Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2022 Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning	, and ending			January III
В	Check if ap	pplicable: C Name of organization			D Employer	identification number
	Address ch	hange Paul Ande	rson Youth Home, Inc.			
	Name char	nge Doing business as			58-6	041868
	Initiai return	Number and street for P.O. box if mail is not delivered P.O. Box 525	d to street address)	Room/suite	E Telephone	
	Final return		preign postal code	·	912-	537-7237
	terminated	Vidalia	GA 30475	- 1		0 554 609
	Amended r	return F Name and address of principal officer:	GA 30415		G Gross reco	ipis 2,554,697
	Application	pending Glenda Anderson Led	mard	H(a) Is this a grou	p return for su	bordinales? Yes X No
		1603 McIntosh St.	,11 41 4	H(b) Are all subor	vlinatoe inclu	led? Yes No
		Vidalia	GA 30474			ee Instructions
3	Tax-exemp	(95)	sert no.) 4947(s)(1) or 527			
d	Website:	WWW.PAYH.ORG	327	Mat Tallia at an	ب با باز در این	
к	Form of on		Other	H(c) Group exam ar of formation: 15		M State of legal domicile: GA
1000000	art I		In 1 C	ar or partnerson, — -		m dagte of the dolling.
-		riefly describe the organization's mission or most s	lanificant activities:			
ø		The Paul Anderson Youth Home		e providi	na	
Activities & Governance		Christian rehabilitation for	young men ages 16-20 seekin	g an alte	rnativ	e to
Ĕ		incarceration.		first readinglis	0.00	Tract to Street the section is
Š	2 C	heck this box if the organization discontinued	its operations or disposed of more than 25% of	its net assets.	ecelie e pilijo	
ල න	3 N	lumber of voting members of the governing body (F	Part VI, line 1a)		3	14
80	4 N	lumber of independent voting members of the gove	rning body (Part VI, line 1b)	his e a mangheri mengan	4	14
× EE	5 To	otal number of individuals employed in calendar ye	ar 2022 (Part V, line 2a)	valence de la Partir	5	40
cti	6 Te	otal number of volunteers (estimate if necessary)	* * * * * * * * * * * * * * * * * * * *	*********	6	6
-	7a To	otal unrelated business revenue from Part VIII, col	ımn (C), line 12		7a	0
	b N	et unrelated business taxable income from Form 9	90-T, Part I, line 11	reje o reas o englas, jug Turk disk hidu	7b	0
				Prior Year		Current Year
ಫ	8 C	ontributions and grants (Part VIII, line 1h)		1,545		1,553,134
Revenue	9 Pr	rogram service revenue (Part VIII, line 2g)			,250	669,250
ě.	10 ln	ivestment income (Part VIII, column (A), lines 3, 4,	and 7d)		,151	19,638
- Balta	11 01	ther revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		,016	280,647
-	12 To	otal revenue – add lines 8 through 11 (must equal)	Part VIII, column (A), line 12)	2,401	,060	2,522,669
	13 G	rants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Be	enefits paid to or for members (Part IX, column (A)	, line 4)	10000		0
89	15 Sa	alaries, other compensation, employee benefits (P	art IX, column (A), lines 5–10)	1,260	,281	1,215,468
Expenses	16a Pr	rofessional fundraising fees (Part IX, column (A), linotal fundraising expenses (Part IX, column (D), line	ne 11e)	Section 1997 The Section 1		0
X	b To	otal fundraising expenses (Part IX, column (D), line	25) 127,459			
	17 O	ther expenses (Part IX, column (A), lines 11a-11d	11f-24e)		,291	886,213
	18 10	otal expenses. Add lines 13–17 (must equal Part I)	, column (A), line 25)	2,009		2,101,681
- 99	19 K	evenue less expenses. Subtract line 18 from line 1	2	391 Beginning of Curre	,488	420,988
Net Assets or Fund Balances	20 To	otal assets (Part X, line 16)	V. (1)	3,176		3,644,793
Ass	21 To	tal Rabilitias (Dart V. Ras 00)	garanti a tarak kangan pangangan kangan	~~~~ ,~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,697	178,343
Net	22 Ne	at assets or fund balances. Subtract line 21 from line	ne 20	3,094		3,466,450
	art II			0,001	/	3,400,400
-		Ities of perjury, I declare that I have examined this return,	including accompaning schedules and statements, a	nd to the hest of r	ny knowled	as and helief it is
tru	e, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of which preparer has an	y knowledge.	ny tatorrios	ge and belief, it is
		HIII HIII HIII HIII HIII HIII HIII HII		**************************************	T	
Sig	n i	Signature of officer	***************************************		Date	
Her	e	Glenda Anderson Leonard	President			
- Total		Type or print name and title			The second second	
	F	Print/Type preparer's name	Preparer's signature	Date	Check	f PTIN
Paid	15	Richard N. Deal, CPA		11/14/2	23 self-emp	loved P01272835
-		Finn's name Lanier Deal, P	roctor & Bloser, CPAs		n's EIN	58-1820983
Use	Only	201 S Zetterow				The second secon
		Firm's address Statesboro, GA		Pho	sné no.	912-489-8756
		discuss this return with the preparer shown above		a destruit de la gradia de la gradia de la composición dela composición dela composición del composición de la composición dela composición de la composición de la composición de la composición del composición dela c	******	Yes No
For F	aperwor	k Reduction Act Notice, see the separate instruction	3.			Form 990 (2022)

Form	990 (2022) Paul An	derson Youth Home,	Inc. 58-604	1868	Page
Paj		Program Service Accomplish			
		dule O contains a response or r	ote to any line in this Part	<u> </u>	4
	Briefly describe the organiza			~ .	
C	e Paul Anders	on Youth Home (PAYH) is a residenti	al home providing	THE PROPERTY OF STREET
	carceration.	ilitation for young	A	seeking an altern	ative to
11	carceration.	والمراجع والمناوي والمراجع			
	Ned the encourage that was don't				
		ke any significant program services duri	- ·		Yes X No
	orior Form 990 or 990-EZ? _, f "Yes," describe these new	services on Schodule O	elatine delentria in entre l'esta el partir de la compansión de l'esta el compansión de l'esta el compansión d	त्तारो संदर्भ र वर्षर । इति वृद्धकर्ष वृद्धकार के उन्हर्भ स्वत ्रका	Tes A No
		onducting, or make significant changes	n how it conducts, any program		
					Yes X No
	f "Yes," describe these char	nces on Schedule O.	ali e la e la e la e al problè de la companya de la elementa de la companya de la elementa de la companya de l	***************************************	
		program service accomplishments for ea	ch of its three largest program se	rvices, as measured by	
		and 501(c)(4) organizations are require		-	
		nue, if any, for each program service rep		The discoulotte to others,	
		,,, p			
	Code:)(Expens	es \$ 1,617,055 includ on Youth Home (PAYH	ing grants of \$) is a residenti) (Revenue \$ al home providing	669,250
Cl	ristian rehab	ilitation for young	men ages 16-20	seeking an altern	ative to
ir	carceration.				
					2, 6, 7 6, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
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		e de Terres de California de Secretario de de Aria de California de Cali	المنافض المناف	sia si waka awa ka waka ita wakimo katika ekis wa	instanti sinistanistani
,	*	والمراجع		*	
	.*******************	เห็น ของวังกัด วังก็ตดาว เพิ่มเล็ก พ			
4b (Code: (Expens	es \$ includ	ng grants of \$) (Revenue \$	
N/	A		িত্ত প্রতিশ্রত করা কোন্ত করা বুলা কলি	ে তালি ইউ চুকি প্রিয়ার নির্মান করে প্রান্তিক সংগ্রহার নির্মান করে। ১ চন্দ্র	Karaker penerak karawaan
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	that nmaram sentines (Des	<u> </u>			***
4d C	nici biodiam services (pes	cribe on Schedule O.)			
	xpenses \$	cribe on Schedule O.) Including grants of \$) (Rever	nue \$)

Form 990 (2022) Paul Anderson Youth Home, Inc. 58-6041868 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b 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? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 14b 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 X 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18 X

X

X

X

16

17

19

20a

20b

16

17

18

19

	Checklist of Required Schedules (continued)		_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Ţ-	Yes	No
	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	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	245		<u></u>
С				
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		-
25a		240		
200		25a		x
b	7	t. Eug		-
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	**		-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? 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, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		5%	
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	176.0		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		X
50		20		x
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	-
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-		
	sections 301 7701-2 and 301 7701-32 if "Vas " complete Schedule P. Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
-	Missian is deficulted a contains a response of flote to any life in this rail v	********	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	140
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			WA.
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			744
	reportable gaming (gambling) winnings to prize winners?	1c	1995 J. 1746	X
			90/	

25.50	990 (2022) Paul Anderson Youth Home, Inc. 58-6041868		F	age 5					
P	ift V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 40								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country		22.A	1					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	24	4.0	8.4					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X					
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		A						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1000					
	and services provided to the payor?	7a							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1							
	required to file Form 8282?	7c							
d	If "Yes," indicate the number of Forms 8282 filed during the year								
6	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	10000		1000					
•	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	10000		1000000					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	-[77]							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders	-	TENN.						
b	Gross income from other sources. (Do not net amounts due or paid to other sources								
120	against amounts due or received from them.)	-	Call Cons	63000					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	2000	18 S280					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
3	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	42							
		13a		20000000					
	Note: See the instructions for additional information the organization must report on Schedule O.								
U	Enter the amount of reserves the organization is required to maintain by the states in which								
_	the organization is licensed to issue qualified health plans	-							
c 4a	Enter the amount of reserves on hand Did the organization receive any navigants for indoor tanging socious during the try year?	44.		X					
b	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-						
5	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	_					
	arrana wasahida animadiki kida akamadi	4		v					
	f "Yes," see instructions and file Form 4720, Schedule N.	15	2 200	X					
	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	40		X					
	If "Yes," complete Form 4720, Schedule O.	16	90° 8° 3						
	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	8.00	2.30.	neims					
		4							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	190	March					
.12	15 - NOW WAS COUNTY OF THE PROPERTY OF THE PRO	138 . 2	A 25 Ve	1000					

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

P.O. Box 525

State the name, address, and telephone number of the person who possesses the organization's books and records

and financial statements available to the public during the tax year.

DAA

19

20

Betty Burris

Vidalia

GA 30475

912-537-7237

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

Check if Schedule O contains a response or note to any line in this Part VII
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustse or director	institutional trustee	Officer	Key employee	Highest compensated skinglidyee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) Glenda Anderson	Leonard									
President	0.00	x		X				72,559	0	35,927
(2) Truett Andrew	0.00									
Board Member	0.00	x						0	0	0
(3) Sandra Carter	0.00					\vdash	+	-		
	0.00	x								
Board Member (4) Robert Cossio	0.00	A			-		\rightarrow	0	0	O
(4) NODGIC COSSIO	0.00									
Board Member	0.00	x						0	0	0
(5) Barry Davis	9.00								-	**************************************
	0.00									
Board Member	0.00	x						0	. 0	0
(6) Nick Greene										
	0.00									
Board Member	0.00	X						0	0	0
(7) Milly Kennedy	free a sace									
* (8 % * 4 * 8 # + 4 + 4 # 5 * 8 # (8 * 2) \$ \$ \$ \$ # 5 # 6 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.00									
Treasurer	0.00	X		X				0	.0	0
(8) William McClarno										
·	0.00									
Board Member	0.00	X						0	0	0
(9) Friz Olnhausen										
ত প্ৰকৃত হয়। দেখিত প্ৰকৃত কৰা কৰা কুলা গৈছিল ল'ত নামানুৱ হায় লিকিন্তু হায় লি	0.00							_	_	_
Vice Chairman	0.00	X	_	Х					0	O
(10) Charles Ruffin	0.00									
	0.00			٠,						•
Chairman	0.00	X		X	-	-	-	O	0	0
(11)Paula Schaefer	0.00									
esses es escentivo transcrito e em lega es elemento de la company.	0.00	x		x				o	o	0
Secretary	0.00		9	A		ı I	18	U	U	U

(A) Name and title	(B) Average hours per week	(d bo	lo not o x, unio Tioer a	Posi check r ess per nd a ci	itlan mare rson i	than o s both r/truste	ne an se)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Tonya Spivey Board Member	0.00	х						0	0	
(13) Charles Taylo	0.00 0.00	x			:			0	o	0
(14) Carroll Willi Board Member	ams 0.00 0.00	x		VIII	:			0	0	0
	× *************									
* ************************************	১৪৯৭ চন চপদীৰত চন্দ্ৰত হ									
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CONTRACTOR OF STREET									4084	
to Subtotal c Total from continuation shee d Total (add lines 1b and 1c)	ts to Part VII, S	ectio	n A		e u nje	75×1×1.		72,559 72,559		35,927 35,927
d Total (add lines 1b and 1c). Total number of individuals (increportable compensation from t	luding but not lim	ited	to the	ose li	stec	abo	ve) (00,000 of	35,921
3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line organization and related to the organization list any for employee on line 1a? 5 Did any person listed on line 1a for services rendered to the organization list any for employee on line 1a?	mer officer, directomplete Schedu 1a, is the sum of the zations greater the receive or accru	reposan \$	for su ortabl 150, mper	ich in le cor 000? nsatio	ndivi	duat nsati /es," om a	on a	nd other compensation from the plete Schedule J for such intelleted organization or indicated organization or indicated organization or indicated organization.	n the	Yes No 3 X 4 X
Section B. Independent Contractor Complete this table for your five	highest compen	sate	d ind	epen	den	t con	trac	lors that received more than	\$100,000 of	
compensation from the organiza	A) Lieiness address	ipen	sauo	nior	tne	caler	idar		(B) ion of services	Compensation
	All the account of the second	***************************************		-45L-E-,,	· · · · · · · · · · · · · · · · · · ·		.24		A 2 SECTION PROPERTY OF STREET	
								The second secon		
Total number of independent co received more than \$100,000 of	ntractors (includ	ng b	ut no	ot limi	ted	to the	se	isted above) who	×	
DAA					- id LFL				V.	Form 990 (2022)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (0) Revenue excluded from tax under sections 512-514 function revenue business revenue fts, Grants Amounts 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c Gifts, d Related organizations 1d Government grants (contributions). 1e Contributions, f All other contributions, gifts, grants. 1,553,134 and similar amounts not included above 11 g Noncash contributions included in lines 1a-1f 11,435 h Total. Add lines 1a-1f 1,553,134 Buziness Code 2a Parental Assistance 721310 669,250 669,250 Program Service f All other program service revenue g Total. Add lines 2a-2f 669,250 Investment income (including dividends, interest, and other similar amounts) 19,638 19,638 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b 6c c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 243,643 b Less: direct expenses 32,028 c Net income or (loss) from fundraising events 211,615 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 96 c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 900099 69,032 69,032 d All other revenue 69,032 e Total. Add lines 11a-11d

2,522,669

757,920

0

0

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic Individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 72,559 36,280 29,023 7,256 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,004,943 740,223 202,188 62,532 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 58,606 46,568 9,861 2,177 79,360 Payroll taxes 5,181 10 57,833 16,346 11 Fees for services (nonemployees): a Management Legal 11,000 c Accounting 11,000 d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 51,252 129,184 (A) amount, list line 11g expenses on Schedule O.) 13,560 10,537 27,155 12 Advertising and promotion 122,004 7,180 26,421 Office expenses 314 3,733 22,374 Information technology 37,526 37,526 Royalties 206,944 152,526 54,418 Occupancy 16 3,618 3,618 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 6,237 6,237 Interest 20 Payments to affiliates Depreciation, depletion, and amortization 110,666 110,666 73,948 76,526 2,578 Insurance 23 24 Other expenses. Itemize expenses not covered 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.) Food 105,789 104,850 201 738 Supplies 57,236 51,755 1,123 4,358 c Dues and fees 2,373 13,060 9,487 1,200 Telephone 10,668 10,668 e All other expenses 40,086 35,252 1,291 3,543 Total functional expenses. Add lines 1 through 24e 2,101,681 1,617,055 357,167 127,459 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

		netro de la constanta de la co	e in this Part X	(A)		(8)
				Beginning of year		End of year
1	Cash—non-interest-bearing			513,639	1	869,445
2	Savings and temporary cash investments			578,121	2	876,585
3	Pledges and grants receivable, net			3		
4	Accounts receivable, net				4	42,77
5	Loans and other receivables from any current or former	officer,	irector,			
	trustee, key employee, creator or founder, substantial or					
	controlled entity or family member of any of these perso			5		
6	Loans and other receivables from other disqualified per-					
	under section 4958(f)(1)), and persons described in sec	tion 495	(c)(3)(B)		6	
7	Notes and loans receivable, net				7	4,000
8	Inventories for sale or use	and the state of	and the Control of th	5,588		5,333
9	Prepaid expenses and deferred charges			4,529	9	6,248
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	108	5,436,838			4.7
b	Less: accumulated depreciation	101	3,681,305	1,846,328	10c	1,755,533
11	Investments—publicly traded securities			126,545	11	84,874
12	Investments—other securities. See Part IV, line 11		Contract of the Contract of th		12	ميدوليندولين فيقائله ر
13	Investments—program-related. See Part IV, line 11			13		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11	93,364	15	**************************************		
16	Total assets. Add lines 1 through 15 (must equal line 3	3,176,114	16	3,644,79		
17	Accounts payable and accrued expenses			81,697	17	134,553
18	Grants payable			10 5° 1.	18	77104
19	Deferred revenue	e e a a compression de la compression della comp	V. 14		19	43,790
20	Tax-exempt bond liabilities		202000000000000000000000000000000000000		20	
21	Escrew or custodial account liability. Complete Part IV of	f Sched	le D		21	
22	Loans and other payables to any current or former office					
	trustee, key employee, creator or founder, substantial co	ontribute	or 35%	*		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
1	controlled entity or family member of any of these perso	ns			22	
23	Secured mortgages and notes payable to unrelated third	d parties			23	
24	Unsecured notes and loans payable to unrelated third payable third payable to unrelated third payable third pa				24	
25	Other liabilities (including federal income tax, payables t	o relate	third			
	parties, and other liabilities not included on lines 17-24).	Comple	e Part X		- 1	
	of Schedule D		**************************************		25	
26	Total liabilities. Add lines 17 through 25			81,697	26	178,343
	Organizations that follow FASB ASC 958, check her	re 2				
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions		:: 	2,696,347	27	3,031,531
28	Net assets with donor restrictions				28	434,919
	Organizations that do not follow FASB ASC 958, ch					
	and complete lines 29 through 33.			the second second second second	16	
29	Capital stock or trust principal, or current funds	arion in the			29	
30	Paid-in or capital surplus, or land, building, or equipmen	t fund	and the second second		30	
31	Retained earnings, endowment, accumulated income, o	r other i	nds		31	
32	Total net assets or fund balances			3,094,417	32	3,466,450
33	Total liabilities and net assets/fund balances	*****	***************		33	3,644,793

Forn	1990 (2022) Paul Anderson Youth Home, Inc. 58-6041868		Page 12
Pa	Reconciliation of Net Assets		
	Check if Schedule O contains a response or note to any line in this Part XI		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,522,669
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,101,681
3	Revenue less expenses. Subnactime / more line :	3	420,988
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,094,417
5	Net unrealized gains (losses) on investments	5	-48,955
6	Donated services and use of facilities	6	
7	Investment expenses	7	100,000
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule 0)	9	w. #
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
<u> </u>	32, column (B))	10	3,466,450
Pa	TXII Financial Statements and Reporting		
	Check if Schedule O contains a response or note to any line in this Part XII		
			Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on		
	Schedule O.		
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	773 46770	
	reviewed on a separate basis, consolidated basis, or both:		
	Separate basis Consolidated basis Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	الإخوار فالمارا	
	separate basis, consolidated basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1000000
	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	* * * * * * * * * * * * * * * * * * * *	
	Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		
			3a X
b	Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	. 23 Méd F 2 # F 1	· V
-	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b
	The state of the s		Form 990 (2022)
			FO(B) 444 (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Schedule A (Form 990) 2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name	of th	e organization	D1			77					ification number
8 8	11.0	Poss			n Youth				this part.) Sec	58-604	
200	200	,		4		CARROLL STREET, STREET			trus part.) Sei	e instructio	ilS:
1	orga				it is: (For lines 1	_			AMO		
2	ineral.										
3											
4	- 24				-					Enter the beer	sital'e nama
-	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5		An organizat	on operated		_				ernmental unit des		(१. क. क.) में करियों मुलकात प्राप्त कर की प्राप्त
	section 170(b)(1)(A)(iv). (Complete Part II.)										
7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
,	of the			b)(1)(A)(vi). (Co		i ns support in	om a govern	memarur	iit or ironi the gen	erai public	
8					70(b)(1)(A)(vi). (Complete Par	t If.)				
9							•	in coniur	ction with a land-	grant college	
	£	or university	or a non-land	-grant college of	fagriculture (see	instructions).	Enter the na	ame, city,	and state of the o	ollege or	
10		An organizat receipts from support from	ion that nom: activities rela gross investr	ally receives (1) ated to its exemp ment income and	ot functions, subj	3% of its supp ject to certain ness taxable ir	oort from con exceptions; ncome (less	tributions and (2) no section 5°	, membership fee o more than 331/3 11 tax) from busin	% of its	, ४४ ० ० ६ ते सम्बन्धान्य सम्बन्धाः वृद्धाः वृद्धाः वृद्धाः वृद्धाः वृद्धाः वृद्धाः वृद्धाः वृद्धाः वृद्धाः वृ
11		An organizati	ion organized	and operated ex	clusively to test	for public safe	ety. See sec	tion 509(a)(4).		
12		An organizati	ion organized	and operated ex	clusively for the	benefit of, to	perform the	functions	of, or to carry out	the purposes	of
	4)(2). See section		Check
		· farmer					_		ete lines 12e, 12f,		
	a	the supp	orted organiza	ation(s) the pow	er to regularly ap	point or elect	a majority of		anization(s), typica tors or trustees o		
					mplete Part IV,						
	D								d organization(s),		
					Part IV, Section		same persor	is that cor	ntrol or manage th	ie supported	
	c	. 6					d in connect	ion with a	and functionally in	tenrated with	
	Ť.,	its suppo	rted organiza	tion(s) (see instr	ructions). You m	ust complete	Part IV, Se	ctions A	, D, and E.	togratog vitar,	
	đ	Type III	non-function	ally integrated	. A supporting or	ganization ope	erated in cor	nection w	vith its supported	organization(s	;)
			-						uirement and an	attentiveness	
		£11111			ust complete P						
	0				ived a written de functionally integ				Type I, Type II, T	ype III	
	f			rted organizatio		grateu support	ung organiza	iuori.			f
	g				supported orga	nization(s).	er elever reserve		V 5 + 5 × 5 × 5 × 5 × 5 × 5 (1,2)	(คลิงสารสารค (คลิงสะ)	* 4.8.2.2.4.
(0)	Nam	e of supported ganization	T	i) EIN	(III) Type of	organization on lines 1–10		organization or governing	(v) Amount of support		(vt) Amount of other support (see
					above (see	instructions))	docu	ment?	instruction	ons)	instructions)
							Yes	No			
(A)								,			
(B)						B-14-14.		7.555,000			
			700 TO 17132 MANUAL TO 1713							own'	
(C)											
(D)	,			.,							
(E)		N 1041.7				w.					
			200020000000000000000000000000000000000	- XXXII - XXXI		***************************************					1 A A A A A A A A A A A A A A A A A A A

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

Schedule A (Form 990) 2022 Part II

Paul Anderson Youth Home, Inc. 58-6041868
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,060,097	1,070,786	1,461,190	1,545,643	1,553,134	6,690,850
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						
4	Total. Add lines 1 through 3	1,060,097	1,070,786	1,461,190	1,545,643	1,553,134	6,690,850
5	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)		18 S				
6	Public support. Subtract line 5 from line 4			100		1000	6,690,850
	tion B. Total Support	.	A STATE OF THE STA				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,060,097	1,070,786	1,461,190	1,545,643	1,553,134	6,690,850
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,406	149	688	1,151	19,638	24 <u>,</u> 032
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6,714,882
12	Gross receipts from related activities, etc. (s		× + 1, × = = = = = + = + = + = + = + = + =		*****	12	2,947,505
13	First 5 years. If the Form 990 is for the org	anization's first, seco	nd, third, fourth, or	fifth tax year as a s	section 501(c)(3)		
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percenta	ge.				
4	Public support percentage for 2022 (line 6,	column (f) divided by	line 11, column (f))			14	99.64%
5	Public support percentage from 2021 Sched	dule A, Part II, line 14				15	99.92%
6a	33 1/3% support test—2022. If the organiz	zation did not check t	he box on line 13, a	and line 14 is 33 1/3	3% or more, check	this	
	box and stop here. The organization qualifi						X
b	33 1/3% support test-2021. If the organiz			6a, and line 15 is	33 1/3% or more, o	heck	y move
_	this box and stop here. The organization qu				*************	enga perinapanta da	vii liinin [
7a	10%-facts-and-circumstances test—202			c on line 13, 16a, o	r 16b, and line 14 i	s	
	10% or more, and if the organization meets						
b	Part VI how the organization meets the facts organization 10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization meets the facts or more than the facts or more than the facts or more than the facts or meets the facts or more than the facts or meets organization meets the facts or meets organization meets the facts or meets or	1. If the organization neets the facts-and-c	did not check a box	c on line 13, 16a, 1	6b, or 17a, and line	n	.: П
8	organization Private foundation. If the organization did	not check a box on li	ne 13, 16a, 16b, 17	a, or 17b, check th	is box and see	Habura Shike Tayu 2506,674	
************	Instructions			** e, e > * * 5 # # # # : # * 1.4.4 # #	रोड करोक्त रहेत करी होता है से आर्थिय जाती		
				2.70			

Schedule A (Form 990) 2022
Part III Suppor

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.)

	ction A. Public Support			7 Maria 100 1701				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202;	2	(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	a to a control of the						
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
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	40.9 44	патраа.					
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	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					recovered the second		
8	Public support. (Subtract line 7c from		2.0					
<u> </u>	line 6.)	mellika est i				7.6		
	tion B. Total Support	r	r		r			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2	(f) Total
9	Amounts from line 6						_	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	100000000000000000000000000000000000000		3				
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on			:				3
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, and 12.)							
14	First 5 years. If the Form 990 is for the org	anization's first se	cond third fourth	or fifth tay year se	section 501(c)(3)			
	organization, check this box and stop here		coria, tiira, loutui,	7.				
Sec	tion C. Computation of Public Su	N V NA V NA A V X A N. 4 A		C6.5.4.5. 4		, , , , , , , , , , , , , , , , , , , ,		
15	Public support percentage for 2022 (line 8,			(f))	and the state of t		15	%
16	Public support percentage from 2021 Sche	dule A Part III line	15	V-1/		9117164 F5X	16	%
der Saparier or patents	tion D. Computation of Investme			Secretaria de la composición del composición de la composición de	E-2014 11 (12) 14 (14)	********	10	70
17	Investment income percentage for 2022 (lin			column (f)	<u> </u>	-	17	%
18	Investment income percentage for 2024 (III	Schedule A Dart III	urriuou py iiile 13, (Liine 17	omini (i))			18	% %
19a	Investment income percentage from 2021 S 33 1/3% support tests—2022. If the organ	ronouulo A, Fall III	ok the how on fire 4	A and line 45 is	oro than 22 f (20/	indeprines	10	70
104								1
h	17 is not more than 33 1/3%, check this box						******	irena L
b	33 1/3% support tests—2021. If the organine 18 is not more than 33 1/3%, check this							į
20	Private foundation. If the organization did							
- V		HOL CHOCK & DOX OF	i mie 14, 18a, 01 18	D, CHOUN HIS DOX 8	III SEE IIISUUCUONS	********	*******	

Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on 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.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on 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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9b 9c 10a		
9b 9c 10a		

Schedule A (Form 990) 2022

P	art IV. Supporting Organizations (continued)			
		Y	es	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
ě	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			2522
	11c below, the governing body of a supported organization?	11a		
- 1		11b		or and or and
•				. Color
Sac	provide detail in Part VI. tion B. Type I Supporting Organizations	11c	_ 1	_
Sec	tion B. Type i Supporting Organizations	1 4	Т	NO.
	Diddle several a bada several associations of the several at the office of the other at the office of the other at the office of the other at t	Υ	88	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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	1.		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1,000	302	200
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	9.000.00	
2	Did the organization operate for the benefit of any supported organization other than the supported		. 1	
	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,	2.00		10000
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		- 1	
		Y	es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
		Y	es	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	(1) (A)		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	2000	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1.00		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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			*
	supported organizations played in this regard.	. 3		
Sec	tion 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).			
a	Service .			
b				
C	The state of the s		- 1	-
2	Activities Test. Answer lines 2a and 2b below.	Y	es	No
а			54	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			200
	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				
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	100		
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			****
	have engaged in these activities but for the organization's involvement.	2b		20000 TRUE
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	, , , , , , , , , , , , , , , , , , , ,	100		
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	За		
b				300 X
112	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
AAC	S	chedule A (Fo	orm 9	30) 2022

CONTRACTOR OF STREET	Me A (Form 990) 2022 Paul Anderson Youth Hom		58-6041	.868 Page (
	Type III Non-Functionally Integrated 509(a)(3) Supporting			
*	42200			
	instructions. All other Type III non-functionally integrated supporting organization	ins must complet	e Sections A through E.	A CONTRACTOR OF THE PARTY OF TH
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		***************************************
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4	ل وليد	
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection		4.200	
	of gross income or for management, conservation, or maintenance of			
	properly held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year);	69/11		
ž	Average monthly value of securities	1a		
ŧ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	16		
ŧ	f Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	14, 19		45 E
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	*** **********************************	
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (edd line 7 to line 6)	8		
Sect	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1 1	At any of the second	
2	Enter 0.85 of line 1	2		· inputation of the second of
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	M.,	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integ			-

(see instructions).

	de A (Form 990) 2022 Paul Anderson :	Youth Home, Inc.	58-60	1418	68 Page
Par	Type III Non-Functionally Integrated 509(a)		ions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pr	urposes		1	
2	Amounts paid to perform activity that directly furthers exempt purp	oses of supported	***************************************		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of s	upported organizations		3	
4	Amounts paid to acquire exempt-use assets		tin mi million	4	
5	Qualified set-aside amounts (prior IRS approval required-provide	details in Part VI)		5	
6	Other distributions (describe in Part VI), See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	en e		7	
8	Distributions to attentive supported organizations to which the organizations	anization is responsive		8	a. an opening annual and annual annua
	(provide details in Part VI). See Instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		377	20	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See Instructions.				
3	Excess distributions carryover, if any, to 2022	the second secon			
	From 2017	The state of the s			
	From 2018	The state of the s	100000000000000000000000000000000000000		
	From 2019	Internation to the formation			
		200.0 5.00			P. C. C. C.
	From 2020	- International Property and International		-	
		***		-44	
	Total of lines 3a through 3e	522 2 5 6 6 7 1 5 7 1 5 7 1	46		
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3l from fine 3f.				
4	Distributions for 2022 from		100		
	Section D, line 7: \$	painting of approximate			
	Applied to underdistributions of prior years	Later to the state of the state			
	Applied to 2022 distributable amount	and the second s			
	Remainder, Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See Instructions.	Aller Aller State Company			<u> </u>
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in		20 Mg (20 mg)		
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				1.06
8	Breakdown of line 7:	1010			
а	Excess from 2018		Control of the Contro		
	Excess from 2019				ear of
	Excess from 2020	The state of the s	100		
	Excess from 2021				100
	Excess from 2022	printer in Commentary (1884) in 1884 (1984)			34.5
	The state of the s				chedule A (Form 990) 202

Schedule A (Fon	n 990) 2022	Paul	Anderson	Youth	Home,	Inc.	58-6041868	Page 8
PartVI	III, line 12; Part I B, lines 1 and 2;	V, Section A Part IV, Sec V, line 1; Pa	, lines 1, 2, 3b tion C, line 1; I rt V, Section B	, 3c, 4b, 4c Part IV, Se , line 1e; F	c, 5a, 6, 9 ection D, I Part V, Se	a, 9b, 9c, 1 ines 2 and 3 ection D, line	ne 10; Part II, line 17a or la, 11b, and 11c; Part IV ; Part IV, Section E, lines s 5, 6, and 8; and Part V e instructions.)	, Section s 1c, 2a, 2b,
وأؤوارا وأراواه والمتعادي	โดงสาราย เลย คา โดยได้ หลี โดย ก็เดย ได้ ได้ โดยสามารถสามารถ	्रा कि है महिन्दार है है न देखें हैं है	พลวัส ใจว <i>ล</i> ีลักษ์ทาง (1564)	.42 v 8 5 9 PW 5 v 1.7 /	** * * * * * * * * * * * * * * * * * *	and o's made of the constraint		
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কালত জিলাৰ জুলি ভ জন্তি পৰিজেল	ৰ ভাৰতে ইউন্ধান ব টিটানের তেওঁ ইডাইটা স্থানি	ুল বাদৰ প্ৰতিপ্ৰতিক লোক প্ৰচ্ছিত। বি	লি পঞ্জীকীশাম লাভুন নালটকুল ডি পটি টুলি	નું માત્ર કરા કરે કે કર્યું કે લેવલી છે. છે. ત્રો માત્ર કરા કર્યું કે કર્યું છે.	₩05.4×.9v(2.4	ક શામ (લિંદ કુલું (લિંક ડેફીડિક)	ាល់ ទំនួនសនីហៀងនៃទាក់សនីមានប្រមុំប្រើប្រែក្រក់ប្រឹក្សាសន៍ ខេត្តប្រឹ	pini (4.5 m + 0.6 k.x 2.5 4 f.2 + c.s.4
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E	**************************************	**********	**********	*********	******	10.03 / 24 / 14 / 20 / 20		er fines have a known trade.
हैं के बांडोहार है के बाक हुआ है स्ट्रीड़	नक मनुष्टी क्षेत्र । विष्कृति । कम उत्वेषकृति होष्ट्	একে বৃহত্তি সাহ লিখা এটা ৮ ছা এছিল	মিলিকুল্টিক আনুষ্ঠান _{স্থা} ন ডিনালিকিট	ទូត សេតីតិសេស ប្រើបង្	श्री के के के के के लिए हैं हैं है कि है है है कि	اللو ۋولاس د شقا در او د اند ب	rang i nga iga sagawa sagaba sana ila ibi ila.	
ন্ত্ৰিক নোৰ্থকান দি ইনেকাৰাৰ দুখি দ	है हुन हो मिन्द्र है कि इस में कि के की की है होने के हैं है।	4.1244.A.124.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	***********************	4010000 14 10	d3=+44+24442.n	\$ = \ 1 = 6 = 6 = 1 = 4 = 10 = 2 = 1		RAY * AN STATE TO F 1 7 1 8 1 4
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* Philosophia i and The	ti k silan k a masila in nyara k anai marawita aina	************	માર્ટ કે કે કે કુ શામાના હોવી મેળ કે છે. હોંદ	X.4.5 * * * * 4.4 * 6 * 8 *				१० रोपपुर - ११० व १००० मान्य
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*	*******************		*************	**********	******	**************************************	, इ.स. १८ च हु से ५.१ व.स.स.च टॉनेंग व् मृतिविक्षी स्था र होने <u>र ए</u> हार, व	। দুল কিন্তু সুস্থিত জাপ দুলক সংগ্ৰহ সকলে। ক
[†] তেও ডিল্ডিলিক সংক্রীয়াল্ডিয়া	? 	***************************************	হ্যক্তি হৈছিল ইপিছত চাহ পৰিব এই			केल केल दर्जी है जो बना करते.	อากาศให้ พ.ศ.พ.ศ.พ.ศ. พ.ศ. พ.ศ.พ.ศ. วิทัศ ซิกับสาคา (พ.ศ.พ.ศ. พิ.ศ. พ.ศ.	
ર્ર કોર્ટા કે સ્ક્રેનિક સ્ટેનિક સ્ટાન્કક.	રાશ ને કોંગ ને તાને કાર શકે છે. કોંગ્રેક નોકાર કાર તાને ને	ર્જી હતાં કે જેલા જોડોજ કહેતાં. અને જ	รัส พักศักร์การ รัส พัพภัย ชั่น 2 ๔ ๔		พธิบาลสติดสติดสติดตั้ง			
t v	**************************************		ويمده المقاهدة أهمك وغا	*********	*********	*** ** *** * * * * * * * * * * * * * *	ক জন্ম ও পাজৰ আৰু ভ কাজে উ কাজে প্ৰাধ্যক কুন্তান্ত্ৰ কৰা কৰিছি কী বিশ্ব এ	es als since a submares indicated.
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িবৰ মৃত্যু কুলাৰ গ্ৰহণ কলাৰ প্ৰত্যু কলাৰ গ্ৰহণ কলাৰ কলাৰ কলাৰ কলাৰ কলাৰ কলাৰ কলাৰ কলাৰ	Teres aware santandra a belanda sa	5 91 % or Nrs 5 81 + + 4 8 + 2 3	5 8 4 × 2 12 4 11 11 4 12 2 4 2 5 4 3	• शंक्षचां कृष्टिक स्थापन स	iji) wie wa wie e in wie	2 20 9 11 675 Per v 11 11 41 4 4 4	કિક લા લોકોનું ક્ષારે કુકામો પ્રત્યે કોન્સ કુલ કે હતા. જીવામો	in enjeta e e e e e e e e e e e e e e e e e e

Schedule A (Form 990) 2022 Paul Anderson Youth Home, Inc. 58-6041868

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF, Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Name of the organization **Employer Identification number** Paul Anderson Youth Home, Inc. 58-6041868 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that Isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information. | Instruction number | Employer identification number

Paul Anderson Youth Home, Inc. 58-6041868 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? entrantantan dipenggalah menjerah samak ang iki atau dalah dalah magan atau dipenggalah tang tang dipenggalah d Part II 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 Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after July 25, 2006, 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 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)? Yes No 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule D (Form 990) 2022

	edule D (Form 990) 2022 Paul And	erson Youth	Home, Inc.	58-6	041868	Page 2
P	art 11 . Organizations Maintainin	g Collections of A	rt, Historical Tre	asures, or Other	Similar Assets (continued)
3	Using the organization's acquisition, accessi-	on, and other records, ch	neck any of the followi	ng that make significan	t use of its	
	collection items (check all that apply);			•		
а	Public exhibition	d [] Lo	oan or exchange progi	ram		
b	Scholarly research			The same and a specific according		
С	Preservation for future generations	• •••••	valoria caracia de tertos		Paris de la referencia	
4	Provide a description of the organization's co	illections and explain how	w they further the orga	nization's exempt purp	ose in Part	
	XIII.					
5	During the year, did the organization solicit of	r receive donations of ar	t, historical treasures	or other similar		
	assets to be sold to raise funds rather than to					Yes No
P	art N Escrow and Custodial Ar	rangements.			\$4 6 6 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 1 100
	Complete if the organizatio		n Form 990, Part	IV. line 9, or reno	rted an amount or	Form
	990, Part X, line 21.			itt, mio e, or rope	riod dir diriodiri di	1101111
1a	Is the organization an agent, trustee, custodi	an or other intermediary	for contributions or off	ner assets not	A A CONTRACTOR OF THE CONTRACT	
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	na table:	* * *,0,0,1 * * * 2,0, * * 1 * 2 6 8 6 2 6,0 0 8 0		T ies T 40
-		and complete the follows	ing table.			Amount
С	Regioning balance					Cinodit
Ч	12/10/24/2011 11/14/2011		*******************		1c	
e	Additions during the year	*** ** ***********			1d	
f					16 1f	
	Ending balance Did the organization include an amount on Fo	oten 000 Dark V. San Od			· III	
h	If "Yes " available the armanement is Doct VIII	Chook harn if the avalage	ior escrow or custodia	account liability?	>=====================================	Yes No
	If "Yes," explain the arrangement in Part XIII. Endowment Funds.	Check here if the explai	lation has been provid	leg on Part XIII	e visit e in wind density in virtale scale is	<i></i>
	Complete if the organization	n answered "Voc" o	n Form 000 Dort	IV Bas-10		
	Oompiete ii tiio organizatioi					
10	Paginaing of war bulance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
h	Beginning of year balance	97,084 875	96,139	95,264	94,354	233,274
	Contributions	8/5	945	875	910	910
Ç	Net investment earnings, gains, and					
				100.00		2,318
	losses	12.05°				
d	Grants or scholarships					
d	Other expenditures for facilities and	(Allaha)			111	
8	Other expenditures for facilities and programs	Charles -	Jun Marini Ma		W Grand	142,149
f	Grants or scholarships Other expenditures for facilities and programs Administrative expenses		10		June 1	
f g	Other expenditures for facilities and programs Administrative expenses End of year balance	97,959	97,084	96,139	95,264	142,149 94,354
f g 2	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre	ent year end balance (lin			95,264	
6 f g 2	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment	ent year end balance (lin			95,264	
f g 2 a b	Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment %	ent year end balance (lin			95,264	
f g 2 a b	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment **Term endowment %*	ent year end balance (lin %			95,264	
f g 2 a b	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment % The percentages on lines 2a, 2b, and 2c should be a school of the curre facilities and the curre facilities and programs.	ent year end balance (lin % // wild equal 100%.	e 1g, column (a)) held	as:	95,264	
f g 2 a b	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the possess	ent year end balance (lin % // wild equal 100%.	e 1g, column (a)) held	as:	95,264	
f g 2 a b	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment % The percentages on lines 2a, 2b, and 2c shot Are there endowment funds not in the posses organization by:	ent year end balance (lin % uld equal 100%. sion of the organization	e 1g, column (a)) held	as: inistered for the		94,354 Yes No
f g 2 a b	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should are there endowment funds not in the possess organization by: (i) Unrelated organizations	ent year end balance (lin % uld equal 100%. usion of the organization	e 1g, column (a)) held	as: inistered for the		94,354
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f g 2 a b c 3a	Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment Term endowment % The percentages on lines 2a, 2b, and 2c should be a compared to the curre percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages on lines 2a, 2b, and 2c should be a compared to the percentages of the current and the percentages of the current	ent year end balance (lin % uld equal 100%. ssion of the organization	e 1g, column (a)) held that are held and adm	as: inistered for the	- 100 100 100 100 100 100 100 100 100 10	94,354 Yes No 3a(I) X
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Schedule D (Fo	orm 990) 2022 Paul Anderson Youth Ho	me, Inc.	58-6041868	Page 3
Part VII	Investments - Other Securities.		The same of the sa	
	Complete if the organization answered "Yes" on F	MANAGEMENT AND THE PROPERTY OF	The state of the s	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
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	erivatives d equity interests			The state of the s
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(E)	**************************************	Hilling		
(F)	k - * * * * માર્ગ્યું લેક્ષ્ટ્રન કે કેલ્પણી દ્રીય લિફા ફેલિયા કે કેલિયા કે પ્રકેપન સ્વાર્ટ ફેલિયા સાથે કરે કરો -			
(G) (H)	รางการที่ รางค์สังการที่เกิด ที่ต่องกำหนับสามารถและเพื่อการเกิดสามารถสามารถสมารถสมารถสมารถสมารถสมารถสมา			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.		DM//2015_00000000000000000000000000000000000	
90 W. W. G. S.	Complete if the organization answered "Yes" on Fo	orm 990, Part IV. I	ine 11c. See Form 990. Pa	rt X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of	**************************************
			Cost or end-of-year	r market value
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	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	MARK 25 11 1.		
	Complete if the organization answered "Yes" on Fo	orm 990, Part IV, I	ine 11d. See Form 990, Pa	rt X, line 15.
	(a) Description			(b) Book value
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	(b) must equal Form 990, Part X, col. (B) line 15.)		e a la compansa e la compansa e a	-
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Fe	orm 990, Part IV, I	ine 11e or 11f. See Form 9	90, Part X,
	line 25.	· · · · · · · · · · · · · · · · · · ·	ngunganun manunun manunun manun m	
/t) Codoral	(a) Description of liability			(b) Book value
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	(Cohumn (h) must equal Form 000 E	ent X col (B) line \$5)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liabllity for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

STATE OF THE PARTY.	dule D (Form 990) 2022 Paul Anderson Youth Home, Inc		
PE	iff XI Reconciliation of Revenue per Audited Financial Statemen		urn.
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.	M M M - 2 W 2
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c			4c
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 12.)	the first when the configuration is a first shall be a second	5
	Reconciliation of Expenses per Audited Financial Stateme		
	Complete if the organization answered "Yes" on Form 990, Pa		etain.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	
a		2a	
-	Donated services and use of facilities	28	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	ોં કે લોકો કે કું, કર્યા, કે ફાડ્યુ જ કા વધુ તે કહ્યાં કર્યો કે કે કે કડા કાર્લો તે ક્યાં ક	. 2e
3	Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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	4a	
b	Other (Describe in Part XIII.)	Ab	
C	Add lines 4a and 4b	/	4c
3	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	h7ky+1,	5
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ft XIII Supplemental Information.		
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, line		(, line
2; Pai	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.	
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Schedule D	(Form 990) 2022	Paul	Anderson	Youth	Home,	Inc.	58-6041868	Page 5
Part XII	Supplem	ental Infor	mation (contin	ued)	- municipality	gapana ar		waring and an arrange of the second s
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SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Paul Anderson You	ith Home.	Inc.		58-60418	
Part Fundraising Activities. Complete	if the organizati	on answere	d "Yes" on Form		
Form 990-EZ filers are not require		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	t. H. et		
Indicate whether the organization raised funds through in a	participa (
a Mail solicitations	dom: N. P.	n of non-gover			
b Internet and email solicitations	f Solicitation	n of governme	nt grants		
c Phone solicitations	g Special fu	ndraising even	its		
d In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	with any individual (ir y in connection with p	ncluding officer professional fun	s, directors, trustees, idraising services?		Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	fundraisers) pursuan	_	ts under which the fur	ndraiser is to be	
(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did lund 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
		Yes No			
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Total	a la calendario de la calendario de la	TOTAL PART OF THE		2011	7818
List all states in which the organization is registered or registration or licensing.		ntributions or h	nas been notified it is	exempt from	
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Paul Anderson Youth Home, Inc. Schedule G (Form 990) 2022 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 Bike Ride Augusta Golf Cl (add col. (a) through (event type) (total number) col (c)) (event type) Revenue 140,509 1 Gross receipts 70,095 33,039 243,643 2 Less: Contributions 3 Gross income (line 1 minus 140,509 70,095 line 2) 33,039 243,643 4 Cash prizes 5 Noncash prizes 3,186 3,186 3,024 3,024 6 Rent/facility costs Direct Expenses 7 Food and beverages 1.041 3,585 4,626 8 Entertainment 21,192 7,587 7,193 6.412 9 Other direct expenses 32,028 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 211,615 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 labs/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 % Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming 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: eringinerengganganang paggang mga aggangganggangganggangganggan gagan bagan an a 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2022	Paul	Anderson	Youth	Home,	Inc.	58-6041868		Page 3
11	Does the organization cond	fuct gaming	activities with nonr	nembers?	1		Profesion sandantina por a servicio		Yes No
12	Is the organization a granto	or, beneficiar	y or trustee of a tru	ist, or a men	ber of a par	tnership or other e	ntity	2.04.1	. 62
									Yes No
13	Indicate the percentage of				at a tri Aria ta ta tata			CONTRACTOR STATE	· · · ·
а			•					13a	%
b	An outside facility			**********			*************************	13b	%
14	Enter the name and address	ss of the ner	son who prepares	the organiza	fion's gamin	n/enerial events ho	oke and		
1-4	records:	35 Or the per	son who prepares	are organiza	uona gamm	grapecial events bu	ONS BIIG		
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	Address		************	***********	. *		*******************	********	ł.
	Does the organization have							1 1	1-1
	revenue?	**********	*************		o Rank over angryre e a	er kangalaga erpana anjara	and the	swingled [Yes No
b	If "Yes," enter the amount of	of gaming re	venue received by	the organiza	tion	\$	and the		
	amount of gaming revenue	retained by	the third party	\$	erejajaje i mai:	455-5655-4			
C	If "Yes," enter name and ac	dress of the	third party:						
	Name	S. 8. 7. 6 - 8 8 8 6 8 8		. ***1334543			***************		
	Address						Mana bini ki a pistoka amaka alak manito dibak kiki ilima ala		
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16	Gaming manager information	on:							
	Name						ભાગ કર્યા હાલ છે. તાલ કરી કે એક કરત સ્ટીકે મામ લોક લા લોકો છે.		
		(A. 9. 9. 4. 9.). (A. 1. 8. 9. 9. 	રીકોડી એક શેલ દેશાયાત્રમોક સંદ દેશક કરે. -			(* * * * * * * * * * * * * * * * * * *	, m n, t n n n, t n, n, n, n n n t n, n n, n n,	1.88.6.1	
	Gaming manager compens	ation \$							
				1600 000 550					
	Description of services prov	vided					18 g w b w iii 18 6 (1818 18 18 18 18 18 18 18 18 18 18 18 18 18		
	F1-1		*********	*********	*******		39 * 1 * 0.000 \$100 \$100 \$100 \$100 \$100 \$100 \$10	P 7 10 11	
	Director/officer	Fir	ployee	Indene	ndent contra	ector			
	Directorionicor		ipiojee	Ш	i ibani oonii	1001			
17	Mandatory distributions:								
' a	Is the organization required	under state	law to make cheri	table dietribu	tions from t	o coming proposed	o to		
a								13	Yes No
b	Enter the amount of distribu	tions rough	national and a land	to be distilled	stad to ather			· · · ·	165 140
IJ						exempt organization	ons or		
5.	spent in the organization's or spent in the organization's or					guirod by Dort	, line 2b, columns (iii) a	nd (v): on	4
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	Con instruction	9, 90, 10	J, 100, 100, 10	, and 170,	as applic	able. Also prov	ide any additional inforr	nation.	
-	See instruction	ms.							
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SCHEDULE O (Form 990)

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

2022

DMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization

Employer Identification number Paul Anderson Youth Home, Inc. 58-6041868 Form 990, Part VI, Line 2 - Related Party Information Among Officers Glenda Anderson Leonard Paula Schaefer President Secretary Mother Form 990, Part VI, Line 6 - Classes of Members or Stockholders The organization has board members that are elected into the position. Decisions are approved by the board members. Form 990, Part VI, Line 7a - Election of Members and Their Rights The organization has board members that are elected into the position. Decisions are approved by the board members. Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members The organization has board members that are elected into the position. Decisions are approved by the board members. Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 is provided to the executive director and is reviewed by the board of directors. 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

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SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection 2022

OMB No. 1545-0047

(f) Direct controlling entity Employer identification number 58-6041868 (e) End-of-year assets Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37, (d) Total income Go to www.irs.gov/Form990 for instructions and the latest information. (c) Legal domicile (state or foreign country) Attach to Form 990. (b) Primary activity Paul Anderson Youth Home, Inc. (a) Name, address, and EIN (if applicable) of disregarded entity Department of the Treasury internal Revenue Service Name of the organization Part

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. Part II

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Section \$12(b)(12) controlled entity? M (f) Direct controlling entity PAYH (e)
Public charity status
(if section 501(c)(3)) 12c (d) Exempt Code section 501c3 (c) Legal domicile (state or foreign country) 8 Counseling (b) Primary activity 47-4031102 1603 Mointosh St. GA 30474 Paul Anderson Family Strong Center (a)
Name, address, and EIN of related organization E 3

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

Schedule R (Form 990) 2022

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Identification of Related Organizations Taxable as a Corporation of Trust Complete if the organization answered Wee' on Form 3940, Part IV, Intelligence of the organization and the second of the organization and the organization and the second of the organization and the organizati	(a) Name, address, and EIN of related organization			(d) rect controlling entity	(e) Predominant Income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	(9) Share of end-of year assets		Cade V—UBI arrount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV. (a) Name, address, and Elf-of mished organizations frequency of the companization and the companization of the companiz											
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV. Inte 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Inte 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Inte 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Interpretation of Related Organizations are related organizations treated as a corporation or trust during the tax year. Interpretation of Felated Organizations are related as a corporation or trust during the tax year. Interpretation of Felated Organizations are related as a corporation or trust during the tax year. Interpretation of Felated Organizations are related as a corporation or trust during the tax year. Interpretation of Felated Organizations are related organizations are related organizations. Interpretation of Felated Organizations are related as a Corporation or trust. Interpretation of Felated Organizations are related organizations are related organizations. Interpretation of Felated Organizations are related organizations are related organizations. Interpretation of Felated Organization organization organization organization organization. Interpretation organization organization organization organization organi											
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Name, uddress, and EM of rulated organization Primary activity (city) (c		ions Taxable	as a Col	rporation e	or Trust, Comp	plete if the organist frust during the	Janization answie tax vear.	ered "Yes" o	on Form 990, F	Part IV,	
	(a) Name, address, and EIN of related organization	(b) Primary activit	y Leg	(c) pal domicite (state or son country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp.	(f) Share of total income	(g) Share of end-of-year as		ntage rship	(i) Saction 512(b)(13) controlled
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Schedule R (Form 990) 2022 Paul Anderson Youth Home, Inc.

Part V

58-6041868

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. 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?	ed organizations listed i	Parts II-IV?		Yes No
a Receipt of (I) interest, (II) annuities, (III) royalties, or (iv) rent from a controlled entity	1			1a ×
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)		さん ニー・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	**************************************	1d M
e Loans or loan guarantees by related organization(s)			ぎゅう こくささい スーカー・ストー ストモ グオモ マンバミウンス・マ	7e X
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g Sale of assets to related organization(s)				1g X
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j Lease of facilities, equipment, or other assets to related organization(s)				×
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m Performance of services or membership or fundraising solicitations by related organization(s)			V A 3.00 a 99 F a 99 F a 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	mt M
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			かり、マーチャン・ザザウ・ファン・チェイルできなってきない。	1n ×
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(a) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(d) Method of determining amount involved	int irvolved
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			Schedule	Schedule R (Form 990) 2022

Page 4

Schedule R (Form 990) 2022 Paul Anderson Youth Home, Inc.

Part VI

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37, 58-6041868

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.

		domicile (state or foreign	-74%	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionaria alocations?	Code V—UBil amount in box 20 of Schedule K-1 (Form 1065)	General or menaging pertner?	Percentage ownership
		country)	sections 512-514)	Yes No			Yes No		Yes No	ut-i
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Part VII	Suppleme	ntal Informa	nderson ition.			Inc.		8-6041868		Page 5
	Provide ad	Iditional infor	mation for re	sponses to	question	s on Sche	dule R. Se	e instructions.		10-1
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