The Mission of Yahweh, Inc.

2019 IRS Form 990

Public Inspection Copy

Form (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047 Open to Public Inspection

and ending A For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address change MISSION OF YAHWEH, INC. Name change 23-7250068 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 7134664785 Final return/ 10247 ALGIERS 2479858. termin-City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended H(a) is this a group return HOUSTON, TX 77041-7423 Applica-tion pending for subordinates? Yes X No F Name and address of principal officer: MICHAEL SINCLAIR H(b) Are all subordinates included? Yes No 10247 ALGIERS, HOUSTON, TX Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No." attach a list. (see instructions) H(c) Group exemption number J Website: ► WWW.MISSIONOFYAHWEH.ORG L Year of formation: 1972 M State of legal domicile: TX K Form of organization: X Corporation Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO ASSIST THE NEEDY AND THE Activities & Governance HOMELESS Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 53 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 1657 6 6 Total number of volunteers (estimate if necessary) 1760. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** 1454110 1829016. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2q) 17. 1901. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 354768. 412037. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2242954. 1808895 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 854581. 1023850. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)
229281. 1272344. 1061169. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1915750 2296194. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -53240. -106855. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** or 2400554. 2321070. 20 Total assets (Part X, line 16) 33632. 46948 21 Total liabilities (Part X, line 26) 2353606. 2287438. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign MICHAEL SINCLAIR, TREASURER Here Type or print name and title Prepartice signature Check X Print/Type preparer's name 2020 self-employed P00175112 Paid HAROLD F. CHRISTMANN Firm's EIN > 76-0066545 Firm's name CHRISTMANN & CO. Preparer Firm's address 770 S. POST OAK LANE, STE 250 Use Only Phone no. (713) 622-0191 HOUSTON, TX 77056-1913 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2019) MISSION OF YAHWEH, INC.	<u>23-7250068</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		

1	Briefly describe the organization's mission:		
	TO ASSIST THE NEEDY AND THE HOMELESS.		
	·		
2	Did the organization undertake any significant program services during the year which were not listed on the	 -	[]
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
•	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3			LELLING
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
	revenue, il any, for each program service reported.		
4a)
	ASSIST THE NEEDY AND HOMELESS BY PROVIDING FOOD, CLOTHIN		
	TRANSPORTATION AND SHELTER - INCLUDING WOMEN AND CHILDR	EN WHO ARE	
	VICTIMS OF DOMESTIC VIOLENCE.		
	VICTIMS OF DOMESTIC VIOLENCE.		
			
		A.I.	
		·····	
4b	(Code:) (Expenses \$ 172779 • including grants of \$) (Revenue	в\$)
	LEARNING FACILITY FOR THE EDUCATION OF WOMEN AND CHILDRE	N.	
	HEARING TACHETTE TON THE EDUCATION OF WORLD	171.1.1.1	
			
		· · · · · · · · · · · · · · · · · · ·	
4 -	(Code:) (Expenses \$	• ¢	,
4c	(Code:) (Expenses \$) (revenue	1 P	

		APATTIT	
4d	Other program services (Describe on Schedule O.)		
	\ \frac{1}{2}	ì	
<u>4e</u>	Total program service expenses ► 1910172.		

Form **990** (2019)

MISSION OF YAHWEH, Form 990 (2019) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI 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 Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 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 X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Form 990 (2019) MISSION OF YAHWEH,
Part IV Checklist of Required Schedules (continued)

			1	Γ
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		ļ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	ļ
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ļ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a	ļ	X
	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	04-		
	any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
Ð	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Octobrillo I Donald	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			İ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	X	L
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X	Ĺ
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	_X_	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		х
	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		х
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 33		
34	Part V, line 1	34		X
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
سبيب	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				·
	Check if Schedule O contains a response or note to any line in this Part V			ليا
	1 1 24		Yes	No
1a	·			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4	x	İ
	(gambling) winnings to prize winners?	1c		

019) MISSION OF YAHWEH, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Entor the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the celelandar year enfoling with or within the year covered by this return. 29 53 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Notes If the sum of lines 1a and 2a is greater than 250, you may be required to 4e-file gene instructions). 30 Did the organization have unrelated business gross income of \$1,000 or more during the year? 31 Did the organization have unrelated business gross income of \$1,000 or more during the year? 32 A tary time during the celebratery eri, did the organization have an interest in, or a significant or Schedule 0. 38 Did Yes, "has it field a form \$90-T for this year? If "No" to line 3b, provide an explanation on Schedule 0. 39 Did Yes, "has the state of the organization for feorigin celebrater than 2010 or the financial account?" 40 Leave the name of the feorigin country. 51 Fir Yes, "entire the name of the feorigin country. 52 See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). 53 Did any taxable party notify the organization that line and any time during the tax year? 54 Did any taxable party notify the organization that line and the remainded organization for the propriets of the state of the any time during the tax year? 54 Did any taxable party notify the organization that line and the time of the propriets of the propriets of the propriets of the organization receive and tax deductible as charitable contributions or greater than \$100,000, and did the organization collect any contributions under section 170(c). 55 Did the organization receive deductible contributions under section 170(c). 56 Did the organization receive and contribution or greater than \$100,000, and did the organization endowed propriets and this explanation and part yet organization received and contribution or greater than \$100,000, and did the organization received				Yes	No
b If at least one is reported on line 2a, did the organization tile all required feetral employment tax returns? As a Did the organization have unretaded business gross income of \$1,000 or more during the year? 3a Did the organization have unretaded business gross income of \$1,000 or more during the year? 3b If "Yes, 'has it filed a Form 960-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendary ear, did the organization have an interest it, 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 Har yet me the name of the foreign country. 5b Enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization on Schedule O 5c If "Yes' to line 6a or 6b, did the organization file Form 868-17? 5c If "Yes' to line 6a or 6b, did the organization file Form 868-17? 5c If "Yes' to line 6a or 6b, did the organization file Form 868-17? 5d Does the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions? 6d Does the organization solicity with every solicitation an exposes statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 If If "Yes," did the organization organization solicity the donor of the value of the goods or services provided? 9 If If Yes, a did the organization solicity the donor of the value of the goods or services provided? 9 If If Yes, a did the organization solicity the donor of the value of the goods or services provided? 9 If the organization sell,	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3. Did the organization than the sum of the foliation of \$1,000 or more during the year? 3. Did the organization and the sum of the foliation have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; escurites account, or other financial account)? 4. Description of the name of the foreign country is a bank account; escurites account, or other financial accounts? 4. Description of the name of the foreign country is a bank account; escurites account, or other financial accounts? 4. Description of the properties of the foliation of the foreign of the sum of the foreign bank and financial Accounts (FBAR). 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of tax deductibles of the sum		filed for the calendar year ending with or within the year covered by this return 2a 53		-	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b Di If Yes, * has it field a Form 9050 for this year If * Not * toin 8b, yourde an explanation on Schedulo 0 3b Di If Yes, * intending 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 intendia account) or the financial account of the property of the securities account, and the securities account, or other intendial accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c But Yes, * intendial promotive that the organization that it was or is a party to a prohibited tax shelter transaction? 5c But Yes's * intendial promotive that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c But Yes, * indicate that ever not tax deductible as charitable contributions? 6d But Yes, * indicate the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d But Yes, * indicate the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6d But Yes, * indicate the number of rems 888677. 6d But Yes, * indicate the number of rems 888678. 6d But Yes, * indicate the number of Forms 8282 filed during the year 6d If Yes, * indicate the number of Forms 8282 filed during the year 6d If Yes, * indicate the number of Forms 8282 filed during the year 6d If Yes, * indicate the number of Forms 8282 filed during the year 7d If the organization, during the year, pay premitume, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization during the year, pay premitume, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organizatio	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4. At any time during the calendar year, did the organization have an intrest it, or a signature or other authority over, a financial account in a foreign country 4.		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			ĺ
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 accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry (such as a bank account in a financial Accounts (FBAF). See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization path to prohibited the shelter transaction? 5b If "Yes", the same a such as	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5	b			· ·	
58 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 59 bill dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 cm 1"Yes" to line 5a or 5b, did the organization file Form 8886-1? 59 capacity of the sea of 5b, did the organization file Form 8886-1? 50 capacity of 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? 50 organizations that may receive deductible contributions under section 170(c). 51 organizations that may receive deductible contributions under section 170(c). 52 organizations that may receive deductible contributions under section 170(c). 53 organizations that may receive deductible contributions under section 170(c). 54 organizations that may receive deductible contributions under section 170(c). 55 organizations that may receive deductible contributions under section 170(c). 56 organization sective apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 56 organization sective apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 57 organization declaration of the value of the goods or services provided? 58 organization declaration, during the years 59 organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 71 organization received a contribution of qualified intellectual property, did the organization file a Form 1099-C7 organization received a contribution of qualified intellectual property, did the organization file a Form 1099-C7 organization organization make any stude distributions under section 49667 organization file a Form 1099-C7 organization file and p					
b bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6	5a		5a		Х
c If "Yes" to line 5 an of 5b, did the organization file Form 8886-T?. 5c 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? 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," did the organization notify the donor of the value of the goods or services provided 0 the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms 8282 filed during the year of the goods or services provided? 8 If "Yes," indicate the number of Forms 8282 filed during the year pay premiums on a personal benefit contract? 7 If Icid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Icid the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, arpianes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization malnationing donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 Section 501(C)(T) organizations. Enter: 8 Initiation fees and capital contributions included on Part VIII, line 12 8 Section 501(C)(T) organizations. Enter: 8 Cross income from members or shareholders 9 Section 501(C)(T) organizations. Enter: 9 If Yes, ** see the instructions to additional information the organization filing Form 990 in lieu of Form 1041? 12a Section 501(C)(T) organizations. Enter: 13b If Yes, ** the organization in scened to issue qualified health plans in more than one state? 14b If Yes, ** the organization receive			5b		X
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D				į
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.	10-		12a		Į
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O.					
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c Enter the amount of reserves on hand	Ю		-		ĺ
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 17 18 19 19 19 19 10 11 11 11 11 12 13 14 15 15 16 16 16 17 18 18 19 19 10 10 10 10 10 10 10 10	C 4.4-	Did the examination receive any nayments for indeer tenning services during the tay year?	142		x
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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.	14a	Life the organization receive any payments for induor taining services during the tax years.			
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					
If "Yes," complete Form 4720, Schedule O.	40		16		X
Form 990	16				
		II Tes, complete Form 4720, Schedule O.	Form	990	(2019)

Form 990 (2019) MISSION OF YAHWEH, INC. 23-7250068 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 3a, 8b, or 10b below, describe the discumstances, processes or changes on Schedule O. See instructions

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16	٠		1
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	}		
	of officers, directors, trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
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	····	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u> X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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	L	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MARK BROCKMAN - 713-466-4785			
	10247 ALGIERS HOUSTON, TX 77041-7423			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

 See instructions for the order in which to list the persons above.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	i than	one	Reportable	Reportable	Estimated
	hours per	box,	unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any		0. 0		T			from the	from related organizations	other compensation
	hours for	Individual trustee or director				T.		organization	(W-2/1099-MISC)	from the
	related	ee or	ıstee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	trus	nal tri		oyee	omp.				and related
	below	vidua	Institutional trustee	je .	Key employee	Highest compensated employee	Former			organizations
	line)	르	lust	Officer	<u>ş</u>	물통	횬			
(1) JOYCE PANKONIEN	3.00	х		x				0.	0.	_
TREASURER	1.00	Λ		Λ		-		0.	V •	0.
(2) TODD KING	1.00	x						0.	0.	0.
DIRECTOR	3.00	^				 	-	U •	<u> </u>	<u>U•</u>
(3) DEBRA WITHERSPOON	3.00	x		х				0.	0.	0.
DIRECTOR	7.00	Δ		^	 	-		<u>0.</u>	V.	<u>U•</u>
(4) GREG SMITH	7.00	x		x				0.	0.	0.
CHAIRMAN OF THE BOARD	1.00	Λ		Δ			-	<u></u>	.	
(5) SAMANTHA KENNEDY	1.00	х		X				0.	0.	0.
VICE CHAIRMAN	3.00	22		47		-				
(6) MICHAEL SINCLAIR	3.00	x		Х				0.	0.	0.
PARLIAMENTARIAN (7) JANELLE REID	3.00				l					
SECRETARY		x		х				0.	0.	0.
(8) GRADI HAMMAN	3.00									
DIRECTOR		\mathbf{x}						0.	0.	0.
(9) DAVE SCHRANDT	2.00									
DIRECTOR		X						0.	0.	0.
(10) MANJULA SHAW	2.00									
DIRECTOR		X						0.	0.	0.
(11) KARI WORK	3.00									
DIRECTOR		X						0.	0.	0.
(12) TERRI ALEXANDER	2.00									
DIRECTOR		X						0.	0.	0.
(13) ELLEN CODY	1.00	,						_		_
DIRECTOR		Х						0.	0.	0.
(14) MIKE CRIGLER	3.00							•		•
DIRECTOR	4 00	X						0.	0.	0.
(15) MATT LARA	1.00	x						0.	0.	0.
/15\ IAMDIGIA MILIPANUG	2.00	43	\dashv					<u> </u>		<u></u>
(16) LATRICIA WILBANKS	2.00	x						0.	0.	0.
(17) RICHARD HILL JR.	40.00				37			91115.	0.	
EXECUTIVE DIRECTOR	L	لــــا			X	L	لـــا	31112.	<u> </u>	129.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	T		
(A)	(B))			(D)	(E)	_	(F)	
Name and title	Average		not c	Pos heck	more	than		Reportable	Reportable		stimate nount	
	hours per week			ss pe Id a d				compensation	compensation from related	ا	other	O1
	(list any	Ē		<u> </u>		T	Ė	the	organizations	con	pensa	tion
	hours for	ä				뮵	1	organization	(W-2/1099-MISC)	f	rom th	е
	related	tee oi	ustee			ensat	1	(W-2/1099-MISC)		,	janizat	
	organizations	al trus	aal tr		loyee	100 a	ļ	•			d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizati	ons
	1.00	<u> </u>	=	8	<u>\$</u>	분등	1 62			 		
(18) DIANE NEAL	1.00		1				x	0.	0.			0.
DIRECTOR (19) HIETT IVES	1.00		 		 		- <u>-</u> -					
DIRECTOR							X	0.	0.			0.
(20) DOUG MENA	1.00											
DIRECTOR		<u> </u>					X	0.	0.	 		0.
(21) HEIDI SWARTZ	1.00						l		0			0
DIRECTOR	1 00			 		├	X	0.	0.	-		0.
(22) SUSAN CASIAS	1.00		l				x	0.	0.			0.
DIRECTOR		-	-			\vdash	^	0.				
				Г	Г	1						
				<u>L</u>		<u> </u>				ļ		
				-								
		ļ	ļ	_	ļ	╄-	 			 		
		-										
4. 0.44.44		i	<u> </u>	Ь	L	٠		91115.	0.	,	1	29.
1b Subtotal								0.	0	~		0.
d Total (add lines 1b and 1c)								91115.	0.		1	29.
Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable			
compensation from the organization												0
											Yes	No
3 Did the organization list any former officer											7.5	
line 1a? If "Yes," complete Schedule J for s	such individual	•••				••••				3	X	
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atio	n an	d ot	her compensation from	the organization	4		Х
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	0,0007	." CC	ion	ete i from	on.	eaui	e J I relat	ted organization or indiv	idual for services	7	1	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i>	acciue compe oplete Schedul	nsa:	ion for s	uch	nen	y un son	Cla	ed organization or mark		5		х
Section B. Independent Contractors	ipicto dell'edal	<u> </u>	0, 0	<u>u 0</u>	, , , , , , , , , , , , , , , , , , , 		.,,,,,					
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors t	that received more than	\$100,000 of compen	sation	from	
the organization. Report compensation for	the calendar y	ear	end	ing v	vith	or v	vithir	n the organization's tax	year.			
(A)		3.7	~~~	_				(B) Description of s	services		C) ensatic	ภ
Name and business	audiess	N	ON:	<u> </u>				Boomp don't				
							-					
		<u>,</u>										
2 Total number of independent contractors	including but r	not l	imite	ed to	tho	ose l	isted	d above) who received r	nore than			
\$100,000 of compensation from the organ	ization 🕨					0					000	
<u> </u>										Form	990	(2019)

	· · ·		Check if Schedule O contains a response or note to any li	ne in this Part VIII			<u>(D)</u>
				(A) Total revenue	Related or exempt	(6)	(D) Revenue excluded from tax under sections 512 - 514
2 2	1 8		Federated campaigns 1a				
	ł		Membership dues 1b				
5 E	·		Fundraising events 1c				
Z A	Ì		Related organizations 1d				1.0
2.E	`		Government grants (contributions)				
52	,		All other contributions, gifts, grants, and				
탈	•		similar amounts not included above 1f 1829016.				
풀히			Noncash contributions included in lines 1a-1f 1g \$ 453029.		145.14		
Contributions, Gifts, Grants and Other Similar Amounts	•	•	Total. Add lines 1a-1f	1829016.			
-		•	Business Code				
a	2 8	2					
Š		b					
8 2		c					
<u> </u>		d					
Program Service Revenue		P.					
품	1	f	All other program service revenue				
İ			Total, Add lines 2a-2f				
	3		Investment income (including dividends, interest, and				
			other similar amounts)	1760.	1760.		
1	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
			(i) Real (ii) Personal				
	6	а	Gross rents 6a				
		b	Less: rental expenses 6b			•	
		С	Rental income or (loss) 6c			<u> </u>	
- 1		d	Net rental income or (loss)				
	7	а	Gross amount from sales of (i) Securities (ii) Other	_			
			assets other than inventory 7a 14140.	↓ `			
		b	Less: cost or other basis				
9			and sales expenses				
Revenue		С	Gain or (loss) 7c 141.	4 4 4	1 11	-	
- R		d	Net gain or (loss)	141.	141.)	
her	8	а	Gross income from fundraising events (not				
g H			including \$ of		·		
			contributions reported on line 1c). See				
			Part IV, line 18 8a 559605			<u> </u> .	
			Less: direct expenses 8b 222905				336700.
			Net income or (loss) from fundraising events	336700	•		330,000
	9	а	Gross income from gaming activities. See				
			Part IV, line 19 9a	-			
			Less: direct expenses 9b				
1			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances10a	†			·
			Less; cost of goods sold				
		С	Net income or (loss) from sales of inventory Business Code				
Su	ا	_	SALE OF DONATED GOODS 453310	75337			75337.
neo	''		<u> </u>				
yen		b					
Miscellaneous Revenue		Q C	All other revenue				<u> </u>
Σ			Total. Add lines 11a-11d	75337			1.222=
	12		Total revenue. See instructions	2242954	1901	. 0,	
	, 4						Form 990 (2019

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and **(D)** Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b. 8b. 9b. and 10b of Part VIII. general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 10387. 13209. 67648. 91244. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 106170 135006. 691430. 932606. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 Management Legal Accounting Lobbying _____ Professional fundraising services. See Part IV. line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 21455. 22350. 43805 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 10351 56757. 68141. 135249 Office expenses 13 Information technology 14 15 Royalties 537. 89812. 536 90885 Occupancy 16 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 180098 180098 Depreciation, depletion, and amortization 22 1176. 7657. 69230. 78063 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 443028 443028. GIFT AID TO RESIDENTS 190107 190107. FOOD & SUPPLIES 180. 129 77458. 77767. REPAIRS & MAINTENANCE 22973 5. 23095 d AUTO EXPENSE 10247. 10247. All other expenses 156741. 229281. 1910172. 2296194. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 513250. 631937. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments _____ 2 3 Pledges and grants receivable, net 3 1617. 3467. 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 27575. 43974. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 3694642 basis. Complete Part VI of Schedule D 10a 1659266. 2035376. 1839363. 10c b Less: accumulated depreciation ______ 10b 11 Investments - publicly traded securities ______ 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 500. 675. 15 Other assets. See Part IV, line 11 15 2321070. 2400554 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 33632. 38948. 17 Accounts payable and accrued expenses ______ 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% 8000. 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 33632. 46948 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here > X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2199450 2190762. 27 27 Net assets without donor restrictions 154156. 96676. 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2353606 2287438. 32 Total net assets or fund balances 32 2321070. 2400554 33 Total liabilities and net assets/fund balances Form **990** (2019)

orm	990 (2019) MISSION OF YAHWEH, INC.	23-725	0068	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1			<u>54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			94.
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	<u> 536</u>	06.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u> 129</u>	<u> 28.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	ĺ			
	column (B))	10	22	<u> 374</u>	<u>38.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				x
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				-
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		1	
	the second of th		1 04		

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization 23-7250068 MISSION OF YAHWEH. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990 EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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) 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 functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). ((v) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

(Form 990 or 990 EZ) 2019 MISSION OF YAHWEH, INC. 23-7250068 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2666559.	1842876.	2193146.	2073718.	<u>2520232.</u>	11296531.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		, , , , , , , , , , , , , , , , , , , ,				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2666559.	1842876.	2193146.	2073718.	<u>2520232.</u>	11296531.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.		the later to the second				<u>11296531.</u>
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2666559.	1842876.	2193146.	2073718.	2520232.	11296531.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	560.	1185.	433.	173.	1760.	4111.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	105569.	79226.	85289.	72586.	<u>75337.</u>	418007.
11	Total support. Add lines 7 through 10					· · · · · · · · · · · · · · · · · · ·	<u>11718649.</u>
12						12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
_	organization, check this box and stop						P LJ
	ction C. Computation of Publ						06.40
	Public support percentage for 2019 (I					14	96.40 %
	Public support percentage from 2018					15	96.46 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qualifies as a publicly supported organization						
17a							
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n ala not check a	DOX OF THE 13, 16	a, 100, 1/a, 0/ 1/0		dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2019 MISSION OF YAHWEH, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qu	ialify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and]		
membership fees received. (Do not						
include any "unusual grants.")			:			
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities 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 bus-						
iness under section 513					ļ	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf	.					
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						-
from other than disqualified persons that			1			
exceed the greater of \$5,000 or 1% of the		•		İ		
amount on line 13 for the year					<u> </u>	
c Add lines 7a and 7b		<u> </u>				· · · · · · · · · · · · · · · · · · ·
8 Public support, (Subtract line 7c from line 6.) Section B. Total Support		L		1	<u> </u>	
	4.20045	//w 0016	(-) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(u) 2010	(6) 2013	(I) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on	!					
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is	,					
regularly carried on					1	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support, (Add lines 9, 10c, 11, and 12.)				<u> </u>	<u> </u>	
14 First five years. If the Form 990 is fo	r the organization's	s first, second, th	ird, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here	***********					
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2019 ((line 8, column (f), c	divided by line 13,				%
16 Public support percentage from 2018	8 Schedule A, Part	III, line 15	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16	%
Section D. Computation of Inve						
17 Investment income percentage for 20				.,	17	<u>%</u>
18 Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2019. If the	organization did r	ot check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a	and stop here. The	organization qua	lifies as a publicly s	supported organiz	ation	▶□
b 33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	eck this box and st	op here. The ora	anization qualifies a	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check t	his box and see in	structions	>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- c 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.
- 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.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
		7
3b		
3c		-
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
		,
10a		
10b		
m 990 or 99	0-EZ	2019

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

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Sche	edule A (Form 990 or 990-EZ) 2019 MISSION OF YAHWEH, INC.			23-7250068 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion 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			
Ū	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	<u>1a</u>		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI) :			
2		2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_		
4	Enter greater of line 2 or line 3.	4_		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		and the second	

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

emergency temporary reduction (see instructions).

and 4c.

8 Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

ماديات ماديات	(Form 990 or 990-EZ) 2019 MISSION OF Y	AHWEH TNC.	23-7250068 Page 8
Part VI	Supplemental Information. Provide the exp. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a	lanations required by Part II, line 10; Part II, line 17a or a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 tion E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, nes 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, Section B. line 1e: Part V.
		And the second s	
	•		
		· · · · · · · · · · · · · · · · · · ·	
			A CONTRACTOR OF THE CONTRACTOR
	•		
			- the state of the
		•	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Employer identification number

23-7250068 MISSION OF YAHWEH, INC Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

MISSION OF YAHWEH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$26500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>25492.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 79820.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 200000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>20000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$60000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

MISSION OF YAHWEH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$30000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$29000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>25000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>25000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

MISSION OF YAHWEH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$63 4 06.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$20000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

MISSION OF YAHWEH, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	1	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)- Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

MISSION OF YAHWEH, INC.

art II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
18	TWO EXCLUSIVE RESORT TRIPS AUCTIONED OFF AT WOMEN OF SUBSTANCE LUNCHEON	\$ 20000.	11/22/19
		\$ 20000.	11/22/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
19	TOYS FOR THE CHILDREN, COMPUTER TABLETS, AND VARIOUS GIFTS FOR THE WOMEN RESIDENTS	00000	10/02/10
		\$\$	12/23/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

ISSIC	ON OF YAHWEH, INC.		23-7250068				
art III	from any one contributor. Complete columns (a)) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (Enter this info. once.) \$				
	Use duplicate copies of Part III if additional	space is needed.					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
) No.							
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	3						
-	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
'art I							
		(e) Transfer of git	ft				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

MISSION OF YAHWEH, INC.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 23-7250068

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised fands	(b) i dilad and dilai addedila
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 advisors in v		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
-	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
•	>	_	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
•	> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
ia	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finar		
L	If the organization elected, as permitted under FASB ASC 95		
D	art, historical treasures, or other similar assets held for public		
		CARBITOTI, GUGGEOTI, OF 1656afort III furt	
	provide the following amounts relating to these items:		> \$
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea		ai gairi, provide
	the following amounts required to be reported under FASB A		*
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		Þ Þ

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

Sche	dule D (Form 990) 2019 MISSION								50068		_{је} 2
Pai	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	ar Asse	ts(continu	ıed)	
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following that	at make si	gnificant	use of its			
	collection items (check all that apply):										
а	Public exhibition	(d 🗔	Loan or exc	hange progra	am					
b	Scholarly research	•	• 🔲	Other		· · · · · · · · · · · · · · · · · · ·					
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how t	hey further ti	he organizati	on's exen	npt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar	assets		_		
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	igements. Compl	ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	ırt X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	s or other as	sets not i	ncluded		_		
	on Form 990, Part X?							[Yes	X	No
b	If "Yes," explain the arrangement in Part XIII							~ ~~~~~			
									Amount		
C	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 on F						ty?	\Box	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	on has been	provided on	Part XIII					
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo	rm 990, Part	IV, line 1	0.		~~~~~~		
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	ears b	<u>ack</u>
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse		ation tha	at are held a	nd administe	red for th	e organiz	ation			
	by:	-							\	es i	No
	(i) Unrelated organizations								3a(i)		
	(ji) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a. S	ee Form 990), Part X, I	ine 10.				
	Description of property	(a) Cost or o		(b) Cost			cumulate	d	(d) Book	value	
	, , , , , , , , , , , , , , , , , , , ,	basis (investr	nent)	basis ((other)	dep	reciation				
1a	Land			2	49506.				24	950	6.
b	Buildings	1			39937.	1	78540)3.	135	453	4.
	Leasehold improvements	I									
d	Equipment			3	05199.		24997	73.	5	522	6.
	Other	i ·									
	. Add lines 1a through 1e. (Column (d) must e		X, colur	nn (B), line 1	0c.)				165	926	6.

Schedule D (Form 990) 2019

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Bart IV line	110 Soo Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) Book Value	(O) Mounda of Valadations over or one	or your manner range
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		:	
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(-)	•		
(6)			
(6) (7)			
(7) (8) (9)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
(7) (8) (9)	15.)		
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Column (B) III)			(b) Book value
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the image of			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) (3)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) (3) (4)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) (1) Federal income taxes (2) (3) (4) (5)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) (1) Federal income taxes (2) (3) (4) (5) (6)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the income taxes (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value

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932054 10-02-19

23-7250068 Page 4

Schedule D (Form 990) 2019

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 23-7250068 MISSION OF YAHWEH, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants Solicitation of government grants X Internet and email solicitations g X Special fundraising events X Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No WARNER ROBERTS - 3424 RICE X 462760 81500 381260. BLVD, HOUSTON, TX 77005 FALL LUNCHEON 81500. 462760. 381260. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ТX

	Schedule G (Form 990 or 990-EZ)	2019	MISSION	OF	YAHWEH.	. INC.
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Pε	rt	Fundraising Events. Complete if the of fundraising event contributions and great contributions.				
			(a) Event #1 FALL LUNCHEON	(b) Event #2 MIRACLES BREAKFAST	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	(event type) 462760.	(event type) 96845.	(total number)	559605.
	2	Less: Contributions	4.607.60	0.50.45		550605
	4	Gross income (line 1 minus line 2) Cash prizes	462760.	96845.		559605.
ses	5	Noncash prizes				
Expen	6.	Rent/facility costs	2224.	1000.	· · · · · · · · · · · · · · · · · · ·	3224.
Direct Expenses	7	Food and beverages	32356.	5246.		37602.
	8		14268. 126324.			30469. 151610.
	9 10	Other direct expenses		25200.	>	222905.
De	11			OOO Dort IV line 10 or		336700.
Pa	rt	\$15,000 on Form 990-EZ, line 6a.	answered fes on Forn	1990, Part IV, line 19, Or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	**************************************			
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)	······································	>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu he organization licensed to conduct gaming ac No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

Sch	nedule G (Form 990 or 990-EZ) 2019 MISSION OF YAHWEH, INC. 23-	<u>-7250</u>	<u> </u>	Page 3
11		🗀	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	□ No
13				
	a The organization's facility	. 13a		%
	o An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🖵	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
С	o If "Yes," enter name and address of the third party:			
	Name >			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🗀	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
		 	····	

Schedule (G (Form 990 or 990-EZ)	MISSION OF	YAHWEH,	INC.	23-7250068	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
	·					
	•					
	A					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

2019

Open to Public Inspection

Name of the organization

MISSION OF YAHWEH, INC.

Employer identification number 23-7250068

Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? X b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Х b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments X not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(b)(a)	in column (B) reported as deferred on prior Form 990
(1) RICHARD HILL JR.	ε	91115.	0.	0.	0.	129.	91244.	0
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Schedule J (Form 990) 2019

Page 3

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization **Employer identification number** MISSION OF YAHWEH, INC. 23-7250068 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or committee? from the agreement? interested person with organization principal amount default? of loan organization? To From Yes No Yes No Yes No RPS/OWL, LIMITEA FORMERPURCHASE 45000 0 X X X Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between interested person and assistance assistance assistance the organization

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

SEE PART V FOR CONTINUATIONS

Complete if the organization answered " (a) Name of interested person	(b) Relationship	between interested the organization	(d) Description of transaction	òrganiz	aring of zation's nues?	
					Yes	No
RPS/OWL, LIMITED PARTNERSH	A FORMER	DIRECTOR	0 8000	REPAYENT OF		X
						ļ
						ļ
	······································				<u> </u>	
Part V Supplemental Information.						
Provide additional information for respon	nses to question	s on Schedule L (se	e instructions).	· · · · · · · · · · · · · · · · · · ·		
SCHEDULE L, PART II, LOANS	TO AND E	FROM INTER	ESTED PERSON	NS:		
(A) NAME OF PERSON: RPS/OWI	. T.TMTTI	TO DADUNTED!	QHTD			
(A) NAME OF FERSON: RESTON	<u>, 111M111</u>	ED FARINER,	SILLE			
(B) RELATIONSHIP WITH ORGAN	NIZATION:	A FORMER	DIRECTOR OF	THE ORGANI	ZATI	ON
IS A PARTNER IN THE LTD PAR	RTNERSHIE	,				
(C) PURPOSE OF LOAN: PURCHA	ASE OF LA	AND		·		
SCH L, PART IV, BUSINESS TF	RANSACTTO	NS INVOLV	ING TNTEREST	ED PERSONS:		
(A) NAME OF PERSON: RPS/OWL	, LIMITE	ED PARTNERS	SHIP			
(B) RELATIONSHIP BETWEEN IN	TERESTEL	PERSON AL	ND ORGANIZAT	ION:		
A HODWED DIDECTOR OF MILE OF		ON TO 3 D	ADDINIED THE ME	IEI IMD DADMAT	പ്രവ	Th
A FORMER DIRECTOR OF THE OF	(GANT VATT	ON IS A PA	ARTNER IN TE	LE LID PARIN	eksn.	<u> 1 </u>
(C) AMOUNT OF TRANSACTION \$	8000.					
(D) DESCRIPTION OF TRANSACT	ION: REF	AYENT OF I	LOAN USED TO	PURCHASE L	AND	
(E) SHARING OF ORGANIZATION	REVENUE	S? = NO				
,					1	
		 			· · ·	
A CONTRACTOR OF THE CONTRACTOR	· · · · · · · · · · · · · · · · · · ·		APVIDA A MINOR PARTE PAR			
			A CONTRACTOR OF THE CONTRACTOR			

SCHEDULE M (Form 990)

Noncash Contributions

| 2019

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

MISSION OF YAHWEH, INC. Employer identification number 23-7250068

Pal	τι ιypes of Property		·	· · · · · · · · · · · · · · · · · · ·		,				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrit amounts report Form 990, Part VIII	ed on	1	(d) ethod of dete sh contribution	_		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests	****								
4	Books and publications		Maria Harris							
5	Clothing and household goods									***************************************
6	Cars and other vehicles				· · · · · · · · · · · · · · · · · · ·					
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	1		***************************************						
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			·						
20	Drugs and medical supplies									
21	Taxidermy	*								
22	Historical artifacts									
23	Scientific specimens									
23 24	Archeological artifacts									
	Other (MATERIALS)	X	1100	453	1029	CALES	PRICE	PROF	ER	ጥ۷
25 00			1100		0023.	DALLO	<u> </u>	1101	<u> </u>	
26 27										
	Other () Other ()									
28 29	Number of Forms 8283 received by the organiz	ration during	the tay year for c	ontributions			<u> </u>			
29	for which the organization completed Form 828			i	29					
	iof which the organization completed form ozo)0, 1 ait iv, 1	Jones Acknowicas	Jointon	20			Ye	0 1	No
20-	During the year, did the organization receive by	, contributio	n any property rer	orted in Part I lines	a 1 throug	nh 28 that ii	. Г		-	
ova	must hold for at least three years from the date						,			
								0a		x
	exempt purposes for the entire holding period?		***************************************					va	+	<u> </u>
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	oliou that re	·	of any popetandard	contribu	tione?		31 2	.	
31							·····-	31 X	-	
32a								20		X
	contributions?		••••••	•••••		·····	<u> </u> 3	2a		<u> </u>
	If "Yes," describe in Part II.	aluma /a\ fa	r a tuna of avoncet	for which column	(a) is sha	okad				
33	If the organization didn't report an amount in co	Julini (C) fO	a type of property	TO WHICH COLUMN	(a) is CITE	undu,				
	describe in Part II.							<u>l</u>		

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

Schedule M (Form 990) 2019

Part II	(Form 990) 2019 MISSION OF YAHWEH, INC. 23-7250008 Page 2
Part II	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)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization 23-7250068 MISSION OF YAHWEH, INC. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PRESENTED IN PAPER FORMAT TO THE BOARD OF DIRECTORS AND IT IS REVIEWED. FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE IS REVIEWED REGULARLY BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION WAS DETERMINED BY MARKET VALUE, COMPARED TO SIMILAR ORGANIZATIONS. FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILABLE FOR REVIEW UPON REQUEST AT THE ORGANIZATION'S MAIN OFFICE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: -12928. CASH BASIS ADJUSTMENT FORM 990, PART XII, LINE 2C: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

MISSION OF YAHWEH, INC. 10247 Algiers Houston, Texas 77041-7423

Employer Identification Number: 23-7250068

Mission of Yahweh, Inc., is making the De Minimis Safe Harbor Election under Reg. Sec. 1.263(a)-1(f) for the year end December 31, 2019.

Form **8868**

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

Contra	cts, for which an extension request must be sent to the IR	S in nape	format (see instructions). For more	details on	the electronic	
	f this form, visit www.irs.gov/e-file-providers/e-file-for-chari					
	matic 6-Month Extension of Time. Only subm					
	porations required to file an income tax return other than F			s, REMIC	s, and trusts	
nust u	se Form 7004 to request an extension of time to file incom	e tax retu	rns.			
Гуре о	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	identification	number (TIN)
rint Orint	reality of exempt organization of other more openion.			, ,		
	MISSION OF YAHWEH, INC.				23-725	0068
ile by th lue date	Alumbar atreat and room ar quite no. If a D.O. box e	ee instruc	tions.			
iling you eturn, Se	10247 ALGIERS			<u></u>		
	structions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
HOUSTON, TX 77041-7423 Enter the Return Code for the return that this application is for (file a separate application for each return)						
	<u>, , , , , , , , , , , , , , , , , , , </u>					
Applic	ation		Application Is For			Return Code
5 - 01 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -						07
Form 990-BL 02 Form 1041-A					·	08
	1720 (individual)	03	Form 4720 (other than individual)		······································	09
		04	Form 5227			10
						11
	990-T (trust other than above)	06	Form 8870			12
	MARK BROCKMAN					
The	books are in the care of > 10247 ALGIERS	HOU	STON, TX - 77041-	7423		
Tele	ephone No. ► <u>713-466-4785</u>		Fax No. 🕨			
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box			▶
	is is for a Group Return, enter the organization's four digit		emption Number (GEN) II	this is fo	r the whole gro	up, check this
oox 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all memb	ers trie exteris	on is ior.
		MOVE	MBER 16, 2020 , to file	the even	nt organizatio	n return for
	request an automatic 6-month extension of time until			LITO CACIT	ipt organization	Trotalit ioi
	The organization named above. The extension is for the organization framed above. The extension is for the organization framed above. The extension is for the organization framed above.	anzauon	, rotali ioi.			
		, an	d ending			
		·				
2	f the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return F	inal retur	n	
_	Change in accounting period					
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less			•
	any nonrefundable credits. See instructions.			3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			- N		0.
<u> </u>	estimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	<u> </u>
	Balance due. Subtract line 3b from line 3a. Include your pa			3c	\$	0.
	using EFTPS (Electronic Federal Tax Payment System). See on: If you are going to make an electronic funds withdrawal	(direct de	hit) with this Form 8868, see Form 8		nd Form 8879-	
Cautic		(anout de				

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)