Form **990-EZ** 

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

OMB No 1545-0047

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

2019

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public. ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open	to	Pu	blic
Ins	oec	tio	n

<u> </u>	or trie	2019 Calend	ar year, or tax year beginning	, 2013,	and ending		<del></del>		
В	Check if ap	oplicable	C Name of organization			D Employ	er identificatio	on number	
=	Address c	•	Youth With A Mission Southeast Alaska/Ketchikan		15	36-4737648			
_	Name cha		Number and street (or P O box if mail is not delivered to street addre	ess)	Room/suite	E Telepho	one number		
=	Initial retu		P.O. Box 6023				(907) 247-7	890	
=	Final retur Amended	n/terminated	City or town, state or province, country, and ZIP or foreign postal cod	de	77	F Group	Exemption		
=		n pending	Ketchikan, AK 99901		03	Numb	er 🕨		
		ting Method	✓ Cash   Accrual Other (specify) ►		Н	Check ▶	If the ora	anızatıon ıs <b>not</b>	
	Vebsite	-	nketchikan.org				o attach Sche		
				4947(a)(1) c	r	-	), 990-EZ, or 9		
		organization		Other			· · · · -	· · · · · · · · · · · · · · · · · · ·	
	Add line	organization	7b to line 9 to determine gross receipts If gross receipts are \$		more or if total	assets			
			\$500,000 or more, file Form 990 instead of Form 990-EZ	2200,000 0.		•	• •	00.400	
_				nd Polone	nan (nan tha	inotriioti	one for Da	28,469	
ŀ	art I		ie, Expenses, and Changes in Net Assets or Ful				ions ioi ra	''''	
			f the organization used Schedule O to respond to any	y question	in this Part I	<del></del>	<del></del>	<u> </u>	
	1		ons, gifts, grants, and similar amounts received				1	28,469	
	2	Program s	ervice revenue including government fees and contract	S		<u> </u>	2		
	3	Membersh	nip dues and assessments	٠			3		
	4	Investmen	t income		•		4		
	5a	Gross amo	ount from sale of assets other than inventory .	5a					
	b	Less <sup>,</sup> cost	or other basis and sales expenses	5b					
	С	Gain or (lo:	ss) from sale of assets other than inventory (subtract lin	ne 5b from l	ine 5a)		5c	_	
	6	Gaming an	nd fundraising events.						
	a	Gross inc	income from gaming (attach Schedule G if greater than						
re		\$15,000)		6a					
Revenue	b	Gross inco	ome from fundraising events (not including \$		f contribution	ıs			
ě		from fundraising events reported on line 1) (attach Schedule G if the				1			
ш.		sum of such gross income and contributions exceeds \$15,000) 6b			ĺ				
	C	Less direc	ct expenses from gaming and fundraising events	. 6c					
	d	2000 diliosi originali galiang di di				otract			
		line 6c)					6d		
	7a	•	es of inventory, less returns and allowances	7a	1	<u> </u>			
	b		of goods sold	7b					
	i		fit or (loss) from sales of inventory (subtract line 7b from		<u></u>	<del></del>  .	7c		
	C	-	enue (describe in Schedule O)	i iii c raj			8		
	8		·			⊢	9	20,400	
_	9		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				10	28,469	
	10		d similar amounts paid (list in Schedule O)	RECEIN	/ED	i –	11	529	
	11	•	aid to or for members			. ⊢			
penses	12	Salaries, o	other compensation, and employee benefits  al fees and other payments to independent consecutors	HIN A E	2020 050		12		
ű	13		101	ann a	2020	. –	13	26,217	
	14	•	y, rent, utilities, and maintenance		≅		14	1,928	
ũ	15		sublications, postage, and shipping	GDEN	LIT		15	177	
	16		choos (decente in contedute c)	JOULIN	, 01	• –	16	30	
	17	<u> </u>	enses. Add lines 10 through 16				17	28,881	
Ś	18		(deficit) for the year (subtract line 17 from line 9)				18	-412	
set	19		s or fund balances at beginning of year (from line 27,	column (A)	) (must agree	e with  _			
Asi		end-of-yea	ar figure reported on prior year's return)			L	19	136,988	
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule	e O)			20		
Z	21		s or fund balances at end of year Combine lines 18 thro			▶_[:	21	136,576	
For	Paner		tion Act Notice, see the separate instructions.	_	No 10642I		Form 9	90-EZ (2019)	



Pai						_
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			L	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		L	788		37 <u>6</u>
23	Land and buildings .		_	136,200		136,200
24	Other assets (describe in Schedule O)		<u> </u>		24	
25	Total assets		<u> </u>	136,988		136,576
26	Total liabilities (describe in Schedule O)		_	<u>.</u>	26	
27	Net assets or fund balances (line 27 of column			136,988	27	136,576
Par						Expenses
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part III 🔽	(Rec	uired for section
	is the organization's primary exempt purpose?	<del></del>			501(	c)(3) and 501(c)(4)
as m	ribe the organization's program service accompleasured by expenses. In a clear and concise rons benefited, and other relevant information for e	nanner, describe the	f its three largest p e services provided	rogram services, , the number of	orga othe	nizations, optional for
28				••••		
	(Crosts \$ ) If this amoun	t includes foreign gra	ente check here		28a	
29	·		<del>-</del>		20a	<u> </u>
29			•••••			
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here	. ▶ 🗆	29a	
30	Totalio 4					
••				••••		
			••••			
	(Grants \$ ) If this amoun	t includes foreign gra	ints, check here	▶ 🗆	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amoun	t includes foreign gra	nts, check here	<u> </u>	31a	_
32	Total program service expenses (add lines 28a	through 31a)		<u> </u>	32	
Par					nstru	ctions for Part IV)
	Check if the organization used Schedule	e O to respond to a				<u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (rf not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and deferred compensation		Estimated amount of other compensation
Lena	rd Nance	_				
Presi	dent	10	0		0	0
Peter	Young Kwan Lee				1	
<u>Vice</u>	President	10	0		0	0
Debr	a Nance			1		_
Secre		10	. 0	-	0	0
	elle Short	-				0
Treas		10	0		0	0
	Carney	- 1			0	0
Direc	n Hawkins	<del> </del>	<u> </u>		~	
Direc		- 1	o		0	0
	nard Graf	<u>'                                    </u>	<u></u>		<u> </u>	
Direc		-  1	0	ı	0	0
	derson	<u> </u>			Ť	
Direc		-  <b>1</b>	o	<u> </u>	0	0
	Short					
Direc		1			0	0
				_	$\perp$	
		-1				
					+	



rart	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	mondono for that the organization adda contention to the point to any question in the	, ait	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		✓
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			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	- 34		_
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		✓
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]	071-		
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were	37b		✓.
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		$\neg$
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved . 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	-	_	
ь 40а	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			-
	section 4911 ▶ o , section 4912 ▶ o , section 4955 ▶ o	.,	, 	4
b			- 15	
	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	,	<b>✓</b>
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			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization .			1
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		
41	List the states with which a copy of this return is filed >			
42a	The organization's books are in care of ► Michelle Short  Located at ► 952 North Point Higgins Rd Ketchikan, Alaska  ZIP + 4 ►	907)82 999		5
b		995	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		
	If "Yes," enter the name of the foreign country ▶			Ī
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	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	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		, 	0
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		<u> </u>
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		Ţ
ç	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		<b>√</b>
d	explanation in Schedule O	44d		$\overline{}$
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del>_</del>
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
	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		$\overline{}$

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						Yes	No
46	Did the organization engage, directly or into candidates for public office? If "Yes," of the candidates for public office?			behalf of or in opposit	tion	<del> </del>	<u> </u>
Part							
	All section 501(c)(3) organization 50 and 51.	ns must answer que		·	e tables f	or line	es
	Check if the organization used Sc	neaule O to respona	to any question in ti	nis Paπ VI	<u>· · · · · · · · · · · · · · · · · · · </u>	Yes	No.
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	n in effect during the	tax 47	163	<u>₩</u>
48	Is the organization a school as described i	n section 170(b)(1)(A)(ii	)? If "Yes," complete S	Schedule E	48		<b>√</b>
49a	Did the organization make any transfers t	·	_	ation?	49a		<b>✓</b>
b	If "Yes," was the related organization a se				49b		<u> </u>
50	Complete this table for the organization's employees) who each received more than						а кеу
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	ed amou	
					· · · · · · · · · · · · · · · · · · ·		
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe		contractors who each	ı received	more	than
	(a) Name and business address of each independ	dent contractor	(b) Type of servi	ce (c)	) Compensation	on	
						•	
				<del>-</del>		_	
d	Total number of other independent contra	actors each receiving	 over \$100,000	<u> </u>			
52	Did the organization complete Scheducompleted Schedule A	ule A? <b>Note:</b> All se	ction 501(c)(3) organ	nizations must attach	n a ▶☑ Yes		No
	enalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other than				iowledge and	l belief,	ıt ıs
				1			

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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

Open to Public Inspection

Name of the organization Employer identification number Youth With A Mission Southeast Alaska/Ketchikan 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) 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 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 33½ 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 h 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) d 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing support (see other support (see (described on lines 1-10 above (see instructions) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 47,025 45,858 39,051 35,920 28,469 196,323 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 47,025 45,858 35,920 196,323 39,051 28,469 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) 196323 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 196323 Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sımılar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) 196323 Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc (see instructions) 12 12 <u>s</u>

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax ye	ear as	a section 501(c)(3)	
	organization, check this box and <b>stop here</b>			
ecti	on C. Computation of Public Support Percentage			
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	100	%
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	100	%
16a	331/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33	31/3%	or more, check this	
	box and stop here. The organization qualifies as a publicly supported organization		. ▶	~
b	331/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 this box and stop here. The organization qualifies as a publicly supported organization	ıs 33¹	and the second s	
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 10 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box a Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies organization.	ınd si	op here. Explain in	
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 1 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check to Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization supported organization	this b	ox and <b>stop here.</b> alifies as a publicly	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check	k this	box and see	
	instructions			
	Sch	edule	A (Form 990 or 990-EZ) 2	2019

### Schedule A (Form 990 or 990-EZ) 2019 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership lees received (Do not include any "unusual grants" Gross receipts from admissions, merchandis 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI) . Total support. (Add lines 9, 10c, 11, 13 and 12) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 % 15

16 % Public support percentage from 2018 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 % Investment income percentage from 2018 Schedule A, Part III, line 17 18 19a 331/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# 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.)

Sect	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete F ion 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а		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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c	-	
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		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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	40	-	
5а	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 <b>Part VI</b> , 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		
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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI.</b>	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 <b>Part VI</b> .	9c		
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	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

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Page	Э

Part	V Supporting Organizations (continued)			
			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		
	A family member of a person described in (a) above?	11b		
Cooti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		Vaa	No
1	Did the directors, trustocs, or membership of one or more supported arganizations have the newer to		Yes	140
'	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 <b>Part VI</b> 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	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	2		
<u>Section</u>	on C. Type II Supporting Organizations			1
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	l		
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		Ь
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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		
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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın.	struct	ions)
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			
h	•	2a	-	- 1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	<b>!</b> .		
	activities but for the organization's involvement	2b		
	Parent of Supported Organizations Answer (a) and (b) below.	_ <del></del>		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov 20, 1970 (expl	ain in Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ıızat	ions must complete Secti	ons A through E
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		1
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)
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>b</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	<del></del>	
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		
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		<u>l</u>
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(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 organizations, in excess of income from activity	empt purposes of suppo	rted	
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			
	Total annual distributions. Add lines 1 through 6	<u> </u>		
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)		•	
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
<u>e</u>	Excess from 2019 .			

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 O (Form 990 or 990-EZ)

Department of the Treasury 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.

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Youth With A Mission Southeast Alaska/Ketchikan	36-4737648
Grants and similar amounts paid on Page 1, Line 10: contributions for Mongolia coal \$ 529	
Other expenses on Page 1, Line 16: bank service charges § 30	
Form 990-EZ Part III	•••••
A. What is the organization's primary exempt purpose? "The specific purpose of the Corporation is, but no	ot limited to, evangelism in any of
its forms to share the love of Christ, training and education in all spheres of life according to the Word of C	od; facilitating mercy ministries
in a variety of methods and activities, and hosting and mobilizing youth, families, leaders, and others for the	nese purposes and for the promo-
tion 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 ser	vices
Program 1: Connecting Cultures Outreach-Hosting Program to connect participants (primarily ethnic Kore	an) with Alaska Natives for the
purpose of spreading the Gospel of Jesus Christ through shared cultures by doing evangelism, service pro	ojects, and children's ministries.
Facilitated programs and projects serving 250 participants ministering the Gospel of Jesus Christ in 4 com	munities and 5 churches through
Culture Sharing events, Soup Kitchen participation, Service Projects (included painting, landscaping, clear	ning, and clean up), and Home
Visitation. In addition, facilitated 10 Vacation Bible School/Music Camp programs impacting 300 children i	n 3 communities with the Gospel.
Program 2: Discipleship Training Seminar Program to make available basic discipleship trying to participal	nts in the local church who want to
better equipped for sharing the Gospel of Jesus Christ and living more effective lives in the home, work plants	ace, and on outreach events. Using
curriculum, videos, and qualified presenters facilitated 3 program seminar events impacting 75 participant	s 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 moving to Ulaanbaatar, Mongolia long term to work, in conjuction with KA	MA Services, helping in job
training for the most needy in Mongolia, preparing Mongolians for a productive life in their own culture. The	e YWAM staff are working hand in
hand with Mongolian people that traditionally have no way of supporting themselves or their families. Proj	ect A involved helping to supply
housing, coal, and food to 20 Mongolian families living in subzero winter conditions. Project B involved co	ordinating the "Mongolia for the
Korean International Cooperation Agency Project" training 20 visually impaired to work as coffee shop bar	istas. Because of their genuine
love for the Mongolian people, the YWAM staff have been very successful in building cross-cultural relation	nships 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 vette	d Mongolian pastor family with an
Identified Southeast Alacka Native village in desperate good of a permanent pastor that understands their	culture and domestic challenges

Schedule O (Form 990 or 990-EZ) (2019)	Page Z
Name of the organization	Employer identification number
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