Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2018

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

		nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information	tion.		mopoodon
A	or the	2018 calend	ar year, or tax year beginning , 2018, and ending			, 20
B	Check if ap	opicable	C Name of organization hi	D Emp	loyer ide	entification number hi
	Address c	hange	Youth With A Mission Southeast Alaska/Ketchikan		3	6-473764 🞖
_	Name cha	enge 🗂	Number and street (or P O box, if mail is not delivered to street address) ht Room/suite	E Telej	phone nu	mber
=	Initial retur		PO Box 6023		(907	7) 247-7890
一	rınaı retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exer	nption
$\overline{}$		n pending	Ketchikan, AK 99901	Nur	nber 🕨	· <u>fil</u>
G	Account	ting Method.	☑ Cash ☐ Accrual Other (specify) ►	Check	▶ ☐ if	the organization is not
1 1	Vebsite	:► ywam	ketchikan.org	require	d to atta	ch Schedule B
J T	ax-exen	npt status (che	ock only one) — 501(c)(3) □ 501(c) () (insert no.) □ 4947(a)(1) or □ 527	(Form 9	90, 990	-EZ, or 990-PF)
			☑ Corporation ☐ Trust ☐ Association ☐ Other			
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot			
(Pa	rt II, col		5500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			
			the organization used Sphedule O to respond to any question in this Part	<u>1</u>		<u> </u>
hi	1		ons, gifts, grants, and similar amounts received		1	35,920
hi		Program se	ervice revenue including government fees and contracts ()		2	
he		Membersh	ip dues and assessments 🔁 · MAR 1 2 2019 · 👸 · · · ·		3	
.ht	4	investment			4	
	5a		ount from sale of assets other than inventory 5a]	
	b	Less: cost	or other basis and sales expenses.G.DEN,. U.I 5b		. I	
	C		ss) from sale of assets othe r than inventory (Subtract line 5b from line 5a)		5c	
	6	_	d fundraising events:			
971	a	Gross inc. \$15,000) .	ome from gaming (attach Schedule G if greater than] }	
Revenue	b	from fundr	me from fundraising events (not including \$of contribution alsing events reported on line 1) (attach Schedule G if the ship gross income and contributions exceeds \$15,000) 6b	ns		
	c d		e or (loss) from gaming and fundraising events 6c eor (loss) from gaming and fundraising events (add lines 6a and 6b and si	ubtract	6d	
2 /2	7a	Gross sale	s of inventory, less returns and allowances			
	b	Less: cost	of goods sold]	
<u>د</u> ـ	c	Gross prof	it or (loss) from sales of inventory (Subtract line 7b from line 7a)	·	7c	
1	8	Other reve	nue (describe ın Schedule O)		8	
<u></u>	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	35,920
	10	Grants and	sımılar amounts paid (lıst in Schedule O)		10	1,996
Ž	11	Benefits pa	aid to or for members		11	
₹	12	Salaries, of	ther compensation, and employee benefits 🚾		12	
Æ	13		al fees and other payments to independent contractors 🚾		13	32,046
Experience	14		y, rent, utilities, and maintenance		14	2,074
ш	15	•	ublications, postage, and shipping		15	390
	16		enses (describe in Schedule O) M		16	221
	17	Total expe	enses. Add lines 10 through 16	▶	17	36,727
ষ্ট	18		(deficit) for the year (Subtract line 17 from line 9)		18	(807)
88	19		or fund balances at beginning of year (from line 27, column (A)) (must agree or figure consisted on price year)			
Ä		•	r figure reported on prior year's return)		19	137,795
Net Assets	20		iges in net assets or fund balances (explain in Schedule O)		20	122 - 22
	21		or fund balances at end of year. Combine lines 18 through 20	<u> </u>	21	136,988
FOR	Papen	work Heduct	ion Act Notice, see the separate instructions. Cat No 10642			Form 990-EZ (2018)

Pa	rt II	Balance Sheets (see the instruction					
		Check if the organization used Sched	ule O to respond to a	iny question in this			
	_			ļ-	(A) Beginning of year		(B) End of year
22		h, savings, and investments			1,595		788
23		d and buildings		-	136,200		136,200
24		er assets (describe in Schedule O)				24	
25		al assets			137,795		136,988
26		al liabilities (describe in Schedule O) .				26	
27		assets or fund balances (line 27 of colu			137,795	27	136,988
Pai	t III	Statement of Program Service Acco				ļ	_
		Check if the organization used Sched			Part III 🔽	/Da	Expenses quired for section
Wha	at is the	organization's primary exempt purpose?	Please see Schedul	e O			(c)(3) and 501(c)(4)
Des	cribe th	ne organization's program service accom	plishments for each of	of its three largest p	rogram services,		anizations; optional for
		ed by expenses. In a clear and concise				oth	ers.)
pers	ons be	enefited, and other relevant information for	each program title.				
28							
						1	
h	(Gran	ts \$) If this amou	ınt ıncludes foreign gr	ants, check here .	> 🔲	288	1
29						T	
						ĺ	
	(Gran	ts\$) If this amou	int includes foreign gr	ants chack hare	• П	298	
30	Caran					200	+
30						Į	
	(0	A - 6				00	
	(Grant		int includes foreign gr		· · •	30	<u> </u>
31		program services (describe in Schedule (l	
	(Gran					318	
		program service expenses (add lines 28				32	
Par	t IV	List of Officers, Directors, Trustees, and I					
		Check if the organization used Schede	ule O to respond to a			-,-	_ <u> </u>
		100	(b) Average	(c) Reportable	(d) Health benefits, contributions to employ	ee (e	Estimated amount of
		(a) Name and title	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans, and	- 1	other compensation
	·			(If not paid, enter -0-)	deferred compensatio	n	·
Lena	ard Nan	ce	10		ļ	1	
Pres	ident		10	-0	·-	0-	-0-
You	ng Kwa	n Lee				- 1	
Vice	Preside	ent	10	-0	ام ا	0-	-0-
Debr	ra Nanc	e		1			
Secr	etary		10	-0	,4 .	-0-	-0-
_	elle Sh	ort			 	_	
	surer		10	-0	<u>.</u>	-0-	-0-
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Part					
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Pan	V Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	./	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
35a	change on Schedule O. See instructions	34			
OOG	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√	
b c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b 35c		√	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓	Eti
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a -0-				
b		37b		1	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b -0-	Soa		_₹	لندا
39	Section 501(c)(7) organizations. Enter:				į
а	Initiation fees and capital contributions included on line 9				ĺ
b	Gross receipts, included on line 9, for public use of club facilities				İ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶				
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_	
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	í			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u> </u>	j -
41	List the states with which a copy of this return is filed ▶				_
42a			21-307	5	
ь	Located at ▶ 952 North Point Higgins Rd Ketchikan, Alaska ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	999	Yes	N.	
D	and the second of the second o	42b	105	No ./	
	If "Yes," enter the name of the foreign country ► N/A	120			i
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
c	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country N/A	42c		√	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □	
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	-0- No	
44a	,	44a		✓	j
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		√	İ
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		`		
	Form 990-EZ. See instructions	45b	L		

Yes Yes	46 sbles for 47 48 49a 49b trustees	6 Yes 7 8 Pa	46 es for lines Yes I 47 48 49a 49b	is "Yes," complete Schedule C, Part I	production of the control of the con	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition	proceedings of the control of the co	proceedings of the control of the co	Yes No
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Youth With A Mission Southeast Alaska/Ketchikan 36-473764 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 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: 5 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.) 8 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 10 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 supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	46,946	47,025	45,858	39,051	35,920	214,800
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3	46,946	47,025	45,858	39,051	35,920	214,800
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						214,800
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	46,946	47,025	45,858	39,051	35,920	214,800
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						214,800
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re		· · · · ·	<u></u>		· · ▶ 🖸
Secti	on C. Computation of Public Suppor			- <u>-</u>			
14	Public support percentage for 2018 (line 6					14	100 %
15	Public support percentage from 2017 Sch					15	100 %
16a	331/3% support test—2018. If the organi						
	box and stop here. The organization qua	-	-				
D	331/3% support test—2017. If the organization						
							-
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- facts-and-circi	and-circumsta umstances" te	ances" test, ch st. The organia	eck this box a zation qualifies	and stop here. as a publicly	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets the neets the "fact	e "facts-and-c s-and-circums	ircumstances' stances" test.	' test, check t The organizati	his box and son qualifies as	a publicly
18	Private foundation. If the organization di	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions						> 📋

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	on 509(a)(2)			
	(Complete only if you checked the	he box on line	10 of Part I	or if the orga	nization failed	l to gualify un	der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	II.)/ \ \ \ \ X	
Secti	on A. Public Support					/ /V/ <i>/</i> 3	•
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 /	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose]	_			j	
3	Gross receipts from activities that are not an		•				
	unrelated trade or business under section 513	ļ					
4	Tax revenues levied for the			7			
	organization's benefit and either paid to	 			}		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the	\					
	organization without charge						
6	Total. Add lines 1 through 5						
7a	- · · · · · · · · · · · · · · · · · · ·		,	/			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified]	\ /				
	persons that exceed the greater of \$5,000	{	\ /			Í	
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b		Χ				
8	Public support. (Subtract line 7c from			-			
~	line 6.)			<u></u>			
	on B. Total Support	1	7 201	4) 0040	(1) 0017	() 0010 1	
	dar year (or fiscal year beginning/in)	(a) 2014 /	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,	/		N			
	payments received on securities loans, rents, royalties, and income from similar sources.	/		\			
_	•	-/-		 			
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	/		\			
С	Add lines 10a and 10b	/			 		
11	Net income from unrelated business	f	······································	 			
• •	activities not included in line 10b, whether			\			
	or not the business is regularly carned on	1		\ \ \		:	
12	Other income. Do not include gain or	<u> </u>			\		
	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	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re		<u>.</u> .	\ .		. ▶ 🛘
Section	on C. Computation of Public Support	rt Percentag	9				
15	Public support percentage for 2018 (line					15	%
16	Public support percentage from 2017 Sci	hedule A, Part	III, line 15 .	<u></u> .	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2018 (mn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	331/3% support tests-2018. If the organ						
	17 is not more than 331/3%, check this box					- 1	
b	331/3% support 16sts—2017. If the organiz						
	line 18 is not more than 331/3%, check this	•					
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	check this box	and see institut	ctions 🕨 🔲
	1						

	OITH 330 OF 330-EZ/2016	
Part IV	Supporting Organizations	MA
	(Complete only if you checked	a box in line 1

(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 Supporting Organizations

			Yes	No
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		
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	-	
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		
4 a	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		
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		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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.	9a		
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.	9b		
С	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.	9c		
0a	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.	10a		
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.)	10b		

11 Has the organization accepted a gift or contribution from any of the following persons? a Aparson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? below, the governing body of a supported organization. A family member of a person described in (a) above? c. A35% controlled entity of a person described in (a) above? c. A35% controlled entity of a person described in (a) above? c. A35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations The disectors, trusteas, or membershy of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trusteas at all male during the controlled the organization of 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. 2 Did the organization operate for the benefit of any supported organization of if "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization of if "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization of if "Yes," explain in Part VI how providing such benefit camed out the purposes of the supported organization was vested in the same persons that controlled or managed the supported organization supporting organization is supported organization (see the supporting Organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization for supported organization (see the organization) and in the supported organization or supported organization is a trust to a supported organization organization was used or the supported organization organization		6 A (Form 990 or 990-E∠) 2018			Page 5
11 Has the organization accepted a gift or contribution from any of the following persons? a 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? b A family member of a person described in (e) above? c A 35% controlled entity of a person described in (e) above? c A 35% controlled entity of a person described in (e) above? Did the discupporting Organizations 1 Did the discutors, frustees or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the supported organization and more than one supported organization or controlled the organization's activities of the organization and more than one supported organization or describe how the powers to appoint and organization and more than one supported organization of describe how the powers to appoint and organization and more than one supported organization or describe how the powers to appoint and organization or rustees are all times during the tax year. 2 Did the organization operate for the benefit of any supported organization of the than the supported organization operated organization of the supporting organization. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the supporting organization of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization organization or tax year, (i) a copy of the form 990 that was most recently field as of the date of notification, and fill copies of the organization maintained a close and continuous working relationship with the supported organization organization organization organization organization's governing documents in effect on the date of notification, and fill	Part	Supporting Organizations (continued)			
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	i.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		اـــــــــــــــــــــــــــــــــــــ

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jan	izations // /A	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
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		I
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	 	<u> </u>
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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		
7 Recoveries of prior-year distributions	7		T
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		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	y in	tegrated Type III supporting	ng organization (see
instructions).			

	le A (Form 990 or 990-EZ) 2018			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe		orted	
	organizations, in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013 .			
b	From 2014 .			
c	From 2015		·	
d	From 2016			
- 0	From 2017	*		
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount	<u> </u>		
<u>i</u>	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.	, ,		
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	·		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			

b Excess from 2015
 c Excess from 2016
 d Excess from 2017
 e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018

	Page Page Page Page Page Page Page Page	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Par 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, 2 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 I lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	b,
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Youth With A Mission Southeast Alaska/Ketchikan

Internal Revenue Service

Name of the organization

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.

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

2018
Open to Public Inspection

36-473764

OMB No 1545-0047

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

Form 990-EZ Part III What is the organization's primary exempt purpose? "The specific purpose of the Corporation is, but not limited to, evangelism in any of its forms to share the love of Christ, training and educating in all spheres of life according to the Word of God; facilitating mercy ministries in a variety of methods and activities, and hosting and mobilizing youth, families, leaders, and others for these purposes and for the promotion of the Gospel of Jesus Christ throughout the world." B Describe the organization's program service accomplishments for each of it's three largest program services Program 1: Connecting Cultures Outreach-Hosting Program to connect participants (primarily ethnic Korean) with Alaska Natives for the purpose of spreading the Gospel of Jesus Christ through shared cultures by doing evangelism, service projects, and children's ministries Facilitated programs and projects serving 250 participants ministering the Gospel of Jesus Christ in 4 communities and 5 churches through Culture Sharing events, Soup Kitchen participation, Service Projects (included painting, landscaping, cleaning, and clean up), and Home Visitation. In addition, facilitated 10 Vacation Bible School/Music Camp programs impacting 300 children in 3 communities with the Gospet Program 2: Discipleship Training Seminar Program to make available basic discipleship trying to participants in the local church who want to be better equipped for sharing the Gospel of Jesus Christ and living more effective lives in the home, work place, and on outreach events. Using curriculum, videos, and qualified presenters facilitated 3 program seminar events impacting 75 participants on the topics of Forgiveness, Relationships, and Mission Bridge ministry Program 3: Alaska/Mongolia Bridge Program to connect Mongolian Christians with Alaska Native people in Southeast Alaska One YWAM Ketchikan volunteer staff family moved to Ulaanbaatar, Mongolia for 2 years to work through marketplace ministry projects helping to create jobs for the most needy in Mongolia, preparing Mongolians for a productive life in their own culture. The YWAM staff are working hand in hand with Mongolian people that traditionally have no way of supporting themselves or their families Project A involved helping to supply housing, coal, and food to 10 Mongolian families living in subzero winter conditions. Project B involved coordinating the "Mongolia for the Korean International Cooperation Agency Project" training 20 visually impaired to work as coffee shop baristas. Because of their genuine love for the Mongolian people, the YWAM staff have been very successful in building cross-cultural relationships that are inspiring a hunger for the truth of the Gospel of Jesus Christ Project C is an ongoing effort to connect an identified and vetted Mongolian pastor family with an identified Southeast Alaska Native village in desperate need of a permanent pastor Grants and similar amounts paid on Page 1, Line 10° contributions for Mongolia coal \$1,996. Other expenses on Page 1, Line 16: bank service charges (\$146), licenses and fees (\$75).