For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y

Form 990 (2017)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
	Our Mission is to Support Christian Missionaries &their Projects around the world in order to fulfill the Great Commission of
	personally presenting Jesus to this Generation
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: 1) (Expenses \$ 1,769,035 including grants of \$ 1,769,035) (Revenue \$ 1,769,035)
	Supporting of Missionaries around the world that we have sent out includes 70 within the United States and 429 missionaries
	serving in 30 foreign countries
4b	(Code 2) (Expenses \$ 708,839 including grants of \$ 708,839) (Revenue \$ 606,511)
	Supporting of Charitable causes including 7 within the United States and 41 projects internationally supporting 2 Building projects,
	4 Orphanages, 8 Relief projects, 17 Outreach Projects, and 10 Educational projects
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	, (
	Other program services (Describe in Schedule O.) Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 2.477.974

Form	aan	(2017)	Ł

	1	JI	F1	3	Page 3
<u> </u>			_ 1'		rage 0

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	<u> </u>	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	├
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	3		•
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
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		
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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	,	
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		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	11a	v	
ь	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	_	~
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
q	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		~
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		v
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		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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	,	
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	~	
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		,
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		~
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		,

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	_
21	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	21	~	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	
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	Ì	-
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25	 	
	\$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	J	~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		~
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		~
ч	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
	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	1	~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," 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	~	
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			1
_	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		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		~
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,	- 00		ļ. <u> </u>
•	or IV, and Part V, line 1	34		"
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			m
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
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		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55		Ť
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	~	

Part V	Statements Regarding	Other IRS Filings and Ta	x Compliance
--------	----------------------	--------------------------	--------------

	Officer if Ochequie O Contains a response of flote to any life in this fact v	<u> </u>		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 94	5°	Yes	No
b c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	影響		7 · · ·
U	reportable gaming (gambling) winnings to prize winners?	1c	V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			等 漢
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] [5] [6] [6] [7] [8] [8] [8] [9] [9] [9] [9] [9	2b		5 312
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-	40	34
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		4
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		<u> </u>
νω	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	45		,
b	If "Yes," enter the name of the foreign country. ▶	4a	0 to 1000 2 to 1000	o 563
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
	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 contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b	and services provided to the payor?	7a 7b		_
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-4	required to file Form 8282?	7c	51.5 3	<u>/</u>
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e	2.72	<u>'</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		V
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	-	_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	9777 S 21 108	- 32E	
	sponsoring organization have excess business holdings at any time during the year?	8		V
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter	i de la companya de l		
a b	Initiation fees and capital contributions included on Part VIII, line 12	250	7,50	
11	Section 501(c)(12) organizations. Enter:	18. 18. 18. 18.		
а	Gross income from members or shareholders	*		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	. ad	."
J	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
С	the organization is licensed to issue qualified health plans			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	······································	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	999	/00: T
		⊢orm	990	(2017)

Par	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
Sect	Check if Schedule O contains a response or note to any line in this Part VI	· · ·	•	<u>. Ľ</u>
0001	doterming 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.			
b 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		~
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		
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? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		\(\times \)
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a 8b	<u> </u>	<u> </u>
9 9	Each committee with authority to act on behalf of the governing body?	OD		
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		~
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
40.			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		~
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	4.4		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		
13	describe in Schedule O how this was done	12c	~	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
þ	Other officers or key employees of the organization	15b	uside e en	✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed None 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.	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 integration in the statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and reconstruction by David Stone, 2707 Hipawai Place, Honoluu, Hawaii 96822 808-373-0144	ords:	>	

Form	agn	(2017)	

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

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 employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
	(C)									
(A)	(B)	Position						(D)	(E)	(F)
Name and Title	Average			ot check more than one inless person is both an				Reportable	Reportable	Estimated
yame and me	hours per					or/trus		compensation	compensation from	
	week (list any		_		_			from	related	other
	hours for related	5 ₹	l ≅	Officer	é	1 <u>a</u> g	Former	the	organizations (W-2/1099-MISC)	compensation from the
	organizations	rec d	ਵ੍ਹ	i i	<u>=</u>	est	le.	organization (W-2/1099-MISC)		organization
	below dotted	호류	ž		Key employee	# S		(2		and related
	line)	Individual trustee or director	3		ee	J ₽	ļ	ļ		organizations
		8	Institutional trustee			Highest compensated employee				
1			•			鼋	L			
(1) Jhun Camacho, President	20									
(1) Judit Callactio, Plesidell	20			~				23,370	o	+1,051
(2) Erin Urabe, Vice President	1									
(0)				~			<u> </u>	9,780	0	+1,330
(3) David Stone, Sec -Treasurer	20			,				0.014		12.004
(A) OL : O. I			⊢	-		 	-	8,011	- 0	+13,084
(4) Chris Solima, Former President	0						,	F 0.75		200
(5) Spencer Lemer, Former President	0		├	<u> </u>	_	 	ř-	5,885	0	-388
(9) Spencer Lemer, Former President	‡						~	15,290	o	+1,848
(6) Mandy Fowler, Former Vice President	0									
							~	16,275	0	+208
(7)										
							_			
(8)										
(9)							_			
(9)										
(10)										
(11)										
·										
(12)		ļ]		
(13)							-			
(10)										
(14)							\dashv			
<u> </u>	·		J	J	- }	j]		

Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees	(contin	nued)	
	(A) Name and title	(B) Average hours per	age box, unless person is be officer and a director/tre						(D) Reportable compensation	(E) Reportable compensation fro	n from	from amount of	
		week (list any hours for related organizations below dotted line)	102	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizati (W-2/1099-I	ons	other compensation from the organization and related organizations	
(15)													
(16)													_
(17)													
(18)													_
(19)													
(20)													_
(21)												<u> </u>	_
(22)													
(23)													
(24)													
(25)													
1b c	Sub-total	VII, Section		•	• •		. 1	>	78,611 0 78,611		0	17,1	0
2	Total number of individuals (including but reportable compensation from the organi	not limited				ed a	above) wh	·	ore than \$1		·	<u>50</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete S	ficer, direct						mpl	loyee, or high	est compe		Yes No	<u></u>
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortat an \$1	le c	om	pen	satio	5," (e ma	
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co	mper				n any	unr					
Section	on B. Independent Contractors	<u>·</u>											_
1	Complete this table for your five highest of compensation from the organization. Replyear.												
	(A) Name and business addr	ess			_				(B) Description of se	rvices		(C) Compensation	
NONE													_
							\exists						_
	Total number of independent contractor	rs (ıncludın	g but	no	ot li	mite	ed to	tho	ose listed abo	ve) who			-
	received more than \$100,000 of compensa	ation from th	he org	janiz	zatıc	on 🕨	•		0	ŀ		n	

Form **990** (2017)

		Check if Schedule C	contains a re	esponse or note	to any line in thi	s Part VIII		🗆
					(A) Total revenue	(B) Related or exempt function - revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	s <u>1</u> :	a				
Contributions, Gifts, Grants and Other Similar Amounts	b		<u>[1</u>]	o				
	С	Fundraising events .						
	d	Related organizations						
ıs,	е	Government grants (cor		•			l distribution	
er S	f	All other contributions, g					10 To	
Contributions, Gifts, and Other Similar Ar		and similar amounts not inc			6	14.2.4	100	2.00
id C	g	Noncash contributions include				This was a second	uurominniaa.	
	h	Total. Add lines 1a-1	<u>f </u>		2,375,546		militarina in minimalia	
Program Service Revenue	١.	•		Business Code			1.00	100
eve	2a			-				ļ
ě	b			-				ļ <u>.</u>
Ž	C				 -			
Š	d			-	 		 	
Ē	e d	All other program on		•				
õ		All other program ser Total. Add lines 2a-2			 	1000		<u> </u>
<u> </u>	<u>g</u>	Investment income			-		The second se	v 19 42 (College College Coll
,		and other similar amo			204	204		
	4	Income from investment			204	204		
	5	5 1	· · · · ·					
	Ţ	,	(ı) Real	(II) Personal	100 C		New York States	
	6a	Gross rents	• ,		1			
	b.	Less: rental expenses						
	С	Rental income or (loss)		-		and the second s	and the second of the second of	
	d	Net rental income or (loss)	.				
	7a	Gross amount from sales of	(i) Securities	(iı) Other	124.5			
		assets other than inventory	3,72	22				
	b	Less: cost or other basis						
		and sales expenses .	3,32	23				
	С	Gain or (loss)	30	29				
	d	Net gain or (loss) .		<u> : ▶</u>	399	399	Jan Schwarzenschausen War der Jahlensch	anaman a diversity to an initial province
a	_			τ		447		
- E	8a	Gross income from fu	ndraising		Modrati		4.5	1
ě (events (not including \$	·	,			10.0	•
Œ		of contributions reported See Part IV, line 18	•	-				
Other Reveni				a .				
ō	b	Less. direct expenses Net income or (loss) fr		b				
- [C 9a	Gross income from ga				DE MANAGEMENT (ACTIVATION)	15.50 No. 2012 1911 14	
	34		-	a .				
	b	Less direct expenses		b				14800-15
.		Net income or (loss) fr		- L				
		Gross sales of in			Mary Miles			The state of the state of the
		returns and allowance		a ·				
	b	Less: cost of goods so		Ď		To the second		
ł	c	Net income or (loss) fr				ATTENDED TO THE ATTENDED TO TH	***************************************	,
·		Miscellaneous Re		Business Code				
f	11a						The state of the s	
ł	b	•						
	C	***************************************		,				
	d	All other revenue .				,		
	е	Total. Add lines 11a-1	I1d	•	٠,		新疆洲沿河	
- 1	12	Total revenue Secure	etrijotione	•	2 274 140	. 403		

Part IX	Statement of Function	nal 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 respor			<u> </u>		
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
_	and domestic governments. See Part IV, line 21	224,800	224,800	AND		
2	Grants and other assistance to domestic individuals. See Part IV, Ine 22		•			
_		425,482	425,482	Per Care and Assessment		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	1,770,966	1 770 044	PARTY AND CONTRACTOR	1200	
4	Benefits paid to or for members	1,770,966	1,770,700	J.C. J. Santa Santa Control of the C		
5	Compensation of current officers, directors,			Date - A Case of April - Cours 2	Stews 13 ACL MONT V BROOKS DOWNSON A SHOWING	
	trustees, and key employees	56 626	56,626			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)					
7	Other salaries and wages					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):	,				
a	Management				<u> </u>	
b	Legal					
d	Lobbying					
e	Professional fundraising services. See Part IV; line 17					
f	Investment management fees				-	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)			,		
12	Advertising and promotion					
13	Office expenses	2,961		2,961	<u> </u>	
14	Information technology					
15 16	Royalties					
17	Occupancy					
18	Payments of travel or entertainment expenses			·		
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .	'				
20 21	Interest		,			
22	Depreciation, depletion, and amortization	484		484		
23	Insurance					
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses in line 24e. If					
	line 24e amount exceeds 10% of line 25, column		English Control of the Control of th	100		
_	(A) amount, list line 24e expenses on Schedule O.)				Philipping and the control of the co	
a b						
c						
d						
е	All other expenses					
25	Total functional expenses. Add lines 1 through 24e	2,481,319	2,477,874	3,445		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	ſ				
	from a combined in column (b) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	,				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	140,212	1	7,285
	2	Savings and temporary cash investments	217,473	2	178,831
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	5,567
	5	Loans and other receivables from current and former officers, directors,	o de la companya de l		mental and a second
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	papus in Marionnio con in nino nagio e a pendi		nger : adminimitation (1965 - 1977) in an interession (1
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(t)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	walionaliandamontowa.waayayayahajonining Mahayaya	5	Samuelander and Samuelander an
ţ		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or		7/4/3	
		other basis. Complete Part VI of Schedule D 10a 2.450	1794		
	b	Less accumulated depreciation 10b 2,212		10c	238
	11	Investments—publicly traded securities	,,,,	11	250
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	358,407		191,921
	17	Accounts payable and accrued expenses	338,407	17	171,721
	18	Grants payable	49,359		20.024
	19	Deferred revenue	49,309	19	30,836
	20	Tax-exempt bond liabilities		20	<u> </u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	03.000		40.22/
,,		Loans and other payables to current and former officers, directors,	83,028	21	40,236
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	Employed Carticloud Addition by	22	industrial programme and the second s
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
_	23 24	Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	,
	06			25 26	
-	26	Total liabilities. Add lines 17 through 25	132,387	20	71,072
ses		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27_	
Bal	28	Temporanly restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
<u>ş</u>	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds .	226,020	32	120,849
草	33	Total net assets or fund balances	226,020		120,849
_		Total liabilities and net assets/fund balances	358,407		191,921
				<u> </u>	Form 990 (2017)

_	4	•
Page	- 1	_

•					
Par	t XI 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		2,37	6,149
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,48	1,319
3	Revenue less expenses. Subtract line 2 from line 1	3		-10	<u>5,170</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		22	6,020
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			•
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		12	0,849
Part	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				
	If the organization changed its method of accounting from a prior year or checked-"Other," ex	plaın i	n		
	Schedule O.		855	**	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis			200	6.2
b	Were the organization's financial statements audited by an independent accountant?		. 2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a 🗱		
	separate basis, consolidated basis, or both		2.00	7.3	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		A. ces		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplaın iı			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth II	n		
	the Single Audit Act and OMB Circular A-133?				•
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	ergo the	e 🗌		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			Forn	n 990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

b

d

(E)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

YOUTH WITH A MISSION OAHU INC 46-3226891 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 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 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the

control or management of the supporting organization vested in the same persons that control or manage the supported

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having

its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

supporting organization. You must complete Part IV, Sections A and B.

organization(s). You must complete Part IV, Sections A and C.

•	functionally integrated, or						in, Type in
1	f Enter the number of supported	organizations .					
	g Provide the following information	n about the sup	ported organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
B)							
C)							
D)							
		 	 				

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) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 10,782,223 2,339,874 2,379,934 2,400,498 1,286,371 2.375,546 levied 2 revenues 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. . . . 1,286,371 2.400.498 2,339,874 2.379.934 2.375.546 10,782,223 5 The portion of total contributions by person (other governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 10.782,223 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 2014 (a) 2013 (c) 2015 (d) 2016 **(e)** 2017 (f) Total Amounts from line 4 7 2,379,934 2,375,546 1,286,371 2,339,874 2,400,498 10,782,223 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources 220 270 284 1,675 Net income from unrelated business . 9 activities, whether or not the business Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 13 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 2017 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2016 Schedulé A, Part II, line 14 15 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support test - 2016. 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 17a 10%-facts-and-circumstances test - 2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2017

Pari	III Support Schedule for Organiz	ations Descr	ribed in Sect	ion 509(a)(2)	- 1		9
ı aı	(Complete only if you checked t					d to qualify u	nder Part II
	If the organization fails to qualify			_			naci i artii.
Sect	ion A. Public Support	y dilaci the te	300 113000 501	ow, picaso o	I		····
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees	(4, 23.3	(3) = 3	(0, 20.0	1	(0, 20.1)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	received. (Do not include any "unusual grants.")				/		-
2	Gross receipts from admissions, merchandise	\			1		
	sold or services performed, or facilities furnished in any activity that is related to the	Ν			/		}
	organization's tax-exempt purpose			,	ľ		_
3	Gross receipts from activities that are not an			7			
	unrelated trade or business under section 513						
4	Tax revenues levied for the	Ì		/			
	organization's benefit and either paid to			/			
_	or expended on its behalf	<u> </u>	ļ		ļ		
5	The value of services or facilities	\		/			
	furnished by a governmental unit to the organization without charge	'	1	/			
c	Total. Add lines 1 through 5				 		
6 7a	Amounts included on lines 1, 2, and 3		 \ 	-/ -			
74	received from disqualified persons .		\	/			
b	Amounts included on lines 2 and 3		- \ 	/	 		
U	received from other than disqualified]	\	/]]	
	persons that exceed the greater of \$5,000		\ /				
	or 1% of the amount on line 13 for the year		\/				
С	Add lines 7a and 7b		À				
8	Public support. (Subtract line 7c from	· · · · · · · · · · · · · · · · · · ·	5-18-12-14-N	建一个工作	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	NY 20 20 20 20 20 20 20 20 20 20 20 20 20	
	line 6.)	ide ideas	market M.		water the same		
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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.		/	\			
L.	Unrelated business taxable income (less		1	,			
b	section 511 taxes) from businesses		/	\			
	acquired after June 30, 1975		/	\			
С	Add lines 10a and 10b		"	1			-
11	Net income from unrelated business						
• •	activities not included in line 10b, whether	/			\		
	or not the business is regularly carried on	/			\		
12	Other income. Do not include gain or	j					
	loss from the sale of capital assets	/					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,					-	
	and 12.)						
14	First five years. If the Form 990 is for the	-,			•	\	
	organization, check this box and stop he	,		<u> </u>	<u> </u>	<u> </u>	<u> </u>
	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line 8		-			15	<u>%</u>
16 Canti	Public support percentage from 2016 Sch			<u> </u>	<u> </u>	16\	<u>%</u>
	on D. Computation of Investment Inc			lus do salua	(0)	1471	
17	Investment income percentage for 2017 (17	%
18	Investment income percentage from 2016 331/3% support tests—2017. If the organi						% and line
19a	17 is not more than 331/3%, check this box						
b	331/3% support tests—2016. If the organiz						
0	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization du					ì	

Ves No

Part IV Supporting Organizations

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

Section A. All	Supportina	Organizations
----------------	------------	---------------

			,	1
1	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	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		27
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	***	7)3893 2:
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.	3b		
С	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.	3c		\$*\(\z\)
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		¥64
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.	4b		
С	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.	4c		*
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant loan compensation or other similar payment to a substantial contributor	100	400	

- (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

8

9a

9b

9c

10a

10b

Part	V Supporting Organizations (continued)	<u></u>
44	Lipo the averagination appeared a set or analysis to a firm any of the following appeared	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a
b		11b
C	and the second of the second o	11c
	ion B. Type I Supporting Organizations	
	ion 2. Type : eapperting enganizations	Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	#55 B. B. G. A.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
	organizations and what conditions of restrictions, if any, applied to soon powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	
C4] 2 _
Secu	ion C. Type II Supporting Organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	JOSE MONTH TO THE
•	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
Secti	on D. All Type III Supporting Organizations	1 · 1
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	XX 28 898
	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	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1
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 the organization maintained a close and continuous working relationship with the supported organization(s).	
2	•	2
3	By reason of the relationship described in (2), 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
Secti	on E. Type III Functionally Integrated Supporting Organizations	1 -1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instructions)
	•	nstructions)
a	 ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. 	
b	☐ The organization is the parent of each of its supported organizations. Complete time's below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)
·		
2	Activities Test. Answer (a) and (b) below.	Yes No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	
L	·	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	医科曼特别
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these	自己的養殖物質
	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer (a) and (b) below.	20
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	
а	trustees of each of the supported organizations? Provide details in Part VI.	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	AS AS AS
IJ	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
_		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gar	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting orga			
Section 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		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 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		
Section 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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	10		
e Discount claimed for blockage or other	\$		
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		<u></u>
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	•	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The second of th	
4 Enter greater of line 2 or line 3.	4	MANAGO MA	
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-functionall instructions).	y in	tegrated Type III supporting	organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		•	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.		<u>`</u>	
8	Distributions to attentive supported organizations to which	th the organization is res	sponsive	v
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	· · · · · · · · · · · · · · · · · · ·		
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6		i de teduci	
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See		,	
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			Constant day of the
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e	3 85 (C. 100 50 - 100 100 100 100 100 100 100 100 100		Jalone and the second
<u>g</u>	Applied to underdistributions of prior years		CONTRACTOR SOURCE STATE OF THE	
<u>h</u>				
<u>i</u>	Carryover from 2012 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	ROOT ATTERALISATION OF VERNING SAME.		
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years		A THE STATE OF THE PROPERTY OF	
b	Applied to 2017 distributable amount		A STORY OF STREET	Salaban Daring St. Co. Report
С	Remainder. Subtract lines 4a and 4b from 4.			**************************************
5	Remaining underdistributions for years prior to 2017, if			Activities to
	any. Subtract lines 3g and 4a from line 2. For result		•	
	greater than zero, explain in Part VI. See instructions.			
, 6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
	Excess distributions carryover to 2018. Add lines 3j			
7	and 4c.	CONTRACT IN CONTRACT SERVICE AND ADDRESS OF CALL OF AN ANGLE		
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014		Maria Cara Cara Cara Cara Cara Cara Cara	The second second second second
C	Excess from 2015			
<u>d</u>	Excess from 2016			
e	Excess from 2017			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	·
	·
	······································
	······································

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

1401110	or the organization		Linployer identification number
	H WITH A MISSION-OAHU INC		46-3226891
Pa	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		— ••• •••
_	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	t II Conservation Easements.		<u> </u>
	Complete if the organization answered	"Yes" on Form 990 Part IV line 7.	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea	•	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		a certified filstoric structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
_	easement on the last day of the tax year.	a qualifica conservation continuation	Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		· · =================================
d	Number of conservation easements included in		• • [==]
_			l l
3	Number of conservation easements modified, tran-		
	tax year ▶		g
4	Number of states where property subject to conse	rvation easement is located ▶	
5	Does the organization have a written policy re-		pection, handling of
	violations, and enforcement of the conservation ea		·
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing of	conservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
	▶ \$,
8	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
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of	of the footnote to the organization's fin-	ancial statements that describes the
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	describes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar	·	lucation, or research in furtherance of
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	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 S	FAS 116 (ASC 958) relating to these ite	ems:
а	Revenue included on Form 990, Part VIII, line 1 .		. > \$
b	Assets included in Form 990. Part X		> \$

Par	t III Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)		ther reco	rds, ched	ck any of the	he follo	wing that are a	significant	use of its
а	☐ Public exhibition				or exchan				
b	☐ Scholarly research		е	☐ Othe	r				
C	☐ Preservation for future generation								
4	Provide a description of the organiza XIII.	tion's collections	and expl	aın how t	hey further	the org	ganızation's exe	mpt purpo:	se in Part
5	During the year, did the organization								
	assets to be sold to raise funds rathe		ained as	part of th	e organızat	ion's co	ollection?	☐ Yes	s 🗌 No
Par 	Escrow and Custodial Arra Complete if the organization 990, Part X, line 21.	answered "Yes							Form
1a	Is the organization an agent, trustee included on Form 990, Part X?								s 🗹 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the fo	ollowing to	able.			Amount	
С	Beginning balance					10			83,028
d	Additions during the year					10	+		112,433
e	Distributions during the year					16			155,225
f	Ending balance					11			40,236
2a	Did the organization include an amount							/? V Yes	- 40,230 S
b	If "Yes," explain the arrangement in P								I
	t V Endowment Funds.				`	<u> </u>			
	Complete if the organization	answered "Yes	on For	m 990, F	Part IV, lin	e 10.			
		(a) Current year		or year	(c) Two yea		(d) Three years bac	k (e) Four y	ears back
1a	Beginning of year balance							†	
b	Contributions							—	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses	<u> </u>					····		
g	End of year balance								
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a	i)) held	as:		
a	Board designated or quasi-endowment	nt ►	%						
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and	•							
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held	and ad	ministered for th	ie _	
	organization by:							\Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses		on's endo	wment fu	ınds.				
Pari	VI Land, Buildings, and Equip								
	Complete if the organization							Part X, lir	<u>10.</u>
	Description of property	(a) Cost or of (investm			r other basis ther)		Accumulated preciation	(d) Book	value
1a	Land								
Ь	Buildings	·							
c	Leasehold improvements								
ď	Equipment				2,450		2,212		238
6	Other								
Total	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90 Part	column	(R) line 10)c)	•	-	238

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11b. See Forr	m 990. Part X. line 12.
,	(a) Description of security or category (including name of security)	(b) Book value	(c) M	ethod of valuation d-of-year market value
(1) Financia	al derivatives		 	
(2) Closely-	held equity interests			
(3) Other	·			1
(A)				
(B)			<u> </u>	
			-	
(D) (E)			 	
(F)		 	 	
(G)				
(H)			 	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12) ▶		THE WAY THE TO	
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form	n 990, Part X, line 13.
	(a) Description of investment	(b) Book value	,	ethod of valuation: d-of-year market value
(1)				
(2)				
(3)			 	
(4)			 	
(5) (6)		<u> </u>	 	
(7)		-	 	
(8)				
(9)		_		
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13) ▶		STATE SANSON	
Part IX	Other Assets. Complete if the organization answered "Yes" on For	rm 990 Part IV lir	ne 11d. See Form	n 990 Part X line 15
	(a) Description	111 000, 1 <u>a.</u> (177, m	10 114. 000 1 0111	(b) Book value
(1)				
(2)			·	
(3)				
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8) (9)			·	<u> </u>
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		<u></u> ▶	
Part X	Other Liabilities.	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	Complete if the organization answered "Yes" on For line 25.	m 990, Part IV, lin	e 11e or 11f. Se	e Form 990, Part X,
ī.	(a) Description of liability (b) Book value			
(1) Federal in	ncome taxes			
(2)		paid Communicate rocks and all the communicate of t	nudia () julia	girinda (phintina, dhinimir e caminina addini parute "commun. dhintindun kalima dhintind
(3)		and the same of th	(Mirennes ar Alberta, ar, particulante cado) Calendaria	ngono palming yan i "lilaha ana ing i yangin Sammanununin - 22.37 ranging menganjin merek - 27 angin
(4)		Augustus (I.	And a Salam David was supposed to	
(5)				
(6)			mingo modrinom, miniminomica	
(7)			Name (mile) (Manageri, Januari, Januari	
(8)		1 water annique ways frame 1 of a	i di in	тория при
(9)	b) must equal Form 990, Part X, col (B) line 25)			
	on must equal form 990, Part X, col. (b) line 25)	امرية المنظمة ا	n's financial stateme	ents that reports the
rganization's	s liability for uncertain tax positions under FIN 48 (ASC 740). Che	ck here if the text of t	he footnote has bee	en provided in Part XIII
· · ·	· · · · · · · · · · · · · · · · · · ·			

Part	<u>▼</u>		r Return.
	Complete if the organization answered "Yes" on Form 990,		
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	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
C	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		
b	Other (Describe in Part XIII.)		
_	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
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:	1 - 1	
a	Donated services and use of facilities	2a	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	<u> </u>	
	Add lines 4a and 4b		
	Supplemental Information.	(6 10.)	1 3
	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a an	d 4: Part IV lines 1h and 2	h: Part V line 1: Part V line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part		
	/, Line 2b-This is simply an arrangement to hold the granted monies in a spec		
PARTI	r, Line 20-1111S IS Simply an arrangement to hold the granted monies in a spec	rial account for two grantees	s until they need the monies
and car	arrange to receive the monies. One account is for a building fund and the ot	her is their monthly operatin	ag account
inu car	arrange to receive the mornes. One account is for a building fund and the of	ner is their monthly operation	ig account
		••••••	
			
		••••	
		•	

Schedule D (Fo		Page 5
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. ▶ Attach to Form 990.

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(11) SOUTH ASIA REGION

(12) SOUTH ASIA REGION

(13) SOUTH ASIA REGION

(14) SOUTH ASIA REGION

(15) SOUTH ASIA REGION

Sub-total

Total from continuation sheets to Part I

Totals (add lines 3a and 3b)

(16)

(17)

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

Employer identification number

YOUTH WITH A MISSION-OAHU INC 46-3226891 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes
☐ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (b) Number of (c) Number of (a) Region (e) If activity listed in (d) is (f) Total expenditures for (d) Activities conducted in the region (by type) (such as, offices in the employees. a program service, describe specific type of service(s) in the region fundraising, program services, region agents, and and investments investments, grants to recipients located in the region) independent in the region contractors in the region (1) EAST ASIA & PACIFIC REGION 36 66 **GRANTS** MISSIONARY SERVICES 325,094 (2) EAST ASIA & PACIFIC REGION 1 2 GRANTS **OUTREACH PROJECT** 4,572 (3) EAST ASIA & PACIFIC REGION 1 **GRANTS** ORPHANAGE PROJECT 14,520 (4) EAST ASIA & PACIFIC REGION 1 **EDUCATION PROJECT** 2 GRANTS 800 (5) EUROPE REGION 2 3 GRANTS MISSIONARY SERVICES 3,885 (6) NORTH AMERICA REGION 2 4 **GRANTS** MISSIONARY SERVICES 10,786 (7) RUSSIA & NEW STATES 2 3 **GRANTS** MISSIONARY SERVICES 96,364 (8) RUSSIA & NEW STATES 1 2 GRANTS EDUCATION PROJECT 6,050 (9) SUB-SAHARAN AFRICA 3 5 **GRANTS** MISSIONARY SERVICES 17,701 (10) SOUTH ASIA REGION 105 256 **GRANTS** MISSIONARY SERVICES 833,098

GRANTS

GRANTS

GRANTS

GRANTS

GRANTS

2

4

8

10

17

195

0

195

4

10

16

20

34

429

0

429

LAND/ BUILDING PROJECT

ORPHANAGE PROJECTS

EDUCATION PROJECTS

OUTREACH PROJECTS

的法国国际的特别的基本企业的公司

RELIEF PROJECTS

109,514

80,863

14,443

35,822

217,454

1,770,966

1.770.967

0

Schedule F (Form 990) 2017

Page 2

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)	ł															
(h) Description of noncash assistance									-							
(f) Manner of (g) Amount of (h) Cash noncash of noncash so finance	0	0	0	0	0	0	0	0	,	0	0	0	,			
(f) Manner of cash disbursement	14,520 CHECKS	6,050 CHECKS	45,409 CHECKS	14,621 CHECKS	5,922 CHECKS	26,704 CHECKS	8,313 CHECKS	153,735 CHECKS	36,130 CHECKS	106,414 CHECKS	7,250 CHECKS	5,380 CHECKS		,		,
(e) Amount of cash grant	14,520(9'020'9	45,409	14,621	5,922	26,704	8,313	. 153,735	36,130	106,414	7,250	088'5			,	
(d) Purpose of grant	ORPHANAGE	EDUCATION	ORPHANAGE	EDUCATION	EDUCATION	ORPHANAGE	RELIEF PROJECT	OUTREACH PROJ	OUTREACH PROJ	BUILDING PROJECT	ORPHANAGE	OUTREACH PROJ		·		
(c) Region	EAST ASIA & PAC	RUSSIA & NEW STS EDUCATION	OUTH ASIA	OUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	SOUTH ASIA	,			
(b) IRS code section and EIN (if applicable)								5								
1 (a) Name of organization	(1)	(2)	(6)	(4)	(6)	(9)	(L)	(8)	(6)	(01)	(ij)	(12)	(13)	(14)	(61)	(10)

10 N

Enter total number of other organizations or entities

Schedule F (Form 990) 2017

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) 2017

Part III Grants an

	משקיים יו ממשומטומו כאמכם וז ויפפעפט.	יום ווככתכת					•
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MISSIONARY SERVICE	EAST ASIA & PACIFIC	72	325,094	325,094 CHECKS	-0		
(2) MISSIONARY SERVICE	EUROPE	e	3,885	3,885 CHECKS	0		
(3) MISSIONARY SERVICE	NORTH AMERICA	4	10,786	10,786 CHECKS	0		
(4) MISSIONARY SERVICE	RUSSIA & NEW STATES	5	96,364	96,364 CHECKS	-		
(5) MISSIONARY SERVICE	SOUTH ASIA	340	833,098	833,098 CHECKS	0		
(6) MISSIONARY SERVICE	SUB-SAHARAN AFRICA	ហ	17,701	17,701 CHECKS	0		
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							1
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2017

Pane	4

Part	IV 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	V No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; don't file with Form 990).		☑ 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)		☑ 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)		₩ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).		☑ No

Schedule F (Form 990) 2017

	<u> </u>		,
Part V		Sup	pίε

Supp	lomor	ntal In	form	ation
Subb	ıemer	ıtaı in	IOIII	auon

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.

PART 1,LINE 2-Grantmakers explanation for monitoring use of funds outside of USA- We don't monitor these funds that we grant because
All funds are only given to individuals and projects that have already been approved and overseen by our leaders in each region
·
PART 1, LINE 3f- Accounting and Investments- All of our grants are on a cash basis and we do not do any investments
·
PART II, LINE 1- Method of accounting- All foreign entities are a part of our pre-approved worldwide organization
PART III, LINE 1- Method of accounting- All individual missionaries/projects are already pre-approved for receiving assistance by our offices/
leaders in those countries
PART III, LINE 1, COLUMN C-Esimated number of direct recipients-429

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

N

ପ

₹

Ð

9

(2)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

2017	Open to Public

Employer identification number

OMB No. 1545-0047

° U Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Bible Funding Project** Religious Training ∑ Yes 46-3226891 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21,331 193,079 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 501c3 501c3 99-0310825 99-2040539 (p) EIN (2) UNIVERSITY OF THE NATIONS 75-5851 Kuakini Hwy, Kailua-Kona, Hl YOUTH WITH A MISSION-OAHU INC 1 (a) Name and address of organization 2707 HIPAWAI PL, HONOLULU, HI (1) YWAM-HONOLULU INC or government Part II Part I ผ

Schedule I (Form 990) (2017)

Cat No 50055P

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

5

8

9

(12)

Ξ

Schedule I (Form 990) (2017)

Part I

22.	
, line	
Part IV	
990,	
Form	
es" or	
red "Y	
Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
ation	
rganiz	
if the c	
plete	
S. Con	
estic Individuals. Comp	eded.
c Indi	al space is needec
omestic l	al space
to Do	ditional
tance	if ado
Assis	icated
Other	e dup
s and	art III can b
Grant	Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Missi	1 Missionary Support	64	425,482	0		
2 Missi	2 Missionary Support for Officers	9	56,626	0		
ဗ						
4						
ഹ						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, column	(b); and any other addit	onal information.

PART 1, LINE 2- Procedures for monitoring use of grant funds in the USA- All these individuals are working on staff at one of our national offices and they monitor the funds we send and let us know when any individual is no longer eligible for support. These two organizations are a part of our national organization and therefore are pre-approved to receive funds

Schedule I (Form 990) (2017)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Name of the organization YOUTH WITH A MISSION-OAHU INC Employer identification number

46-3226891

Part	Questions Regarding Compensation				
				Yes	No
1a		ovided any of the following to or for a person listed on Form provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	10	A WAS	1. No.
	☐ Travel for companions	Payments for business use of personal residence	4		
	☐ Tax indemnification and gross-up payments	Health or social club dues or initiation fees		in in the second	
	☑ Discretionary spending account	Personal services (such as, maid, chauffeur, chef)			
b		he organization follow a written policy regarding payment penses described above? If "No," complete Part III to	in sign		<u> </u>
τ	explain		1b	V	4
2	directors, trustees, and officers, including the CEC	or to reimbursing or allowing expenses incurred by all D/Executive Director, regarding the items checked on line	2	2 1. 3. 3. 5.	·
			2		46.4
3		anization used to establish the compensation of the hat apply. Do not check any boxes for methods used by a he CFO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract			
	Independent compensation consultant	Compensation survey or study	0	编制	100
	Form 990 of other organizations	Approval by the board or compensation committee			
	_				
4	During the year, did any person listed on Form 990 organization or a related organization:	, Part VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-contro	I payment?	4a		~
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b		~
C	Participate in, or receive payment from, an equity-b		4c		~
	If "Yes" to any of lines 4a-c, list the persons and pr	rovide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) o				
5	For persons listed on Form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a, did the organization pay or accrue any			
а.	The organization?		5a	•	
b	Any related organization?		5b		~
	If "Yes" on line 5a or 5b, describe in Part III.				
_				3.00	
6	For persons listed on Form 990, Part VII, Section A compensation contingent on the net earnings of:	, line 1a, did the organization pay or accrue any			
а	The organization?		6a		~
b	Any related organization?		6b	A 1 500000	<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Sectio	on A, line 1a, did the organization provide any nonfixed	21.2.20		المشتقة
		describe in Part III	7	İ	•
8		paid or accrued pursuant to a contract that was subject Regulations section 53.4958-4(a)(3)? If "Yes," describe	П		
	In Part III		8		/
	1111 GATE TIL		•) (1)	Markal
9	If "Yes" on line 8, did the organization also foll	ow the rebuttable presumption procedure described in			

Schedule J (Form 990) 2017

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

(I) Puc (I) amiles eldesidae m 990 Part VIII Section A line 1a so letet edt lettes termentenburgen beteil desse set (m)_(n)(0) er miles so we Note: The Su

NOTE: THE SULL OCIUINIS (B)//-(III) FOR BACH INSEQUINISTED INDIVIDUAL THE TOTAL SHOWN OF SULL SHOWN	eac	i iisted iiidividual mu	st equal title total attic	Julit OI OIIII 930, ra	T VII, SECTION A, III IE	מיוייטים ביטוסטוולמא א	(b) and (c) announts	וסר נרומו וויטואוטטמי.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(O) Mostavable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(0+(D)	in column (B) reported as deferred on prior Form 990
	Ξ			16.275			16.275	
1Mandy Fowler, Former Vice Pres	€							
	€			15,290			15,290	
2Spencer Lemer, Former President	(3)		† † † † 1 1 1 1 1 1 1 1 1 1 1 1 1			1		
				5,885			5,885	
3Chris Solima, Former President	(E)							
	(1)							
4	(ii)							
	(0)							
5	(ii)							
	(1)							
9	(ii)							
	Ξ							
7	€			1				• • • • • • • • • • • • • • • • • • •
	Ξ							
8	(ii)							
	(0)							
6	Ξ							
	Θ							
10	(ii)							
	Θ							
11	(ii)							
	€							
12	(ii)							
	Ξ							
13	(1)							
	Ξ							
14	(ii)							
	€	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
15	3							
	Ξ							
16	3							

Schedule J (Form 990) 2017

Part 1, Line 5a. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually	1. Line 1a- This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever, is necessary for them to do their	missionary work wherever they are serving as missionaries														
	1, Line 5a. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually ed, not for their service as officers of the corporation	Part 1. Line 5a. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually assert to the corporation. The former stinn is discretionary in order for them to nay for their individual missionary costs whether travel housing food or whatever is passes or for them to do their	1, Line 5a- The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually ed, not for their service as officers of the corporation 1, Line 1a- This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their sionaries	Part 1, Line 5a. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually raised, not for their service as officers of the corporation. Part 1, Line 1a. This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their missionary work wherever they are serving as missionaries	1. Line 5a. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually adjusted to their service as officers of the corporation. 1. Line 1a. This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their individual missionary work wherever they are serving as missionaries.	1. Line 5a- The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually and for their service as officers of the corporation. 1. Line 1a- This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their isonary work wherever they are serving as missionaries.	1, Line 5a - The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually do not for their service as officers of the corporation. 1, Line 1a - This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their lonary work wherever they are serving as missionaries.	1. Line 5a. The amounts paid to former officers were for Missionary income amounts that came into our organization for their individual missionary ministries that they individually d, not for their service as officers of the corporation. 1. Line 1a. This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their lonary work wherever they are serving as missionaries.	1, Line 5a. The amounts paid to former, officers were for Missionary Income, amounts, that came into our, organization for their individual missionary and for their service as officers of the corporation. 1, Line 1a. This compensation is discretionary in order for them to pay for their individual missionary costs, whether travel, housing, food, or whatever, is necessary for them to do their formary work wherever they are serving as missionaries.	1. Line 5a-The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually d, not for their service as officers of the corporation. 1. Line 1a-This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their lonary work wherever they are serving as missionaries.	1. Line 5a. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their service as officers of the corporation d. not for their service as officers of the corporation 1. Line 1a. This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, lood, or whatever, is necessary for them to do their lonary work, wherever, they are serving as missionaries.	d, not for their service as officers of the corporation d, not for their service as officers of the corporation 1. Line 13 This compensation is discretionary in order for them to pay for their individual missionary costs whether Iravel, housing, food, or whatever is necessary for them to do their lonary work wherever they are serving as missionaries.	d, not for their service as officers of the corporation d, not for their service as officers of the corporation 1. Line 1a- This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, food, or whatever is necessary for them to do their lonary work wherever they are serving as missionares.	Libra Se. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their redvictual missionary ministries that they individually. 3. not for their service as officers of the corporation. 1. Line 1a- This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, lood, or whatever is necessary for them to do their onary work wheever they are serving as missionaries.	Line Sa. The amounts paid to former officers were for Missionary focome amounts that same into our organization for their individual missionary ministries that they individually. Line 1a. This compensation is discretionary in order for them to pay for their individual missionary sosts whether travel, housing, load, or whatever is necessary for them to do their organy work wherever they are serving as missionaires.	Line 1s. The amounts paid to former officers were for Missionary Income amounts that came into our organization for their individual missionary ministries that they individually. Line 1s. This compensation is discretionary in order for them to pay for their individual missionary costs whether travel, housing, load, or whatever, is necessary for them to do their work, whitever they are serving as missionaries.

SCHEDULE L

(10)

Transactions With Interested Persons (Form 990 or 990-EZ)

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ ► Go to www.irs.gov/Form990 for instructions and the latest information. Public

OMB No 1545-0047

Name of the organization **Employer identification number** YOUTH WITH A MISSION-OAHU INC Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified person and (d) Corrected? 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2)(3) (4)(5)(6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (e) Original (f) Balance due (g) In default? (h) Approved (a) Name of interested person (c) Purpose of (d) Loan to or (i) Written with organization from the principal amount by board or agreement? loan organization? committee? From Yes No Yes No Yes No (1)(2)(3)(4)(5)(6)(7)(8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of assistance (b) Relationship between interested (d) Type of assistance (e) Purpose of assistance person and the organization (1) JHUN CAMACHO 24,421 GRANTS MISSIONARY SUPPORT PRESIDENT (2) ERIN URABE 11,110 GRANTS MISSIONARY SUPPORT VICE PRESIDENT (3) DAVID STONE 21,095 GRANTS MISSIONARY SUPPORT SECRETARY-TREASURER (4) CHRIS SOLIMA **5,497 GRANTS** MISSIONARY SUPPORT FORMER PRESIDENT (5) SPENCER LEMER FORMER PRESIDENT 17,138 GRANTS MISSIONARY SUPPORT MANDY FOWLER FORMER VICE PRESIDENT 16,483 GRANTS MISSIONARY SUPPORT (6) (7)(8)(9)

•	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
(1)						
(2)						
_ (3)						<u> </u>
_(4)						<u> </u>
(5)		ļ				 -
(2) (3) (4) (5) (6) (7)					\rightarrow	
(8)					_	
(9)						
(10)						
Part V	Supplemental Information Provide additional information	for responses to questions	on Schedule L (see	instructions).		
PART III, L	INES 1-6- All these interested perso	ons are either officers or forr	ner officers but their	compensation listed is not for the	ır servic	e as
officers C	ompensation Explanation- Everyon	e who works with Ywam are	volunteers including	the board members. We do not		,. .
pay any st	aff or board member for their service	es. The amounts that are lis	ted on their 1099/Oth	er compensation are support for	their wor	k as
missionari	ies that come to us designated for th	heir specific missionary serv	vice wherever and wh	atever they are doing in God's se	rvice	
		ten specific massionary serv			1.1.100	
··	······································					
· · · · · · · · · · · · · · · · · · ·		····		·····		
· · · · · · · · · · · · · · · · · · ·		·····				
••••						
					•••••	-
•••••						
·^						
*				·		
	······································		<u></u>			
•				······································	•	
					·	
					·	
						·
			·			·

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information.

YOUTH WITH A MISSION-OAHU INC.	46-3226891
FORM 990-PART VI-LINE 11b- Form 990 Review Process- This year we are giving a copy of the 990 for	each board member to review, but it
will not be until our annual board meeting after we have filed this form	
FORM 990-PART VI, LINE 19-Other organization documents publicly available-We make our document	s available to anyone who comes to our
office and requests to see them	
FORM 990-PART VII-Compensation Explanation- Everyone who works with Ywam are volunteers inclu	ding the board members We do not
pay any staff or board member for their services. The amounts that are listed on their 1099/Other comp	oensation are for their work as
missionaries, not for serving on the board	
	,
·····	
····	
	······
······································	

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization	Employer identification number
•	
•••••	
	······
	,