		***・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	_		×
e Loans or loan quarantees by related ornanization(s)		· 神多曲游人中 "一点'哪么感'然而为一面\$P 医水丸 一种有面包质点 "当	_		×
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f Dividends from related organization(s)			N		×
	3 4 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	and the second of the second second second second is the second second second second second second second second	Ļ		×
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Exchance of assets with related organization(s)	WALL BOOK TOWNS AND THE WAY TO SERVE	A CONTRACTOR OF THE PROPERTY O	1		×
related organization(s)			الل		×
A CANTAN AND A CAN					
k Lease of facilities, equipment, or other assets from related organization(s)	**************************************	(A)	¥	J	×
d organization(s)	A		=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	A STATE OF THE STA	(c.)	1	=	×
anization(s)			th the second se		b ¢
o Sharing of paid employees with related organization(s)		人名 · · · · · · · · · · · · · · · · · · ·	•	0	×
p Reimbursement paid to related organization(s) for expenses		(1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		•	×
q Reimbursement paid by related organization(s) for expenses		· · · · · · · · · · · · · · · · · · ·	10		M
r Other transfer of cash or property to related organization(s)	A 0.5 (0.00) of 1.5 (0.00) of 2.5 (0.00) of 1.5 (0.00)	**************************************			×
Other transfer of cash or property from related organization(s)	The state of the s	***	18		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	e, including covered refa	from the and transaction the	esholds.		
(a) Name of related organization	(b) Transaction type (a-e)	{c} Amount involved	(d) Method of determining amount involved	olved	1
	TATA TATA TATA TATA TATA TATA TATA TAT		displanation]
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	or Williams (2)		THE SECOND STATE OF THE SE		
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Part VI

Schedule R (Form 990) 2020 Paul Anderson Youth Home, Inc.

58-6041868

Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

			income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	Share of total income	chd-of-year escets		Code V.—UBI amount in tox 20 of Schedule K-1 (Form 1065)	Cieneral or managing partner?	Percentage
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Schedule R (Form 990) 2020	Paul	Anderson	Youth	Home,	Inc.	58-6041868	Page 5
Part VII	Suppleme	ental info	rmation.				I. See Instructions.	11/41/41/2
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