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# Form **990**

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2013

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

	For the	e 2013 cale	ndar year, or tax year beginning January 1 , 2013, and endi	ng Decei	nber 31	, 20 13
В	Check ı	ıf applicable	C Name of organization Youth Missions International		D Employ	er identification number
	Address	s change	Doing Business As BASE Sports			20-8903588
	] Name c	hange	Number and street (or P O box if mail is not delivered to street address) Room/si	uite	E Telepho	ne number
	] Initial re	eturn	1901 S Jefferson Ave	212		866-487-7563
	Termina	ated	City or town, state or province, country, and ZIP or foreign postal code		·	
	Amende	ed return	Tacoma, WA 98402-1611		<b>G</b> Gross r	eceipts \$ 712,614
	Applica	ition pendina	F Name and address of principal officer Jessica Schmidt, 401 11th St SW,	H(a) Is this a c	roup return for	subordinates? Yes No
		_	Puyallup, WA 98371	1		es included? Yes No
ī	Tax-exe	empt status	√ 501(c)(3)			a list (see instructions)
Ţ	•		://www.ymimissions.org	H(c) Group	exemption	number ►
=			✓ Corporation Trust Association Other ► L Year of forma	1		e of legal domicile WA
_	Part I	Summ		2007		The state of the s
_	1		escribe the organization's mission or most significant activities: We are	e a religious.	faith-bas	ed training organization
			ing young people to live and share their faith in Christ. We do this through			
	<u> </u>		n support of churches		g,s.	son trips, and tocal
	2		is box ▶☐ if the organization discontinued its operations or disposed	of more than	25% of	its net assets
	Š 3		of voting members of the governing body (Part VI, line 1a)	or more than	3	
	5 4 8 4		of independent voting members of the governing body (Part VI, line 1b)	 1	4	7
	se 5		nber of individuals employed in calendar year 2013 (Part V, line 2a)	,	5	
3			nber of individuals employed in calendar year 2013 (Fart V, line 2a)		6	21
	Activities & Governance 2 3 4 5 6 4 2 6 4		elated business revenue from Part VIII, column (C), line 12		7a	125
	' b		ated business taxable income from Form 990-T, line 34		7b	0
-	<del>                                     </del>	14et uniei	ated business taxable income from 1 orn 1 930-1, line 34	Pnor Y		Current Year
	. 8	Contribut	tions and grants (Part VIII, line 1h)			
	9 10		· · · · · · · · · · · · · · · · · · ·		438,157	615,673
		-	service revenue (Part VIII, line 2g)	_	60,924	96,925
	를   10   11		nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		940	16
-	12	•			499,110	
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		33,689	52,552
	14		paid to or for members (Part IX, column (A), line 4)		0	0
	15 16a b		other compensation, employee benefits (Part IX, column (A), lines 5–10)		155,461	254,422
	2   16a		anal fundraising fees (Part IX, column (A), line 11e)	antahan anak _ aughmining	0	Section Add and Add Add Add Add Add Add Add Add Add A
	Š   _b		draising expenses (Part IX, column (D), line 25)			(新春春春春海湖)
•	_   17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		303,278	408,284
7	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		492,428	719,258
<u>Q</u> _	19	Revenue	less expenses. Subtract line 18 from line 12		6,680	
				Beginning of Cu	irrent Year	End of Year
	틀 20		ets (Part X, line 16)		70,297	73,302
	E 21		ılıtıes (Part X, line 26)		13,749	23,398
S	리 22		ts or fund balances Subtract line 21 from line 20		56,548	49,904
7	Part II		ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and state ete Declaration of preparer (other than officer) is based on all information of which prepare			my knowledge and belief, it is
<b>5</b>		- I T	1 A . 1	- I las ally kilow		
ANN			ATUM STUMM			<u>-14</u>
X,	ign Isaa	Sign	Ature of officer	Da		
ပ္တာ	iere			)perati	015	
			or print name and title	<u> </u>		
F	Paid	Printity	pe preparer's name Preparer's signature D	ate	Check	
F	repare	er			self-em	ployed
	Jse On	1	ame •	Fim	n's EIN ▶	
_		Firm's a	ddress ▶	Pho	ne no	
<u>N</u>	ay the II	HS discuss	s this return with the preparer shown above? (see instructions)	<u> </u>		· · · Yes 🗌 No
F	or Papen	work Redu	ction Act Notice, see the separate instructions. Cat i	No 11282Y		Form <b>990</b> (2013)



**Checklist of Required Schedules** 

Part IV

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

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>√</b>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>✓</b>
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		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>√</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		- 1 5	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>\</b>
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		<b>\</b>
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>			. 🗆
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	1 1 1	1.4 3° 3.64	1 4 6 4 6 6 8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	1b 0	V 7	2 X	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
С	Did the organization comply with backup withholding rules for reportable payments	to vendors and	ئى ئىدۇ <sup>ئ</sup> ىي	4.11	1127
_	reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	W-75-87-1	123	HE
b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	7 / 28	( 10 mm) 1
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	•	73.3	+20	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		<b>✓</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S		3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature				
	over, a financial account in a foreign country (such as a bank account, securities account, account)?	or other financial			1
_			4a	~ 15. g	¥ 12.43 ×
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	vol Accounts		2 6 m	1
E.				£ 7.7	5.1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	er transaction?	5b	-	<b>V</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0	 200 and did the	5c		-
ou.	organization solicit any contributions that were not tax deductible as charitable contributions		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such		- Oa		-
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		*	1.300-9.30	3%4
· a	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	2	4	
	and services provided to the payor?	· · · ·	7a	22.4.28	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided	, , , ,	7b		<b>                                     </b>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property		· · · ·		
	required to file Form 8282?		7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1 2 ×	£. 31	2, Y 34
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7e	Sille Della Can Market	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	efit contract?	7f		<b>/</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as required?	7g		<b>1</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization fil	e a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a	)(3) supporting	A 3	بة , و- يرون المرون	
	organizations. Did the supporting organization, or a donor advised fund maintained	by a sponsoring	33		
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				1437
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1		2070	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		14 X	313
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		*	
11	Section 501(c)(12) organizations. Enter.	11	1 1 2 3 1 2 3		2,7
a	Gross income from members or shareholders	11a		432	2 44
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)				
40-	·	[11b]	4.0		5,200 July
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu If "You," enter the amount of tax exempt interest received as approach during the year.	1 1	12a		** CS
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	36.00 E		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-	44 (2)	SY E
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	2 * W.d.	27.3 AS -
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedu Enter the amount of reserves the organization is required to maintain by the states in which	e O.	\$4. <b>0</b>		
J	the organization is licensed to issue qualified health plans	1426			
С	Enter the amount of reserves on hand	13b			8.3
14a	Did the organization receive any payments for indoor tanning services during the tax year?	130	14-	ereca'.	7 1 82
	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in	Schedule O	14a		<del>  •</del> –

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	structi	ions.
04	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u></u>	. 🔽
Secti	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	***		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>✓</b>
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Did the organization have members or stockholders?	4 5 6		✓ ✓ ✓
b	one or more members of the governing body?	7a 7b		<b>✓</b>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	8a	400	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
a b 9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	<u> </u>	✓
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	<del>-</del>	
4.5		40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		<b>√</b>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7. á.	ÉS 8
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>√</b>	andherbary
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13 14 15	Did the organization have a written whistleblower policy?	13 14		✓ ✓
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b	20064 20064 20074	<b>✓</b> <b>✓</b>
	with a taxable entity during the year?	16a		<b>✓</b>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	**	<b>√</b>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Washington, Oregon  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(	c)(3)s	only)
19	✓ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > John Stiffler, 1901 S Jefferson Ave #212, Tacoma, WA 98402, 866-487-7563	of the	•	

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Page	1

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Part VII	Compensation of Officers,	Directors, Trustee	s, key Employees,	Hignest Compe	ensated Employees, a	inc
	Independent Contractors					

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d orga	anız	atıo	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
				•	C)					
(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both ar officer and a director/trustee)					an	Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any				_		<u> </u>	from	related	other
	hours for related	or de	nstit	Officer	(ey	활호	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	rect.	utio	er	emp	est o	<u>ಥ</u>	(W-2/1099-MISC)	(44-2/1099-14113C)	organization
	below dotted line)	or to	nal t		Key employee	" ŏm				and related
	iirie)	Individual trustee or director	Institutional trustee		ď	bens				organizations
			8			Highest compensated employee				
(1) Darrell Weiland, Board Chair	ļ			,				ŀ		
(0) = 11	<u> </u>	-		✓						
(2) Tim Johnston, Board Vice-Chair	}			/				1		
(3) Calvin Harris, Board Secretary/Treasurer										
				1						
(4) Tracy Mumm, Director										· <del>-</del>
		1					_			
(5) Sue Brubaker, Director	ļ									
(6) Phil Polymole Disease		<b>✓</b>								
(6) Phil Dalrymple, Director	<b></b>	1								
(7) Jessica Schmidt, Director										_
		✓								
(8)	ļ 									
(0)	ļ									
(9)	ļ									
(10)									-	
XXX	·									
(11)										
					<u> </u>					
(12)										
(13)					_					
(19)	<del> </del> -									
(14)			$\vdash$							
A	<b> </b>	1								

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighes	st C	Compensated E	mployees (	contin	ued)
	(B) Average hours per	verage box, unless person is officer and a director/						compensation	(E) Reportable compensation fi		(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		other compensation from the organization and related organizations
(15)												<del></del>
(16)												<del></del>
(17)										<u> </u>		
(18)												
(19)												
(20)												
(21)												
(22)												
(23)										· · · · · ·		
(24)								-				
(25)												
1b c d	Sub-total			•		· .		<b>&gt; &gt;</b>				-
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	vho received mo	ore than \$1	00,00	0 of
3	Did the organization list any former of employee on line 1a? If "Yes," complete S							emp	oloyee, or high	est compe	nsate	Yes No d 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		
Section	on B. Independent Contractors										-	
1	Complete this table for your five highest of compensation from the organization. Repyear.											
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compensation
NA								NA	1			NA NA
									·			
2	Total number of independent contractor							) th	nose listed abo	ove) who		

Par	VIII	Statement of Revenue												
		Check if Schedule C	contains a	res	ponse or note t				<u>.</u>					
				\$ 4.1 \$ 4.1 \$ 4.1 \$ 6.1		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
nts nts	1a	Federated campaigns	<u> </u>	<u>1a</u>	0			\$ 0 \$ 0 8 8 2 10 \$ \$ 0 7 2 7 7 7 7						
Sra So	b	Membership dues .		1b	0	3 1 1 1 1 1 1 1 1 1		an age day it is the						
A, P	С	Fundraising events .	<b>⊢</b>	1c	75,977			San						
	d	Related organizations		<u>1d</u>	0	the second of	1. 1 / Test							
S, E	e	Government grants (con		1e	0									
tio S z	f	All other contributions, g												
章美		and similar amounts not inc	<u> </u>	1f	539,696									
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions include		f \$				- A - A - A - A - A - A - A - A - A - A						
	h	Total. Add lines 1a-1	<u>f</u> .		▶	615,673			10年 1777 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
Ę					Business Code		\$ 7 m							
e e	2a	Mission Trips			813000	70,325								
ĕ	b	Training			813000	3,500			_					
<u>Ş</u> .	C	Sports Camps			813000	23,100		. <u>-</u>						
S	d													
E	e													
Program Service Revenue	†	All other program sen		!	NA NA		. 3 4 5 4 7 12 1		mex () has more required and and red					
<u> </u>	<u>g</u> 3	Total. Add lines 2a-2		المراط	D	96,925		全心學集 经证券公司	L Cl. wastifie beard					
	3	Investment income and other similar amo	. •		enas, interest,									
	4	Income from investmen	•			0	0	0	0					
	5	Royalties	t of tax-exem	pi bi	ond proceeds	0	0	0	0					
		noyanies	(ı) Real	<u> </u>	(ii) Personal	<u> </u>			29000000000000000000000000000000000000					
	6a	Gross rents .		0	0									
	Ь	Less: rental expenses		0	,	And the second of the second o								
	C	Rental income or (loss)			0		7							
	ď	Net rental income or (	loss)			<u> </u>		n	0					
	7a	Gross amount from sales of	(i) Securities	s	(II) Other	San Carlotte	1 1 1 1 1 1 1 1 1 1 1 1	745 H 377 T						
		assets other than inventory		0	0		2 4 4	722						
	b	Less: cost or other basis			-									
		and sales expenses .		0	o			1 225						
	С	Gain or (loss)		0	0									
	ď	Net gain or (loss) .			▶	0	o	0	0					
nue	8a	Gross income from fu	ındraısıng											
Other Reve		events (not including \$		-										
č	<u> </u>	of contributions reporte	ed on line 1c)	•				**************************************						
亨		See Part IV, line 18 .		a	0		122-146							
ō	b	Less: direct expenses		b	0									
	C	Net income or (loss) for			events . >	0		0	0					
	9a	Gross income from ga See Part IV, line 19 .	ining activitie		_		1							
				a b	0									
	b	Less. direct expenses Net income or (loss) fi			vities •	<u> </u>	ينه کنه کا کنت که کاک کاک							
	С 10а	Gross sales of in			Vities P	<b>U</b>	V ////\ =8.30		U					
	'00	returns and allowance		<del>,</del>	243									
	ь	Less: cost of goods s		b	217									
	6	Net income or (loss) fi				16	16	0						
	<u> </u>	Miscellaneous R			Business Code									
	11a	NA			NA	0	0	0	<u> </u>					
	b					0	0	0	0					
	С					0	0	0	0					
	d	All other revenue .				0	0	0	0					
	е	Total. Add lines 11a-			▶	0	\$1727 - 15							
	12	Total revenue. See in	nstructions		•	712,614								

#### 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 (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . 0 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . 52,552 Benefits paid to or for members . O Compensation of current officers, directors, trustees, and key employees . . . 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages . . . . . . 226,161 0 226,161 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 0 0 9 Other employee benefits . . . . . . . 4,550 0 4,550 0 10 Payroll taxes . 23,711 0 23,711 0 11 Fees for services (non-employees). Management . . . . . . . а 0 0 b Legal . . . . . . . . . 0 0 0 0 Accounting . . . . . C 4,538 0 4,538 0 Lobbying . . . . Ы 0 0 0 0 Professional fundraising services. See Part IV, line 17 2 die. \*\*\* 0 0 Investment management fees . . . . . 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 0 0 12 Advertising and promotion . . . 14,048 0 14,048 0 13 Office expenses . . . . . . 0 7,288 7,288 0 14 Information technology . . . . . 0 0 0 0 15 Royalties . . . 0 0 0 0 Occupancy . . . 16 21,747 0 21,747 0 17 Travel . 18,887 18,887 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 7,673 0 7,673 0 20 0 0 0 0 21 Payments to affiliates . . . . . . . 0 0 0 0 22 Depreciation, depletion, and amortization . 1,559 0 1,559 0 23 4,000 0 4,000 0 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) International Mission Trips 274,486 274,486 0 Leadership, training, and appreciation b 40,462 21.019 19,443 0 Banquet C 7,700 7,700 d All other expenses 9,896 3,825 4,673 1,398 Total functional expenses. Add lines 1 through 24e 25 719,258 371,617 338,543 9,098 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 following SOP 98-2 (ASC 958-720) . . . . .

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) Beginning of year End of year Cash-non-interest-bearing . . . . . 1 1 66,042 70,076 2 Savings and temporary cash investments 2 0 0 3 Pledges and grants receivable, net 3 ol 0 Accounts receivable, net . 4 0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. . . . . . . . . 6 O 0 Notes and loans receivable, net . . . . 7 7 0 0 8 Inventories for sale or use . 8 0 0 9 Prepaid expenses and deferred charges 9 0 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 8,614 Less. accumulated depreciation . . . . 10b h 10c 5,388 4,255 11 Investments—publicly traded securities . . . . . 0 11 0 12 Investments—other securities. See Part IV, line 11 . 0 12 0 13 Investments—program-related. See Part IV, line 11. οĺ 13 0 14 14 0 0 Other assets. See Part IV, line 11 . . . . . 15 15 0 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 70,297 16 73,302 7,088 17 17 Accounts payable and accrued expenses . . . . . . . . . . . . 6,366 0 18 18 Grants pavable . . . . . . 0 Deferred revenue . . . . 19 19 0 0 20 Tax-exempt bond liabilities . . . . . . . . . . . . . . . . . 20 0 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 0 0 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 6,661 17,032 26 Total liabilities. Add lines 17 through 25 26 13,749 23,398 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . . 27 56,548 49.904 28 Temporarily restricted net assets . . . 28 0 0 29 29 Permanently restricted net assets . . . . . ol Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . 0 30 0 Paid-in or capital surplus, or land, building, or equipment fund 0 31 0 32 Retained earnings, endowment, accumulated income, or other funds 32 56,548 49,904 33 33 56,548 49,904 Total liabilities and net assets/fund balances . 34 70,297 73,302

_	4	•
Page	1	4

•

	50 (2013)			га	ıgeı∡
Part	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		71	2,614
2	Total expenses (must equal Part IX, column (A), line 25)	2		71	9,258
3	Revenue less expenses. Subtract line 2 from line 1	3		((	6,644)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	6,548
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8		_	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	9,904
art	XII 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 ☐ Accrual ☐ Other		_ \$,000		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	cplain	ın 🎠	100	
	Schedule O.		22	4	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>✓</b>	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or 🏻	, its	: * :
	reviewed on a separate basis, consolidated basis, or both.			(47)	24.00
	Separate basis Consolidated basis Both consolidated and separate basis			46	angelle (e. j.) Karangan
þ	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a E		4107
	separate basis, consolidated basis, or both:				多年期
	Separate basis Consolidated basis Both consolidated and separate basis			222	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of				
	of the audit, review, or compilation of its financial statements and selection of an independent acco				✓
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın	in Fig.	1	
	Schedule O.			341	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın		
	the Single Audit Act and OMB Circular A-133?		. 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		ne		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	audits	3b		
			For	m 990	(2013)

-

## SCHEDULE A (Form 990 or 990-EZ)

# **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.

2013

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization	-	•					Employer id	lentification		
Youth Missions International									20-890	<del></del>	
Par			rity Status (All orga						nstructio	ns	
The c 1 2 3 4	A church, con A school desc A hospital or a A medical resc	vention of church cribed in <b>section</b> a cooperative hos earch organization	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attacspital service organization operated in conjuni	churches ch Sched ation desc	s describe ule E.) cribed in :	ed in sec section 1	tion 170( 170(b)(1)(	(b)(1)(A)(i (A)(iii).		iii). Enter the	
5	hospital's name, city, and state  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6 7	☐ A federal, stat	e, or local governon that normally	nment or government receives a substantia (A)(vi). (Complete Par	al part of					nit or from	the general	public
8	☐ A community	trust described ii	n section 170(b)(1)(A	<b>)(vi).</b> (Cor	nplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that I to its exempt funct nt income and unre fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	than 331/3%	of its
10 11	An organization	on organized an	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th nizations	ne benefi describe	t of, to p	perform to the solution 509(a	the funct a)(1) or se	ions of, o	(a)(2). See <b>se</b>	
е		Indation manage	II c ☐ Type II that the organization is and other than one	ıs not co	ntrolled o	lirectly or	ındırectl	y by one	or more o		ersons
f	organization,	check this box .	written determination							e III supportii	ng · 🔲
g	following pers		ic organization decep	pica any	giit or co	Sittibatio	ii iioiii u	ary or are	•		
	(i) A person	who directly or ii	ndirectly controls, eithody of the supported							d Yes	No
	(ii) A famıly m	ember of a perso	on described in (i) abo	ove?						11g(ii)	~
			a person described in							11g(iii)	V
h		· · · · · · · · · · · · · · · · · · ·	on about the support	, <u> </u>				T	— — т		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col (i) la	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the non in col zed in the S ?	(vii) Amount of mo support	onetary
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Total								43			

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts. grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 335,959 189,417 276,765 710.188 402.723 1,915,052 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total, Add lines 1 through 3. . . . 189,417 276,765 335.959 402.723 710.188 1,915,052 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) . . . . 75.977 Public support. Subtract line 5 from line 4. 1,839,075 Section B. Total Support (c) 2011 Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (d) 2012 (e) 2013 (f) Total Amounts from line 4 . . . . 189,417 276,765 335,959 402,723 710,188 1,915,052 R Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 20,330 41,651 53,551 213,405 TATES TO DESCRIPTION OF THE PROPERTY OF THE PR 11 **Total support.** Add lines 7 through 10 2,128,457 12 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 2.128.457 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . . . . 86 4 % 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 78 7 % 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

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

Section A. Public Support

Calen	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees				(37 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	(0, -0.10	(1)
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	<u> </u>	_				
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	i					
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				<del></del>
	Amounts included on lines 1, 2, and 3			~			
, .	received from disqualified persons .						
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		in the state of th		analy 4 Ask a		
Casti	on B. Total Support		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 + <b>3 5</b> , 5 7 8			
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(a) 2012	(6) Total
9	Amounts from line 6	(a) 2009	(b) 2010	(6) 2011	<b>(d)</b> 2012	<b>(e)</b> 2013	(f) Total
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets					•	
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	<del></del>			<del></del>		
	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he					<u>.</u>	▶ 🗆
	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line 8					15	%_
16	Public support percentage from 2012 Sch				<del></del>	16	%
<u> </u>	on D. Computation of Investment In Investment income percentage for 2013 (			u lino 10 - enti	nn (fl)	17	
18	Investment income percentage for 2013 ( Investment income percentage from 2012)					18	<del>%</del>
19a	331/3% support tests—2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests—2012. If the organiz		_			_	
-	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, c	heck this box	and see instruc	tions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2013

Page 4

Part IV

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

The total in Part II, line 10 derives from income related to the selling of clothing apparel

## SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Youth Missions International 20-8903588 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) . Aggregate 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? . . . . . . . . ☐ Yes ☐ No 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? Part II **Conservation Easements.** Complete if the organization answered "Yes" to 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 (e.g., recreation or education) Preservation of an historically important land area ☐ Preservation of a certified historic structure ☐ Protection of natural habitat ☐ 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 . . . . . . . 2a Total acreage restricted by conservation easements . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 . . . . 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 SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . . . . . . . . \$ Assets included in Form 990, Part X

Par	Organizations Maintaining								
3	Using the organization's acquisition, a collection items (check all that apply):	acces	ssion, and ot	her recoi	ds, chec	k any of th	ne follo	wing that are a	significant use of its
а	☐ Public exhibition			d	Loan	or exchang	ge prog	rams	
b	☐ Scholarly research			е	Othei	r			
C	☐ Preservation for future generations	<b>;</b>							
4	Provide a description of the organizat XIII.	ion's	collections a	and expla	in how t	hey further	the or	ganization's exe	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather								
Pari	IV Escrow and Custodial Arra			11100 00 1	Junt Or time	o organizat	1011 3 00	JICOGOTT:	☐ Yes ☐ No
	Complete if the organization 990, Part X, line 21.			' to Forr	n 990, F	art IV, line	9, or	reported an ar	nount on Form
1a	Is the organization an agent, trustee,	cust	todian or oth	er interm	ediary fo	or contribut	tions o	r other assets r	not
	included on Form 990, Part X?								☐ Yes ☐ No
ь	If "Yes," explain the arrangement in Pa	art XI	II and comple	ete the fo	llowing ta	able:			
			•		J			1	Amount
С	Beginning balance						10	;	<del></del>
d	Additions during the year						10	1	
е	Distributions during the year						16	•	
f	Ending balance						11	•	
2a	Did the organization include an amour	nt on	Form 990, Pa	art X, line	21? .				☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XII	II. Check here	e if the ex	planatio	n has been	provid	ed in Part XIII .	🗆
Par	Endowment Funds.								
	Complete if the organization	ansv	wered "Yes"	' to Forr	n 990, P	art IV, line	10.		
		(a)	Current year	(b) Prid	or year	(c) Two yea	rs back	(d) Three years bar	ck (e) Four years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the	he cu	ırrent year en	d balanc	e (line 1g	, column (a	i)) held	as:	
а	Board designated or quasi-endowmer	nt 🕨		%					
b	Permanent endowment ▶	%							
С	Temporarily restricted endowment ▶		%						
	The percentages in lines 2a, 2b, and 2								
3a	Are there endowment funds not in the	e pos	session of th	e organi:	zation tha	at are held	and ad	lmınıstered for t	he
	organization by:								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ii)
b	If "Yes" to 3a(II), are the related organi			•				<i>.</i> .	3b
4	Describe in Part XIII the intended uses			n's endo	wment fu	unds.			
Pari					000 -			<b>.</b>	B 13/1 :=
	Complete if the organization	ansv	_						
	Description of property		(a) Cost or oth (investme			or other basis ther)	ď	Accumulated epreciation	(d) Book value
1a	Land								
b	Buildings								
C	Leasehold improvements								
đ	Equipment			8,614		0		5,388	3,226
e	Other								
Total.	Add lines 1a through 1e. (Column (d) m	nust e	equal Form 99	90, Part )	(, column	(B), line 10	)(c).)	▶	3,226

Part VII	Investments — Other Securities Complete if the organization ans		rm 99	∩ Part IV lu	ne 11h. See F	orm 990 Part X line 12
	(a) Description of security or category		$\overline{}$	b) Book value	(6	c) Method of valuation
	(including name of security)				Cost	or end-of-year market value
(1) Financial			<u> </u>			
	eld equity interests					
(3) Other						
(A)						
(B)						<u> </u>
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
	n) must equal Form 990, Part X, col (B) line 12)				· CARLE	
Part VIII	Investments—Program Related Complete if the organization ans		m QQ	O Part IV III	no 11c Soc E	orm 000 Part V line 12
	(a) Description of investment	wered res to ror		b) Book value		c) Method of valuation
	(4) 2000, p. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		`	.,		or end-of-year market value
(1)						-
(2)						
(3)						
(4)						
(5)	· · · · · · · · · · · · · · · · · · ·	···				
(6)						
(7)						
(8)						
(9)			İ		*	
	b) must equal Form 990, Part X, col. (B) line 13.)		1		a production of the state of th	
Part IX	Other Assets. Complete if the organization ans	wered "Yes" to For	rm 99	0. Part IV. lu	ne 11d. See F	orm 990. Part X. line 15.
	· · · · ·	a) Description		<del>-, , ,</del>		(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)	<del></del>					
(8)						
(9)	•					
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol (B) line 15.) .				. ▶
Part X	Other Liabilities.					
	Complete if the organization ansi	wered "Yes" to For	rm 99	0, Part IV, III	ne 11e or 11f.	See Form 990, Part X,
	line 25.					,
1.	(a) Description of liability	(b) Book value		33/M3/K		
(1) Federal in	come taxes		5,831			
(2) Wages			8,509			10 mg 15 kg 20 kg
(3) Retireme	ent -		484			
(4) State Ta			2,208			
(5)						
(6)						
(7)					4.5	
(8)	<del></del>					
(9)						
	a) must agual Form 000. Dart V and (D) line of the		47.00-			
	n) must equal Form 990, Part X, col (B) line 25)		17,032			· 有更多的。
∠. Liability for	uncertain tax positions. In Part XIII, provi	ae tne text of the footr	note to	tne organizati	ion's financial sta	mements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedu	le D (Form 990) 2013		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
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		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
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		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII.)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses	ing Au	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ing in the state of the state o	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	<u> </u>	
_		14-1	

Part XIII Supplemental Information.

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).

Part XIII Supplemental Information (continued)

## **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

2013

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number Youth Missions International 20-8903588

rai	Form 990, Part IV, line		es Outside	uie Officed States. Comp	biete ii trie organization ans	wered res on
1	For grantmakers. Does the assistance, the grantees' ele	organization gibility for th	e grants or as	sistance, and the selection		<b>)</b>
	grants or assistance?					☐Yes ☐No
2	For grantmakers. Describe assistance outside the Unite		the organizati	on's procedures for monit	toring the use of its grant	ts and other
3	Activities per Region. (The fo	ollowing Part	l, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)			_			
(6)						
(7)						
(8)			-			
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St. 1 St. 1, 250 . 156 . 1000	
3a	Sub-total	ļ			77/	
b	Total from continuation sheets to Part I					
C	Totals (add lines 3a and 3b)			CHILLES ROYAL	-X X X X X X X X X X X X X X X X X X X	

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV. line 15. for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(i) Method of valuation (book, FMV, appraisal, other)	NA						:						
(h) Description of non-cash assistance	IA												
The of (b) IRS code (c) Region (d) Purpose of cash grant (f applicable) (f applicable)	ONA												
(f) Manner of cash disbursement	52,552 Wire Transfer					:							
(e) Amount of cash grant	52,552 V												
(d) Purpose of grant	Religious												
(c) Region	South America												
(b) IRS code section and EIN (if applicable)													
1 (a) Name of organization	(u)	(2)	(6)		(9)	(8)		(10)	(12)	(13)	(41)	(61)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2013

Part III Grants ar

(h) Method of valuation (book, FMV, appraisal, other)														;					Schedule F (Form 990) 2013
(g) Description of non-cash assistance													į						
(f) Amount of non-cash assistance																			
(e) Manner of cash disbursement																			
(d) Amount of cash grant																			
(c) Number of recipients																	:		
(c) Number of recipients																			
(a) Type of grant or assistance	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	

Page	4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	✓ No

## Part V

## **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

## SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
Youth Missions International
Employer identification number
20-8903588

Part VI, Section B, Line 11b- It was compiled by staff, reviewed by the head-of-staff (President), and reviewed again by the Board Secretary

Treasurer

Part VI, Section C, Line 19 - The financial statements are open to public viewing at any time. Our 990 is posted online and any request made for governing documents for our organization or our conflict of interest policy will be furnished free of charge, but are not posted

Schedule O (Form 990 or 990-EZ) (2013)	Page <b>2</b>
Name of the organization	Employer identification number