

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002**Open to Public Inspection**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning , 2002, and ending

- B** Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tions

YOUTH WITH A MISSION SAN FRANCISCO
357 ELLIS ST
SAN FRANCISCO, CA 94102

D Employer Identification Number

94-3218675

E Telephone number

(415) 885-6543

F Accounting method☒ Cash ☐ Accrual☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No**H (b)** If Yes, enter number of affiliates. ▶**H (c)** Are all affiliates included? ☐ Yes ☐ No

(If No, attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4 digit GEN ▶**M** Check ☐ if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)**G Web site:** ▶ N/A**J Organization type**
(check only one)▶ ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 467,307**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See instructions)**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** 113,413**b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ 113,413 noncash \$)**1d** 113,413**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 311,541**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** 3,088**5** Dividends and interest from securities**5** 22**6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****b** Less direct expenses other than fundraising expenses**9b****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales of inventory, less returns and allowances**10a** 907**b** Less cost of goods sold**10b** 907**c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**STATEMENT 1****10c****11** Other revenue (from Part VII, line 103)**11** 38,336**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 466,400**13** Program services (from line 44, column (B))**13** 377,634**14** Management and general (from line 44, column (C))**14** 30,663**15** Fundraising (from line 44, column (D))**15****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** 408,297**18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** 58,103**19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 459,749**20** Other changes in net assets or fund balances (attach explanation)**20****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 517,852**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

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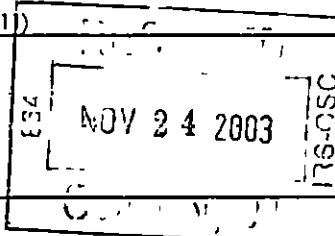
Form **990** (2002)

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EXPENSES

ASSETS

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6

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	31,205	30,038	1,167
34	Telephone	34	5,769	4,904	865
35	Postage and shipping	35	3,106	2,640	466
36	Occupancy	36	145,214	125,284	19,930
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	7,892	7,892	
40	Conferences, conventions and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	17,558	14,924	2,634
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	197,553	191,952	5,601
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	408,297	377,634	30,663.

Joint Costs Check ☐ if you are following SOP 98.2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to program services

\$ _____, (iii) the amount allocated to management and general \$ _____, and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? RELIGIOUS, EDUCATION, CHARITY

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others.)a THE CORPORATION IS A RELIGIOUS ORGANIZATION ENGAGED IN RELIGIOUS, EDUCATIONAL, AND CHARITABLE MINISTRIES. IT TRAINS AND SENDS OUT MISSIONARIES THROUGHOUT THE WORLD.

(Grants and allocations \$ _____)

377,634

b _____

(Grants and allocations \$ _____)

c _____

(Grants and allocations \$ _____)

d _____

(Grants and allocations \$ _____)

e Other program services (Grants and allocations \$ _____)

f **Total of Program Service Expenses** (should equal line 44, column (B), program services)

377,634

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end of year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non interest bearing	25,864	45	21,847
	46 Savings and temporary cash investments	232,969	46	206,578
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	97,373	47 c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51 c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments – securities (attach schedule) ☐ Cost ☐ FMV		54	
	55 a Investments – land, buildings, & equipment basis			
	b Less: accumulated depreciation (attach schedule)		55 c	
56 Investments – other (attach schedule)		56		
57 a Land, buildings, and equipment basis	344,706			
b Less: accumulated depreciation (attach schedule) STATEMENT 3	63,494	191,328	57 c	281,212
58 Other assets (describe SEE STATEMENT 4)			58	9,501
59 Total assets (add lines 45 through 58) (must equal line 74)	547,534	59	519,138	
LIABILITIES	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue	87,785	62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe SEE STATEMENT 5)		65	1,286
66 Total liabilities (add lines 60 through 65)	87,785	66	1,286	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	459,749	67	335,853
	68 Temporarily restricted		68	181,999
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	459,749	73	517,852
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	547,534	74	519,138

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
LORI MATTHIAS 357 ELLIS ST SAN FRANCISCO, CA 94102	PRESIDENT NONE	0	0	0
AIDA FORTIER 304 FARALLON PACIFICA, CA 94044	SEC/TREASURER NONE	0	0	0
PAT EACHUS 9211 GOODMAN AVE HARBOR, WA 98335	CHAIRMAN NONE	0	0	0
JOHN BILLS 10725 WHITEGATE CIRCLE SUNLAND, CA 91040	DIRECTOR NONE	0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

☐ Yes

☒ No

If Yes, attach schedule — see instructions

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a CONFERENCES					10,287
b DTS					117,282
c INTERNSHIPS					10,035
d MISSION ADVENTURE MIN					173,937
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,088	
96 Dividends & interest from securities			14	22	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b STAFF FEES			3		38,336
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				3,110	349,877
105 Total (add line 104, columns (B), (D), and (E))					352,987

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	SEE STATEMENT 6
2	
3	
4	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note. If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please ☒ Arda M. Foster 11/15/03
 Secretary of the Board.

Date _____ Check if _____ Preparer's SSN or PTIN (see General instructions) _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2002

Name of the organization

YOUTH WITH A MISSION SAN FRANCISCO

Employer identification number

94-3218675

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI A, or line I of Part VI B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking 'Yes,' must complete Part VI B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV A)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV A)
- 12 ☒ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions - subject to certain exceptions, and (2) no more than 33-1/3% 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) (Also complete the **Support Schedule** in Part IV A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) *Use cash method of accounting***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	99,125	183,682	57,878	46,156	386,841
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	344,327	241,339	243,477	177,157	1,006,300
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,040	7,390	4,861	3,236	21,527
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. SEE STMT 7			2,432	1,320	3,752
23 Total of lines 15 through 22	449,492	432,411	308,648	227,869	1,418,420
24 Line 23 minus line 17	105,165	191,072	65,171	50,712	412,120
25 Enter 1% of line 23	4,495	4,324	3,086	2,279	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	N/A	26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.			26b
c Total support for section 509(a)(1) test. Enter line 24, column (e).			26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____			26d
22 _____ 26b _____			26e
e Public support (line 26c minus line 26d total)			26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			26f %

27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) _____ 0 (2000) _____ 0 (1999) _____ 0 (1998) _____ 0		
c Add: Amounts from column (e) for lines 15 _____ 16 _____		
17 _____ 20 _____ 21 _____		
d Add: Line 27a total _____ 0 and line 27b total _____ 0		
e Public support (line 27c total minus line 27d total)		27c 1,393,141
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f 1,418,420	27d 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27e 1,393,141
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27g 98.22 %
		27h 1.52 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	31		

32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)				

33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)				

34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered 'Yes' to either 34a or b, please explain using an attached statement				
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked **a** and limited control provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals**(b)**
To be completed
for ALL electing
organizations

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table —		
If the amount on line 40 is —	The lobbying nontaxable amount is —	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter 0 if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter 0 if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

BAA

Schedule A (Form 990 or 990-EZ) 2002

YOUTH WITH A MISSION SAN FRANCISCO

94-3218675

STATEMENT 1
FORM 990, PART I, LINE 10
GROSS PROFIT (LOSS) FROM SALES OF INVENTORY

	\$	907
GROSS SALES	\$	907
LESS RETURNS & ALLOWANCES		0
NET SALES	\$	907
LESS COST OF GOODS SOLD		907
GROSS PROFIT FROM SALES OF INVENTORY	\$	0

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACTIVITIES	6,783	6,783		
ADVERTISING\PRINTING	11,526	9,797	1,729	
AUTO	11,268	9,578	1,690	
BANK CHARGES	941	800	141	
COMPUTER	1,434	1,219	215	
CONFERENCE/TRAINING	16,358	15,495	863	
DONATIONS	50,164	50,164		
DTS-OUTREACH	51,566	51,566		
DUES & SUBSCRIPTIONS	218	185	33	
FOOD	25,749	25,604	145	
HONORARIUMS	16,305	16,305		
HOSPITALITY	2,847	2,420	427	
PHOTOCOPIER-LEASE/SUPPLIES	2,394	2,036	358	
TOTAL	\$ 197,553	\$ 191,952	\$ 5,601	\$ 0

STATEMENT 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 30,808	\$ 8,761	\$ 22,047
FURNITURE AND FIXTURES	12,723	2,546	10,177
MACHINERY AND EQUIPMENT	30,329	11,924	18,405
IMPROVEMENTS	270,846	40,263	230,583
TOTAL	\$ 344,706	\$ 63,494	\$ 281,212

STATEMENT 4
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS	\$	9,500.
ROUNDING		1
TOTAL	\$	9,501

STATEMENT 5
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

STAFF FUNDS HELD

TOTAL \$ 1,286
 \$ 1,286

STATEMENT 6
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93B	FUNDS RECEIVED FOR THE PURPOSE OF SUPPORTING THE COST OF THE DISCIPLESHIP TRAINING SCHOOL WHICH TRAINS STUDENTS IN EVANGELISM AND MINISTRY
93C	FUNDS RECIEVED TO OFFSET THE COST OF RUNNING AN INTERNSHIP PROGRAM WHICH ENABLES LEADERSHIP IN THE MINISTRY
93D	FUNDS RECEIVED TO HELP OFFSET FACILITY COSTS FOR GROUPS COMING TO STAY AND MINISTER TO STREET PEOPLE
93A	FUNDS RECEIVED TO HELP OFFSET THE COST TO TRAIN VOLUNTEER STAFF MEMBERS IN THE MISSION FIELD OF EVANGELISM AND MINISTRY
103B	FUNDS RECEIVED TO HELP OFFSET THE COST OF HOUSING STAFF MEMBERS WHO WORK IN THE VARIOUS MINISTRIES

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2001	(B) 2000	(C) 1999	(D) 1998	(E) TOTAL
SALE OF MERCHANDISE	\$ 0	\$ 0	\$ 2,432	\$ 1,320	\$ 3,752
TOTAL	\$ 0	\$ 0	\$ 2,432	\$ 1,320	\$ 3,752

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
	YOUTH WITH A MISSION SAN FRANCISCO	94-3218675
	Number, street and room or suite number. If a P.O. box, see instructions	For IRS Use Only
File by the extended due date for filing the return. See instructions	357 ELLIS ST	
	City, town or post office, state and ZIP code. For a foreign address, see instructions	
	SAN FRANCISCO, CA 94102	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990 EZ	☐ Form 990 T (Section 401(a) or 408(a) trust)	☐ Form 1041 A	☐ Form 5227	☐ Form 8870
☐ Form 990 BL	☐ Form 990 PF	☐ Form 990 T (trust other than above)	☐ Form 4720	☐ Form 6069	

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organizations four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3 month extension of time until 11/15, 2003
- 5 For calendar year 2002, or other tax year beginning 20 and ending 20
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED ON BOOKS IN ORDER TO FILE AN ACCURATE RETURN

- 8a If this application is for Form 990-BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Wm E Cornell Title CAA Date 7-29-03

Notice to Applicant – To be Completed by the IRS

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10 day grace period from the late filing date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10 day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

EXTENSION APPROVED
AUG 11 2003
LINDA WISKOFF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name
	WM E CORNELL, JR CPA
	Number and street (include suite, room, or apartment number) or a P.O. box number
	1101 COLLEGE AVE STE 210
	City or town, province or state, and country (including postal or ZIP code)
	SANTA ROSA, CA 95404