Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2018

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/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	2018 cale	endar year, or tax year beginning	JANUARY 01	, 2018, and end	ing DECEN	BER 31	, 20 18				
В	Check if	applicable	C Name of organization YWAM FAI	TH HARVEST HELPERS			D Employ	er identification nu	ımber			
	Address	change	Doing business as					65-1274516				
$\bar{\Box}$	Name ch	nange	Number and street (or P O box if m	nail is not delivered to street add	fress) Room/	suite	E Telepho	ne number				
V	Initial ret	_	12643 CASE ROAD SW					(360) 339-4726				
\exists	Final return/terminated. City or town, state or province, country, and ZIP or foreign postal code											
\exists	Amende	G Gross re	eceipts \$									
\exists			OLYMPIA, WASHINGTON 98512 F Name and address of principal office			H(a) Is this a or		subordinates? Yes	√ No			
Application pending F Name and address of principal officer PAUL SHORB 9549 YELM HIGHWAY, OLYMPIA, WASHINGTON 98513 #[a) Is this a group return for subordinates 7L #[b] Are all subordinates included?												
	Tax-exempt status											
<u>!</u> _				() ◀ (insert no) LJ 494	/(a)(1) or □ 52/	U		•	-,			
<u>;</u>	Website		VW.YWAMFHHWA ORG		L Year of form	H(c) Group		of legal domicile	1410			
_			✓ Corporation Trust Associa	ation	L Year of form	nation 2006	M State	or legal domicile	WA			
ľ	art I	Summ			015	AAUAIC DONAT		AND DDOCECO	CINIC			
	1	-	escribe the organization's miss				ED FOOL	AND PROCESS	SING			
၁၁		SALMON	I TO PROVIDE FOOD ASSISTAN	CE TO THOSE IN NEED A	ND MISSIONAR	Y TRAINING						
nař												
Activities & Governance	2	Check th	his box ▶ 🗌 if the organization	discontinued its operation	ons or dispose	d of more than	1	its net assets.				
င္ပ	3	Number	of voting members of the gove	erning body (Part VI, line	1a).		3		5			
مخ	4		of independent voting membe			b)	4		5			
ţ	5	Total nui	mber of individuals employed i	ın calendar year 2018 (Pa	art V, line 2a)		5		0			
₹	6	Total nu	mber of volunteers (estimate if	necessary) .			6		435			
Ac	7a	Total uni	related business revenue from	Part VIII, column (C), line	e 12		7a		0			
	ь	Net unre	elated business taxable income	e from Form 990-T, line 3	8		7b		0			
						Prior Ye	ar	Current Ye	ear			
a	8	Contribu	utions and grants (Part VIII, line	: 1h)			133,871		282,042			
ž	9		n service revenue (Part VIII, line				29,161		1493			
Revenue	10	_	ent income (Part VIII, column (A		16							
ď	11		evenue (Part VIII, column (A), lin		42,714		36,990					
	12		venue—add lines 8 through 11 (i				205,762	†	320,525			
_	13		and similar amounts paid (Part			 	37,342		29,794			
	14		paid to or for members (Part I		,		37,342	•	23,734			
	15				(A) lines 5-10)	ļ						
Expenses		Drofocci	other compensation, employee	(A) III les 5–10)		A		2 074				
en en	16a Professional fundraising fees (Part IX, selumn (A), line 11e) b Total fundraising expenses (Part IX galumn (D), line 25), h				Ø	11619 eV53885 184	Ta Bleet	William State State	3,874			
Ĕ	b	Others	xpenses (Part IX, column (A)	1 NAY 20 20 19	20,495	188 (1879) 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			400.040			
	17	T-Aslaw	penses (Part IX, Column (A)	105mm H-140, 111-240	(S)		192,194		168,942 202,610			
	18				Natifie 25)							
	19	Revenue	e less expenses. Subtract line	18 CONTROL PALO I		Beginning of Cu	(23,774)		(33,668)			
Sor		.	. (5 .) (1 .)			Beginning of Co		· · · · · · · · · · · · · · · · · · ·				
Assets or	20		sets (Part X, line 16)		•		614,811	1	679,055			
Net A	2 2 '		bilities (Part X, line 26)		•		53,672	2	15,808			
_			ets or fund balances Subtract	line 21 from line 20			561,140)	663,247			
_	art II		ature Block									
			jury, I declare that I have examined this plete Declaration of preparer (other that					my knowledge and	belief, it is			
	de, correc	I, and comp	Siete Declaration of preparer (other tha	Onicer) is based on all inform	ation of which prepare	arer rias arry know						
C :			Com h	Julys	<u> </u>	<u> </u>						
	gn	Sig	nature of officer			¬ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ite		3			
He	ere		harlie Denk	e/man (+	reasures)	<u> </u>	15-19				
		Тур	e or print name and title				.,	· · · · · · · · · · · · · · · · · · ·	·			
Pá	aid	Print/T	ype preparer's name	Preparer's signature	į	Date	Check	PTIN				
	epare	er					self-em	ployed				
	se On		name ►			Firm	n's EIN ▶					
			address ▶			Pho	ne no					
Ma	ay the II	RS discus	ss this return with the preparer	shown above? (see inst	ructions)			☐ Ye	s No			
Fo	For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)											
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						-		' <i>\</i> '	<i>in</i>			
						(9°	_	\'			
						· ·						

Part	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	OUR MISSION IS TO FEED PEOPLE PHYSICALLY AND SPIRITUALLY BY GLEANING, PROCESSING, AND DISTRIBUTING SURPLUS FOOD AND GOODS THROUGH OUR LOCAL AND INTERNATIONAL PARTNERS.	
	SURPLUS FOOD AND GOODS THROUGH OUR EDGAL AND INTERNATIONAL FARTNERS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	•	Yes 🗹 No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	V 1
		Yes 🗌 No
	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as	measured by
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	ons to others.
	the total expenses, and revenue, if any, for each program service reported.	,
4a	(Code) (Expenses \$ 6980 including grants of \$) (Revenue \$	0)
	THE WASHINGTON FAITH HARVEST HELPERS FOOD BANK GLEANS AND PROCESS FOODS TO THE LOCAL COMMINI	
	IN EXCESS OF 255,000 POUNDS OF FOOD, ALSO PROVIDING TO THOSES IN NEED.	
		•••••
4b	(Code) (Expenses \$ 0 including grants of \$) (Revenue \$	0)
	THE FISH MINISTRY PROCESSES DONATED FISH AND PASSES IT OUT TO LOCAL FOOD BANKS, HELPING THOSE IN	NEED
	IN ADDITION WE CAN THE DONATED FISH TO PROVIDE TO OTHER TRIBES	
		••••
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(4-00-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	′
	Other program corrupce (Decarbe in Schedule O.)	
4d	1 3	
4e	Talalana	
	10tal program service expenses 6980	

orm 99	0 (2018)		- , 1	⊳ _{age} 3			
Part				- 3-			
			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1				
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III						
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓				
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1			
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		1			
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\ <u> </u>			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1			
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a	ļ	✓_			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	,	✓			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1			
20 a		20a	<u> </u>	√			
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	-	✓			
٠,	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1			

Part l	V Checklist of Required Schedules (continued)	·		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	,	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31		√
31	Did the organization inquidate, terminate, or dissolve and cease operations in res, complete schedule in, rattribute organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u> </u>
32	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 35a		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	งวล	 	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	1	
Part				r-
	Check if Schedule O contains a response or note to any line in this Part V	,	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		1
	reportable gaming (gambling) winnings to prize winners?	1c		1
		For	m 99 0	(2018

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)	r							
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			í					
	Statements, filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓.,					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3а									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			,					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓					
b	If "Yes," enter the name of the foreign country		į	į i					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .	5a		√					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		√					
С	if "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		✓					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,					
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		1					
_	gifts were not tax deductible?	90							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	$\overline{\checkmark}$						
	and services provided to the payor?	7b	*	\vdash					
b		10	<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		/					
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	,	7					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		7					
g g	# 1								
h									
8									
•	sponsoring organization have excess business holdings at any time during the year?	8		1					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	,	V .					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		/					
10	Section 501(c)(7) organizations. Enter			1					
а	Initiation fees and capital contributions included on Part VIII, line 12			l i					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities]							
11	Section 501(c)(12) organizations. Enter			;					
а	Gross income from members or shareholders			-					
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		/					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	}		;					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ. <u>. </u>							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓					
	Note. See the instructions for additional information the organization must report on Schedule O			} :					
b	Enter the amount of reserves the organization is required to maintain by the states in which			. 1					
_	the organization is licensed to issue qualified health plans	1							
C	Enter the amount of reserves on hand	14-		+					
14a	Did the organization receive any payments for indoor tanning services during the tax year? .	14a		1					
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	 -	/					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		/					
	excess parachute payment(s) during the year? If "Yes " see instructions and file Form 4720. Schodule N.	15	ļ	 					
16	If "Yes," see instructions and file Form 4720, Schedule N.	16							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		41"					
	ii res, complete i om 4720, schedule O.	<u> </u>							

	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below.	and	for a	"N∩"				
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See ins	tructi	ions				
	Check if Schedule O contains a response or note to any line in this Part VI	_						
Section	on A. Governing Body and Management							
0000	on A. doverning body and management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year .	5						
	If there are material differences in voting rights among members of the governing body, or	1						
	if the governing body delegated broad authority to an executive committee or similar			1				
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5,		. 1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	any other officer, director, trustee, or key employee?	2		✓				
3								
	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	✓				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓				
6	Did the organization have members or stockholders?	6		✓				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	stockholders, or persons other than the governing body?	7b		-				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		'	'!				
	the year by the following							
a	The governing body?	8a	1	 				
b	Each committee with authority to act on behalf of the governing body?	8b	/	 				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	1					
		40-	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	✓				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		1				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		•••					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	/					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done .	12c	V	-				
13	Did the organization have a written whistleblower policy?	13	V					
14	Did the organization have a written document retention and destruction policy?	14	√					
15	Did the process for determining compensation of the following persons include a roview and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	112311111111111111111111111111111111111	programme for 115	Hammani				
a	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	/				
b	Other officers or key employees of the organization	15b		1				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a) of one on	M n · · · · · · · · · · · · · · · · · ·				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		7				
Sect	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► WASHINGTON							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion	501(c				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of ir financial statements available to the public during the tax year.	terest	polic	y, and				
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	. >					
	BARBARA MOEHRING, 3805 COLLEGE ST SE #34, LACEY, WASHINGTON, 98503, 360-339-4726							

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

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız	<u>atı</u> o	n c	ompe	nsa	ted any curren	t officer, director	, or trustee
				(C Pos	>)			(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any	box office	unles er and	s pe d a d	rson	than one than or/trust	an ee)	Reportable compensation	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PAUL SHORB	40									
PRESIDENT/EXECUTIVE		✓	1	L.						
(2) CHARLIE BUEKELMAN	40									
VICE PRESIDENT/TREASURER		✓	✓							
(3) KEVEN BUEKELMAN	5		١,							
SECRETARY		✓	✓	<u> </u>		- -				
(4) FRITZ MEIER		,								
BOARD MEMBER		/	-							
(5) MILES MUSICK		1								
BOARD MEMBER		-	_				<u> </u>			
(6)	· 									
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part '	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(C)														
	(B)			eck	more	than c		(D) Reportable	(E) Reportable			F) nated		
	Name and title	Average hours per					ıs both or/trust		compensation	compensation f				
		week (list any hours for		_		Key			from the	related organization	s	ot compe	her Insatio	วก
		related	Individual trustee or director	Institutional trustee	Officer	er er	ghes 1plo)	Former	organization	(W-2/1099-MI		fror	n the	
		organizations below dotted	ual t	tiona	,	employee	t cor	`	(W-2/1099-MISC)				izatioi elatec	
		line)	ruste	l tru:		yee	nper					organ	zation	าร
			%	stee			Highest compensated employee		.]					
(4.E)						\vdash	۵		-					
(15)														
(16)						-				17-				
Y														
(17)			ļ											
		ļ	<u> </u>		<u> </u>			_			\rightarrow			
(18)		ļ												
(40)						-	<u> </u>		***	<u> </u>				
(19)			İ		Į									
(20)					<u> </u>									
32					ļ									
(21)				ļ	ļ		i							
						<u> </u>	-		1					
(22)			1			Ì								
(23)		-				-		-	 					
1		†	1											
(24)														
			<u> </u>	_	<u> </u>	ļ								
(25)			ļ						ļ		1			
41.	Out Askal		<u></u>		<u> </u>	ــــــــــــــــــــــــــــــــــــــ		Ļ	<u> </u>					
1b c	Sub-total Total from continuation sheets to Part	VII Section	n A					>		<u> </u>				
d				•			· , .	•		<u> </u>	-			
2	Total number of individuals (including bu						abov	e) v	vho received m	ore than \$10	0,000 (of		
	reportable compensation from the organ													,
													Yes	No
3	Did the organization list any former of							em	ployee, or higl	nest comper	sated			ء - ر ا
	employee on line 1a? If "Yes," complete											3		
4	For any individual listed on line 1a, is the organization and related organizations	e sum of re	porta	ble 150	cor	npe	nsatio	on a	and other company	pensation fro hedule .l. for	m the			.
	individual	greater ti	іан ф	150	,000	, ,	, , , ,	٠٠,	complete oci	reduic a for	30011	4		7
5	Did any person listed on line 1a receive of	or accrue c	ompe	ensa	tior	ı fro	m an	y ur	nrelated organi	zation or indi	vidual			
	for services rendered to the organization											5		1
Section	on B. Independent Contractors													
1	Complete this table for your five highest													.
	compensation from the organization. Re	port compe	ensati	on t	or t	ne d	calend	ar	year ending wi	th or within t	ne orga	anizatio	on s	tax
	year. (A)							Τ	(B)		 -	(C)		
	Name and business add	dress							Description of	services	C	compens	ation	
								Ļ						
								1						
								+-						
	Total number of independent contract	ore (include	na h			lim	tad +		hose listed at	ove) who		_		
2	Total number of independent contract		_					υι	nose nsteu at	DOVE) WITH	-	•		1

Part	VIII	Statement of Reve							
		Check if Schedule O	contains	a resp	oonse or note to		Part VIII	·	
						Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
nts	1a _.	Federated campaigns		1a					
Grants	b	Membership dues .		1b					
S, (С	Fundraising events .		1c					
Grfts, ıılar Ar	d	Related organizations		1d					
S. E	е	Government grants (con		1e					
tion er S	, f	All other contributions, gi							
ibu Xthe		and similar amounts not incl		1f	282,042				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ		-1f \$	53,628			National Party	
	h	Total. Add lines 1a-1	<u> </u>		•	282,042			SPECIAL CONTRACTOR OF THE CONT
une	_	,			Business Code		HANGE MEDICAL COLUMN		ELESEREZ WINKES STANIA
eve	2a	FOOD BANK, WASHING				1,493		1	
e i		FISH PROCESSING CO	151			. 0			
چ	C							1	
Š	d								·
Гал	e	All other program serv			-				
Program Service Revenue	g	Total. Add lines 2a-2				1 402	Tall Control of the C		4568888888
	3	Investment income and other similar amo	(including		ends, interest,	1,433	34 C 34 C 34 C 35 C 36	The contract of the contract o	
	4	Income from investment		nnt h	and proceeds	•			
	5	Royalties	O Tax CAC	npt ot	> Proceeds		,,,		
	"		(ı) Real	<u>•</u>	(II) Personal	THE STATE OF THE SEC.	DE SON SON SON DE LA COMPANSION DE LA CO		PERSONAL AND MEN
	6a	Gross rents							
	b	Less rental expenses							Market Company of the
	- ĉ	Hental income or (loss)							Angricusty Johnsons, Storensing
	ď	Net rental income or (loss) .	—	. •	and A Chandamy mant. Cont	79 to 768 21 T F32Fm31 F2 to	Henry Carlot Charles Annual Charles	18 19 31 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	7a	Gross amount from sales of	(i) Securit	ies	(ii) Other	THE PROPERTY OF THE			\$1.554 ALEBOARN
		assets other than inventory							
	b	Less cost or other basis	1						Communication Control
		and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss) .	٠		•				_
anne	8a	Gross income from furevents (not including \$	ındraısıng						
Other Reve		of contributions reporte See Part IV, line 18	ed on line 1	c) a	23,200				
ţ	Ь	Less direct expenses		. b		14. 等的人表演學 物质的			THE REAL PROPERTY.
0	, c	Net income or (loss) f					THE SECOND STATE OF THE SECOND	THE WAS ASSESSED AS	A THE STATE OF STATE
	9a	Gross income from ga					J. 1000 1000 1000 1000 1000 1000 1000 10	7764778706	
	:	See Part IV, line 19	•	а					The state of the s
	b	Less: direct expenses	3' .	. b	,			學特殊的物質	
	С	Net income or (loss) f	_	-	ivities . : 🕨		,		
	10a	Gross sales of in	•	less					
		returns and allowance		· a	5,244	Startist F			
	b	Less cost of goods s		b		SOUTH AT LONG TO	TANK AND AND	NAME OF STREET	AND THE PARTY OF T
	. C	Net income or (loss) f		of inv		5,244	Successor and and assumptions of the company	* * * * * * * * * * * * * * * * * * *	and a contraction of the contract of the contract of the
	ļ	Miscellaneous P	levenue		Business Code			erennen sin	
	11a	GLEANING TRIP				1,660	1	ļ	
	b	GUATEMALA				8,102			
	C	GHANA				1,400			· · · · · · · · · · · · · · · · · · ·
	d	All other revenue					G. N. P. DECEMBER OF THE SECOND AS	Composition and the contraction of the contraction	SIDE SECURITION STORM OF THE
	12	Total revenue See u			•	11,160	PROCESS TO THE STA		

Part IX Stateme		

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				olumn (A)
_	Check if Schedule O contains a respon	se or note to any lii	ne in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	29,794	29,794		
3 `	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			naryaya wa Me Ang A	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				,
9 10	Other employee benefits				
11 a b	Fees for services (non-employees) Management Legal	10,689	0	10,689	0
c d	Accounting	4,050	0	4,050	C
e f g	Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	3,874		· 经产品的 中央	3,874
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion	17,587	8,442	7,035	2,162
13	Office expenses	8,764	4,207	3,506	1,052
14	Information technology	2,642	1,268	1,057	317
15	Royalties				
16	Occupancy	27,302		10,921	3,276
17	Travel 1	15,560			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,693	2,253	1,877	563
20	Interest	560		1,077	. 303
21	Payments to affiliates	300		· · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization	58,362	28,013	23,344	7,003
23	Insurance	18,733			
24	Other expenses. Itemize expenses not covered		发音级 法经验证据		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)			5723848 (CAS) (CA)	COLLEGE COLLEGE
a		· · · ·			
b					
c d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	202,610	96,074	, 69,972	20,495
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	102,310	30,074	03,372	20,43
	from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)			,	

P	art X	Balance Sheet				
		Check if Schedule O contains a response or	note to any line in this Pa	ırt X		
				(A) Beginning of year		(B) . End of year
	1	Cash-non-interest-bearing		100	1	100
	2	Savings and temporary cash investments		. 542	2	542
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		26,137	4	14,660
	5	Loans and other receivables from current and f trustees, key employees, and highest co Complete Part II of Schedule L	ormer officers, directors, impensated employees.		5 15	
ts	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	d contributing employers and tary employees' beneficiary		6	
Assets	7	Notes and loans receivable, net	•	•	7	
Ą	8	Inventories for sale or use		7,910	8	5,244
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 716,869			
	ь	Less accumulated depreciation .	10b 58,360	580,122	10c	658,509
	11	Investments—publicly traded securities			11	
	12	Investments-other securities See Part IV, line 1	l1		12	
	13	Investments-program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1, through 15 (must equa	al line 34)	614,811	16	679,055
	17	Accounts payable and accrued expenses		8,671	17	15,808
	18	Grants payable			18	
	19	Deferred revenue			19	•
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete 8	Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen	sated employees, and		遊	
ab	İ	disqualified persons. Complete Part II of Schedu	ıle L		22	
	23	Secured mortgages and notes payable to unrela	ted third parties .	45,000	23	
	24	Unsecured notes and loans payable to unrelated	d third parties . '.		24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		53,671	26	15,808
es		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and		THE PLANS OF PERSONS OF SURE PROPERTY.	N.S.	
Juc	27	Unrestricted net assets		560,598	دستند 27	632,911
ğ	28	Temporarily restricted net assets		542	 	30,336
Q E	29	Permanently restricted net assets		342	29	, 30,330
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 98 complete lines 30 through 34.	58), check here ► ☐ and			
ţ	30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated in	come, or other funds		32	,
Nei	33	Total net assets or fund balances	• •	561,140	33	663,247
· <u> </u>	34	Total liabilities and net assets/fund balances .		614,811		679,055
_				·		Form 990 (2018)

orm 99	0 (2018)		Pa	ge IZ
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		32	0,525
2	Total expenses (must equal Part IX, column (A), line 25)		20	2,610
3	Revenue less expenses. Subtract line 2 from line 1		11	7,91 <u>5</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		56	1,140
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			····
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		6	79055
Part	· · ·			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 🗌 Cash 🗹 Accrual 🔲 Other			i
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ţ
	Schedule O			لرحا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both	i '		
	Separate basis Consolidated basis Both consolidated and separate basis		 4	- , '
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			į
	separate basis, consolidated basis, or both			1
	Separate basis Consolidated basis Both consolidated and separate basis			- 5
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	1		,
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	ŀ		
_	Schedule O.	-		4
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	3a	ĺ	,
	the Single Audit Act and OMB Circular A-133?	Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		,
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 00 0	(2018)
		ron	η ၁၁∪	(2018)

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

2018 Open to Public

Inspection

Name of the organization Employer identification number YWAM FAITH HARVEST HELPERS 65-1274516 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). 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). [7] 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 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 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, 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 II, 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 (iv) is the organization (v) Amount of monetary (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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.)

	on A. Public Support				4,0047	4-1-0040	(O Takal
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						4 000 040
	include any "unusual grants.")	379,600	506,409	81,090	133,871	282,042	1,383,012.
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				·		
	-	270 600	500,400	01.000	133,871	282,042	1,383,012
4	Total. Add lines 1 through 3.	379,600	506,409	81,090	133,671 2000 : 133,671	202,042 30738 - 14-36	1,363,012
5	The portion of total contributions by						
	each person (other than a		一部では一世に、一直では、一直に	36 12 C 15 F			
	governmental unit or publicly supported organization) included on					ate of the said	
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	200 - 100 - 12 - 12 - 12 - 12 - 12 - 12		PARTICIPAL PROPERTY OF	SHE SHE WASHE	有一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	1,383,012
	on B. Total Support	1.183	144	P			
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	379,600	506,409	81,090	133,871	282,042	1,383,012
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	63	24	21	16	0	124
9	Net income from unrelated business					1	
	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)	1441 (No. 155)	THE COURT AND THE BAS	7 a 180 25 35 3	Property to their	250 m 150 m	
11				一世气候4.0%。4.4.0%。	是多数数46-350°,就53	10 M. 150	1,383,136
12	Gross receipts from related activities, etc. First five years. If the Form 990 is for t				or fifth tay v	12	n 501(c)(3)
13	organization, check this box and stop he			ia, triira, tourti	i, or man tax y	ear as a sectio	11 30 1(c)(b) ▶ □
Sooti	on C. Computation of Public Suppo			• •	<u> </u>		
14	Public support percentage for 2018 (line			I.1 column (f)		14	.99 %
15	Public support percentage for 2017 Science 2				•	15	.99 %
	331/3% support test—2018. If the organ				 nd line 14 is 3:		
	box and stop here. The organization qua						▶ ┌
b	331/3% support test - 2017. If the organ		-			ıs 331/3% or m	ore, check
_	this box and stop here. The organization						▶ □
17a	10%-facts-and-circumstances test-2	•		_		l6a or 16b. and	d line 14 is
114	10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization				•		▶ [
b	10%-facts-and-circumstances test—2				ox on line 13	16a 16b or 17	_
J	15 is 10% or more, and if the organiz						
	Explain in Part VI how the organization						
	supported organization				_		
18	Private foundation. If the organization of						_
	instructions						

	CA (1 0111) 330 01 330-C2/2010						, age C
Part	Support Schedule for Organiza						/
	(Complete only if you checked the						der Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	omplete Part I	l.) /	
Secti	on A. Public Support	\			, .		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201/8	(f) Total
1	Gifts, grants, contributions, and membership fees	\	İ				
_	received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	i \	1		i i		
	furnished in any activity that is related to the	\					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	\					
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to	1]	
	or expended on its behalf	1					
5	The value of services or facilities			/			
	furnished by a governmental unit to the	\					
	organization without charge	(\				1	
6	Total. Add lines 1 through 5		1				
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		1			_ }	
b	Amounts included on lines 2 and 3	_		,			
	received from other than disqualified						
	persons that exceed the greater of \$5,000				l	}	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			1		-	
	line 6.)			<u> </u>	, , -		
	on B. Total Support						
Calen	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,						
	payments received on securities loans, rents,			1			
	royalties, and income from similar sources						
b	Unrelated business taxable income (less			\	ŀ		
	section 511 taxes) from businesses	/		\			
	acquired after June 30, 1975				<u> </u>		
С	Add lines 10a and 10b				1		
11	Net income from unrelated business						
	activities not included in line 10b, whether	}				}	
	or not the business is regularly carried on				<u> </u>	· · · · · · · · · · · · · · · · · · ·	~
12	Other income. Do not include gain or	ļ			\		
	loss from the sale of capital assets	1]		1		
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)				\		
4.4			12 6004 22 - 22	- Ab., - Ab., - Ab.	(4)		- 501/-1/01
14	First five years. If the Form 990 is for the organization, check this box and stop he		rs iirst, secon		-	ear as a section	1 501(0)(3)
Sacti	on C. Computation of Public Suppor				-:		
				12 001 (6)		15	
15 16	Public support percentage for 2018 (line Public support percentage from 2017 Sci		•	ra, column (i))	•		<u>%</u>
	on D. Computation of Investment In				· · ·	16	%
17				v line 13 activ		17	0/
	Investment income percentage for 2018 ((()) .	18	<u>%</u>
18	Investment income percentage from 2017 331/3% support tests—2018. If the organ						% 4. and line
19a	17 is not more than 33 ¹ /3%, check this box						\
L			-	-		•	` _
b	331/3% support tests—2017. If the organize line 18 is not more than 331/3%, check this						· ' · -
20			-		_		\ _
_20	Private foundation. If the organization d	iu not check a	box on line 14	, 19a, or 19b, (cneck this box	and see instruc	ctions \

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)

Secti	on 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	<u> </u>	1 1 1 1 2 2	
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 Fart VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2	10 a a	13h al
3а	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		
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 "Yos," 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	*	1
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)	ात जाताचा । जात कार्यो	a i i roruce	i ingens er an
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	1000100 , 141	· /
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		√
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		 - -
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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		1
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		1
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		
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	100		
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)	10a 10b		- <u>-</u> _ i

Part	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 ✓
	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 ✓
Section	on B. Type I Supporting Organizations	
	•	Yes No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	
	organizations and what conditions of restrictions, if any, applied to 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 1
Section	on C. Type II Supporting Organizations	
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	學學學學
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1 /
Section	on D. All Type III Supporting Organizations	
		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 Part VI the role the organization's	
	supported organizations played in this regard	المناه المنطقة المنتشاء
C - A:		3 /
	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	instructions)
a	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	(000 instructions
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity Activities Test. Answer (a) and (b) below.	
2		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	2a 🗸
b	·	700000000000000000000000000000000000000
D	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 Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	企业的
	activities but for the organization's involvement	
2		2b
3	Parent of Supported Organizations Answer (a) and (b) below.	所到验例经
а	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 ✓
b	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 Part VI the role played by the organization in this regard	3b ✓

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		,
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	135.5		
factors (explain in detail in Part VI)	L. 33.44. 2	系。 的基本从来自由	
2 Acquisition indebtedness applicable to non-exempt-use assets	2		<u></u>
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		
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	With the Walter Cont.	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	The state of the s	
4 Enter greater of line 2 or line 3.	4	CONTRACTOR OF THE	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		Salar of Control Control	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).			g organization (see

Part	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 e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
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 whice (provide details in Part VI). See instructions	h the organization is res	spońsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(ııi) Dıstributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	の名となる。	Wallson Hally Hally	
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	AND CHARLES WAS THAT		的现在分词
а	From 2013 .	经产品公司 医外边长的	的學生的原因學家學院的	到的需要是"学生的"
b	From 2014		W. San Mark Mark Mark Mark Mark Mark Mark Mark	。 然为这种的数别
С	From 2015	斯德里斯特特的		是是是一个一个
d	From 2016	RATELATER THE	Mark Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Salak Sal	
e	From 2017			THE FAMILY AND THE SALES
<u>, f</u>	Total of lines 3a through e			
<u>_</u> g_	Applied to underdistributions of prior years			通知。公司等等的规则
<u> </u>	Applied to 2018 distributable amount		CONTRACTOR	
1	Carryover from 2013 not applied (see instructions)			ACCOUNTS OF S
	Remainder. Subtract lines 3g, 3h, and 3i from 3f	OF THE LIFE AND A PARTY CO. IT DOLLES IS NOT THE PARTY NAMED IN		
4	Distributions for 2018 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	AND HEELMHANE		THE PART OF THE PA
b	Applied to 2018 distributable amount	拉拉州海绵等第四省	学数据的意思类似的	, .
С	Remainder_Subtract lines 4a and 4b from 4.		THE RULE WAS	河路水水道东流水水 龙南
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		E 医二种	LOS TESENSORS ES
а	Excess from 2014	经济的企业的企业	在工作文学的 的对于一个	CONTROL TRANSMITTERS OF
b	Excess from 2015	27 第一次的对对对	发展的 199 年	
С	Excess from 2016			经的特色的
d	Excess from 2017	运搬沿廊。 如此外	建设数据的基础	
е	Excess from 2018		METS SERVICE STREET	35.0% 35.0% 35.0%

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.)
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

WAM	FAITH HARVEST HELPERS		65-1274516
Par			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	r advisors in writing that the assets h	neld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	ant funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or	for any other purpose
	conferring impermissible private benefit?		· · · 🗌 Yes 🗌 N
ar	Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea	-	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contributi	ion in the form of a conservation
_	easement on the last day of the tax year		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	its.	. 2b
c	Number of conservation easements on a certified		. 2c
ď	Number of conservation easements included in		}
_			· 2d
3	Number of conservation easements modified, tran		
•	tax year ▶		g
4	Number of states where property subject to conse	ervation easement is located ►	
5	Does the organization have a written policy re		spection, handling of
	violations, and enforcement of the conservation ea		· · · · · · · · · · · · · · · Yes · · No
6	Staff and volunteer hours devoted to monitoring, inspe		
,	Stan and volunteer nouns devoted to morntoning, inspec	setting, flatiditing of violations, and emoreti	ng conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng handling of violations, and enforcing	r conservation easements during the year
•	►\$	ng, handing of violations, and emoreing	j conscivation casements during the yea
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	of section 170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	s z(d) above satisfy the requirements of	· Yes N
^	In Part XIII, describe how the organization reports	concentation concentrate in its revenu	- -
9	balance sheet, and include, if applicable, the text		•
	organization's accounting for conservation easem	-	Hariotal statements that describes the
) a r	Organizations Maintaining Collection		r Other Similar Assets
aı	Complete if the organization answered		
4-	If the organization elected, as permitted under Sf	·	
ıa	works of art, historical treasures, or other similar	• • • • • • • • • • • • • • • • • • • •	
	public service, provide, in Part XIII, the text of the	•	· · · · · · · · · · · · · · · · · · ·
_			
b	If the organization elected, as permitted under s	• • • • • • • • • • • • • • • • • • • •	
	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	ducation, or research in furtherance
	public service, provide the following amounts rela	•	
	(i) Revenue included on Form 990, Part VIII, line 1		
_			
2	If the organization received or held works of ar		ar assets for imancial gain, provide ti
	following amounts required to be reported under	SEAS 116 (ASC 958) relating to these	items
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X .		> \$

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μ	а	а	e	_

Part	III Organizations Maintaining	Collec	tions of	Art, His	torical T	reasures	or Ot	her Similar A	ssets (continued)
3	Using the organization's acquisition, collection items (check all that apply)	accessio	on, and ot	her recor	ds, chec	k any of th	e follow	ing that are a	significant use of its
а	☐ Public exhibition			d	☐ Loan	or exchang	ge progr	ams	
b	Scholarly research			e	Other	r	-		
С	☐ Preservation for future generations	S							
4	Provide a description of the organization	tion's co	llections a	and expla	un how t	hey further	the org	anization's exe	empt purpose in Par
	XIII.								
5	During the year, did the organization assets to be sold to raise funds rather	solicit o	or receive be mainta	donation	s of art, part of the	historical tr e organizati	reasures on's co	s, or other sim llection? .	ılar ·
Part						-			
	Complete if the organization 990, Part X, line 21.			" on For	m 990, f	Part IV, line	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee included on Form 990, Part X?						ions or	other assets	not
b	If "Yes," explain the arrangement in P	art XIII a	nd comple	ete the fo	llowing to	able			
									Amount
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year .						1e		
f	Ending balance						1f		
2a	Did the organization include an amount	nt on Fo	rm 990, P	art X, line	21, for e	scrow or co	ustodial	account liabili	ty? 🗌 Yes 🗌 No
	If "Yes," explain the arrangement in P	art XIII (Check her	e if the ex	kplanatio	n has been	provide	ed on Part XIII	<u> </u>
Par	V Endowment Funds.								
	Complete if the organization								
		(a) Cur	rent year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance								
b	Contributions			<u> </u>					
С	Net investment earnings, gains, and						İ		
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t				e (line 1g	j, column (a	i)) held a	as	
а	Board designated or quasi-endowme	nt 🕨		%					
b	Permanent endowment ►	%							
С	Temporarily restricted endowment ▶		%						
	The percentages on lines 2a, 2b, and								
3a	Are there endowment funds not in th	e posse:	ssion of th	ne organi	zation th	at are held	and ad	ministered for	the
	organization by								Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations								3a(ıi)
b	If "Yes" on line 3a(ii), are the related of								. 3b
_ 4	Describe in Part XIII the intended use:		organizatio	on's endo	wment f	unds			
Part				–					
	Complete if the organization	answe	red "Yes	" on For			e 11a.	See Form 990), Part X, line 10.
	Description of property	(;	a) Cost or of (investm			or other basis other)		Accumulated epreciation	(d) Book value
1a	Land					340,300			340,30
b	Buildings					227,000		1,667	225,33
С	Leasehold improvements								
d	Equipment					126,569		45,693	80,87
e	Other					23,000		11,000	12,000
Total.	Add lines 1a through 1e (Column (d) r	nust equ	ıal Form 9	90, Part 2	K, columi	n (B), line 10)c)	•	658,50

Part VII	Investments—Other Securities		000 0 10/1	441.0 5: 1	000 D-+V I 10
	Complete if the organization ans				
	(a) Description of security or catego (including name of security)	r y	(b) Book value '		od of valuation of-year market value
(1) Financial	derivatives	•			<u> </u>
	neld equity interests				
(3) Other					
	•				· · · · · · · · · · · · · · · · · · ·
(B)					·
				•	• • • •
(D)			. '		
(E)					
(F)					
(G)				 	
(H)				THE THEORY OF SHIP THE HOUSE OF THE SAID	Photography 11 con states the orders on
	b) must equal Form 990, Part X, col (B) line 12) ▶				
Part VIII	Investments—Program Relate			11. C	000 Dart V Iraa 10
	Complete if the organization and	swered Yes on Fo			
	(a) Description of investment		(b) Book value		od of valuation of-year market value
(4)					·
(1)				 	
(2)			 		
(3)					
<u>(4)</u> (5)					
(6)	-	<u></u>			
(7)					
(8)			 		
(9)	•	· - .	<u> </u>		
	b) must equal Form 990, Part X, col (B) line 13)			FINALL TOLLS AND A	A Astrony Charles Co.
Part IX	Other Assets.			,	
	Complete if the organization ans	swered "Yes" on Fo	orm 990, Part IV, Iir	ne 11d. See Form	990, Part X, line 15.
		(a) Description			(b) Book value
(1)				• -	
(2)		•		-	
(3)			·		·
(4)					
(5)					
(6)	<u> </u>		<u>. </u>		· · · · · · · · · · · · · · · · · · ·
(7)		<u> </u>			
(8)					
(9)					·
	mn (b) must equal Form 990, Part X, o	col (B) line 15)		<u> </u>	
Part X	Other Liabilities.			44 446 0	, ,,,,
	Complete if the organization and	swered "Yes" on Fo	orm 990, Part IV, III	ne 11e or 11t. See	Form 990, Part X,
	line 25.	100 500 100	Tell of the Samuel Control of the Co	Jacobston Albidiant, 1968 a. mismili	delites. Transporter interior, Hours - Commission
1.	(a) Description of liability	(b) Book value			
(1) Federal II	icome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)				re same	
(8) (9)		-			
<u> </u>	(b) must aqual Form 000. Dod V and 701 has 05 1 h	 			
	(b) must equal Form 990, Part X, col (B) line 25) ▶ r uncertain tax positions. In Part XIII, pro		note to the erecent	n's fungacial states	esses values of the value of
Z. LIAUIIIIY 10	r uncertain tax positions. In Part XIII, pro	vide the text of the 100th	note to the organizatio	ni s imanciai statemet	ns macreports the

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

Part			r Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	7
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5
Part	XII Reconciliation of Expenses per Audited Financial Stater	nents With Expenses p	per Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d]
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b	• •	4c
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18)	5
	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar		
2, Par	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	ınformatıon
	·		
			·····

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
	· ·	
		,
	,	
••		
		•

SCHEDULE M (Form 990)

M Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

'WAM	FAITH HARVEST HELPERS				65-12/45	16
Part	Types of Property				· · · · · · · · · · · · · · · · · · ·	
,		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	1	(d) of determining tribution amounts
1	Art-Works of art					
2	Art-Historical treasures					
3	Art-Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles	✓	TRUCKS AND VANS			
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded .					
10	Securities—Closely held stock .					
11	Securities—Partnership, LLC, or trust interests					
12	Securities-Miscellaneous .					
13	Qualified conservation contribution—Historic structures					
14	Qualified conservation contribution—Other					
15	Real estate-Residential .					
16	Real estate - Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory	✓	255,000 POUNDS			
20	Drugs and medical supplies					
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·		
22	Historical artifacts				ļ	
23	Scientific specimens					
24	Archeological artifacts					
25	Other ► ()					
26	Other ► ()	-				
27	Other ► ()		ļ		<u> </u>	
28	Other ► ()	1 1 11			 	
29	Number of Forms 8283 received which the organization completed				29	
	which the organization completed	11 Onn 020	o, i ait iv, bolice Acknowle	agement	25	Yes No
30a	During the year, did the organiza 28, that it must hold for at least t					
	to be used for exempt purposes					30a ✓
b	If "Yes," describe the arrangement	nt in Part II.				
31	Does the organization have a contributions?					31 🗸
32a	Does the organization hire or us contributions?				ell noncash 	32a ✓
b	If "Yes," describe in Part II.					F1.4 (4) 1.55
33	If the organization didn't report ar describe in Part II.	n amount in	column (c) for a type of pro	operty for which column (a)	ıs checked,	

Part II	Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2018

OMB No 1545-0047

Open to Public Inspection

Employer identification number

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

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

YWAM FAITH HARVEST HELPERS 65-1274516 PART VI, LINE 11 EACH BOARD MEMBER WILL RECEIVE A COPY FOR REVIEW AT NEXT BOARD MEETING. PART VI, LINE15 ALL INDEPENDENT BOARD MEMBERS WILL REVIEW AND VOTE ON THE COMPENSATION (IF THERE IS ANY) AND WILL CONTINUE TO EVALUATE COMPENSATION ON AN ANNUAL BASIS OR MORE FREQUENTLY BASED UPON BUSINESS NEEDS PART VI, LINE 19 ALL PUBLIC INFORMATION IS AVAILABLE UPON REQUEST PART III, LINE 4b: THERE WAS NO FISH PROCESSED THIS YEAR, SO WE HAD NO FISH TO DONATE.