2949320506217

274992030021/ Income Tax OMB No 1545-0047

2019

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

(Rev January 2020)

Department of the Treasury Internal Revenue Service

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 Q \ 2 ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

<b>\</b>	For the	2019 calend	dar year, or tax year beginning		, 2019, and end	ding			, 20				
3	Check if a	pplicable	C Name of organization Youth Wil	th A Mission El Paso & Ju	ıarez			D Employer identification nu					
	Address of	change	Doing business as						74-2238973				
ī	Name cha	ange	Number and street (or P O box if	mail is not delivered to street a	address)	Room/sui	te	E Telepi	hone number				
$\bar{\exists}$	Initial retu	-	4444 Edgar Park Avenue			}		(915) 757-3387					
5		n/terminated	City or town, state or province, co	ountry, and ZIP or foreign posta	al code								
ī	Amended		El Paso, TX 79904	,			ŀ	<b>G</b> Gross	receipts \$				
╡		n pending	F Name and address of principal off	icer T		Hía			or subordinates?	s V No			
_	, .ppouo	,,, po.,e.,,g	Ty Thurman, 4444 Edgar Park		14				tes included? Ve				
_	Tax-exem	not status	▼ 501(c)(3)		7(a)(1) or 527				st (see instructions)				
1			vamepj.org	, , , , , , , , , , , , , , , , , , ,					number ▶	•			
<u>'                                    </u>			Corporation Trust Associa	tion ☐ Other ►	L Year of for		·		of legal domicile	TX			
	art i	Summa		tion Cities >	L Teal Of IOI		1301	W State	or legal domicile				
_			cribe the organization's miss	ion or most significant a	otivition Chris	stion Outr	ooob Sor		<del></del>				
ø)	' '	bilelly des	cribe the organization's miss	ion of most significant a	Cuvilles. Cilis	Strain Out	eacii Sei	vice					
Governance	1 -												
E.		Ch - al. 4b											
ž			box ▶ ☐ If the organization		•	ea or mo	re than 2	1 1	its net assets.				
			voting members of the gove	- · ·	•			3	–	7			
Activities &			independent voting member		•	1b)		4		4			
iţį			ber of individuals employed in	·	art V, line 2a)			5		2			
휹			ber of volunteers (estimate if i	- ·			•	6		158			
ď	7a -	Total unrel	ated business revenue from I	Part VIII, column (C), line	12			7a		0.			
	ь	Net unrela	ted business taxable income	from Form 990-T, lipto-3				7b		0.			
					RECEI	VED.	Prior Year		Current Ye	ar			
Revenue	8 (	Contribution	ons and grants (Part VIII, line		35,088.	2,	806,409.						
	9 1	Program s	ervice revenue (Part VIII, line	2g)   👸	· MDV o		ပ္တ <u>ု</u> 2	56,531.		127,982.			
	10	Investment	t income (Part VIII, column (A	), lines 3, 4, and 7d)	NOV 23	2020 l	ŏI						
•	11 (	Other reve	nue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 1 <b>dc, a</b> nd	<u> 111e)</u>	1 1	ဟ်	-8,546.		2,378.			
	12	Total reven	ue-add lines 8 through 11 (n	nust equal Part VIII, colur	(A) Mine (12)		3,28	33,073.	2,	936,769.			
	13 (	Grants and	d similar amounts paid (Part I	X, column (A), lines 1-3)		ΨΙ	21	16,693.		106,147.			
	14	Benefits pa	aid to or for members (Part IX	(, column (A), line 4) .			_						
Ś	15	Salaries, ot	ther compensation, employee I	penefits (Part IX, column	(A), lines 5-10)		10	04,958.		167,947.			
Expenses	16a	Profession	al fundraising fees (Part IX, c	olumn (A), line 11e)									
ē			raising expenses (Part IX, coli										
ũ	1		enses (Part IX, column (A), line				2.88	38,736.	2.	669,598.			
		•	nses. Add lines 13-17 (must	•	). line 25)			10,387.		943,692.			
		-	ess expenses Subtract line 1	·	,			72,686.	1	-6,923.			
es c				<u></u>		Beginnir	ng of Curre		End of Yea				
anc	20	Total asset	ts (Part X, line 16)					50,588.		786,951.			
net Assets or Fund Balances	21		ities (Part X, line 26)		• • • •	-		4,696.		38,759.			
į 5	22		or fund balances. Subtract li	ne 21 from line 20			70	55,892.		748,192.			
	art II		re Block	HO ET HOHF MITO EO	· · ·	1	<del>/`</del>	10,002.[		740, 132.			
_			, I declare that I have examined this r	etum, including accompanying	schedules and st	tatements :	and to the	hest of r	ny knowledge, and i	helief it is			
			e Declaration of preparer (other than						ny knowiedge and i	Delici, it is			
	Т	<u> </u>		<del></del>	LO 1	• /							
Sic	gn	Signati	ure of officer	- CXWUWIA	LULIV	rack	Date		1				
	re	1/11	wenith A. Conra	1 1900 154	may sof	Deve.		11 /	12/20				
		Type o	or print, name and title	in Ancina	101400	LILIU							
		<del>' ''</del>	e preparer's name	Preparer's signature	<del></del>	Date			if PTIN				
	id		- p. spai or o marino	paror o aignature		50.6		Check [ self-emp	<b>□</b> "				
	eparer			<del></del>		1	<del></del> -	<u>.</u>	,				
Us	e Only	/ Firm's nar					Firm's		·				
4-	u the ID	Firm's add		haahaa0/			Phone	no	<u></u>				
via	y me in		this return with the preparer s	<del></del>	uctions)	· · ·	<u> </u>	<u> </u>	· L Yes	<u> No</u>			
	Donomi	aute Dadicat	ion ant Matica con the company	ta imakuiskiama	_	A NIA 4400	~~~~	_	OI	On 100101			

Form 99	0 (2019) P	age 2
Part	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:	
•	Christian Outreach Ministry	
	Omistan Oddeder Amissay	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	
42	(Code: ) (Expenses \$ 2,933,483. including grants of \$ 106,147. ) (Revenue \$ 2,934,391. )	
70	Rancho Los Amigos Children's Home located in Juarez, Mexico, care for needy children, training schools for missionaries,	
	teaching citizens English language, humanitarian aid, missionary support services.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	, (~~, ~~, ~~, ~~, ~~, ~~, ~~, ~~, ~~, ~	
		<b>-</b> -
	•••••••••••••••••••••••••••••••••••••••	
	•	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	
	<u></u>	
	······	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 2,933,483.	

FABDIPAGE3

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

Form **990** (2019)

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

ran	Statements Regarding Other IRS Filings and Tax Compliance (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	ļ
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<del>- , -</del>
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country ▶			•
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
	· · · · · · · · · · · · · · · · · · ·			V
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			'
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	120		l
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	,		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
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?	15		<b>✓</b>
	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.		1	

Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es on Schedule O.	See in		tıons.			
Continu	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	• •		<u> </u>			
Section	A. Governing Body and Management			Yes	No			
1a Er	iter the number of voting members of the governing body at the end of the tax year	1a	7	103	-110			
	there are material differences in voting rights among members of the governing body, or		1					
	the governing body delegated broad authority to an executive committee or similar							
cc	mmittee, explain on Schedule O.		i					
<b>b</b> Er	b Enter the number of voting members included on line 1a, above, who are independent . 1b							
	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?							
3 Di	d the organization delegate control over management duties customarily performed by or pervision of officers, directors, trustees, or key employees to a management company or o		3		1			
	d the organization make any significant changes to its governing documents since the prior Fo		4		1			
	d the organization make any significant changes to its governing assuments since the prior re		5		1			
	d the organization have members or stockholders?		6	-	1			
	d the organization have members, stockholders, or other persons who had the power to	elect or appoint			Ť			
or	e or more members of the governing body?		7a		✓			
	e any governance decisions of the organization reserved to (or subject to approve ockholders, or persons other than the governing body?	al by) members,	7b		1			
	d the organization contemporaneously document the meetings held or written actions ui e year by the following:	ndertaken during						
	e governing body?		8a	<b>-</b>				
	ich committee with authority to act on behalf of the governing body?		8b	1				
	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann	ot be reached at						
	e organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		✓.			
Section	B. Policies (This Section B requests information about policies not required by the	ne Internal Rever	nue C	ode.)				
				Yes	No			
	d the organization have local chapters, branches, or affiliates?		10a		✓			
	"Yes," did the organization have written policies and procedures governing the activities of filiates, and branches to ensure their operations are consistent with the organization's exer		10b					
<b>11a</b> Ha	s the organization provided a complete copy of this Form 990 to all members of its governing body be	fore filing the form?	11a	✓				
<b>b</b> De	escribe in Schedule O the process, if any, used by the organization to review this Form 990							
	d the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓				
	ere officers, directors, or trustees, and key employees required to disclose annually interests that could gi		12b		✓			
	d the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"						
	scribe in Schedule O how this was done		12c		<b>✓</b>			
	d the organization have a written whistleblower policy?		13	<b>V</b>				
	d the organization have a written document retention and destruction policy?		14	✓				
	d the process for determining compensation of the following persons include a review dependent persons, comparability data, and contemporaneous substantiation of the deliberation							
	e organization's CEO, Executive Director, or top management official		15a		<b>√</b>			
	her officers or key employees of the organization		15b		✓			
	'Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
	d the organization invest in, contribute assets to, or participate in a joint venture or sim th a taxable entity during the year?	ılar arrangement	16a		<b>✓</b>			
	"Yes," did the organization follow a written policy or procedure requiring the organization							
	rticipation in joint venture arrangements under applicable federal tax law, and take steps ganization's exempt status with respect to such arrangements?		16b					
	C. Disclosure		1					
	et the states with which a copy of this Form 990 is required to be filed							
	ction 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable							
	s only) available for public inspection. Indicate how you made these available. Check all the Own website  Another's website  Upon request  Other (explain on S	at apply.	,					
		•						
19 De	escribe on Schedule O whether (and if so, how) the organization made its governing doc difficult statements available to the public during the tax year.	•	of inter	est p	olicy,			

Pag	А	7

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

#### 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. (C) Position (B) (D) (do not check more than one Reportable Estimated amount Name and title Average Reportable box, unless person is both an hours compensation compensation of other officer and a director/trustee) from the from related compensation per week Key employee employee Highest compensated organization Individual trustee organizations (list any nstitutional trustee from the organization and hours for (W-2/1099-MISC) (W-2/1099-MISC) related related organizations rganization below dotted line) (1) Gwen Conrad 40.00 Secretary 22,470 0 (2) Mary Beth Maifeld 40.00 **Board Member** 43,322 O (3) Ty Thurman 40.00 President 41,477 0 (4) Rick Allegretto 1.00 **Board Member** 0. (5) Luba Iliyn 1.00 **Board Member** 0 0 0. (6) Stan Richardson 0. 0. 0. Treasurer (7) Susan Schneider (8) (10)

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	ploy	yee	s, an	nd Highest Compensated Employees (continue				ontinued)	
	(A) Name and title	(B) Average hours per week	box, office	unles er and	Pos neck is pe d a d	rson	than on the than or the than o	an tee)	(D) Reportable compensation from the	(E) Report compen- from re	able sation lated	Estimate of compe	F) of amount other ensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		organiza	n the ation and ganizations
(15)													
(16)										<u> </u>			
(17)													
(18)													
(19)								<u>.                                    </u>					
(20)													
(21)			-										
(22)								ļ <u>.</u>					
(23)			-			_							
(24)													
(25)													
1b c	Subtotal			•	•	•		<b>&gt;</b>	107,269.		0.		0.
d		· · · · ·		<u>.</u>	<u>.                                     </u>	'	•	<u> </u>	107,269.		0.		0.
2	Total number of individuals (including bu reportable compensation from the organ		d to th	ose	list	ed	above	e) w	ho received more	e than \$1	00,000	of	
3	Did the organization list any former	officer, dire											Yes No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the organization and related organizations	e sum of re	portal	ble (	com	преі	nsatio	n a	nd other compe	nsation fr	om the	-	
5	Individual	or accrue co	ompe		tion	fro							<b> </b>
Secti	for services rendered to the organization on B. Independent Contractors	711 Tes, C	Jonipi	ere	SCI.	ieut	ile J i	Or S	sucri person .	· · ·	• •	5	
1	Complete this table for your five high compensation from the organization. Rep												
	(A) Name and business add	iress							(B) Description of serv	rices	(	(C) Compensat	ion
	<del></del>						<del></del>					· · · · · · · · · · · · · · · · · · ·	
								<u> </u>					
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed above	e) who			

Part	VIII-	Statement of Revenue Check if Schedule O contains a response	onse or note to an	v line in this Pa	ert VIII		
		Check if Schedule O Contains a respe	rise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इ इ	1a	Federated campaigns 1a	1				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1t	)			-	
2, E	С	Fundraising events <u>10</u>	<del></del>				
ar A	d	Related organizations 10					
s, G	е	Government grants (contributions) 16					
r Si	f	All other contributions, gifts, grants, and similar amounts not included above	2 202 400				
t E	_	Noncash contributions included in	2,806,409.				
d dri	9		<b>s</b>				
a S	h	Total. Add lines 1a-1f		2,806,409.			
			Business Code				
<u>e</u>	2a	Program Service Revenue	541200	127,982.	127,982.	0.	0.
Program Service Revenue	b						
en S	С						
gram Ser Revenue	d						
Po T	e	All all		<u></u>			
<u> </u>	f	All other program service revenue Total. Add lines 2a–2f		127.002			
	<u>g</u> 3	Investment income (including dividen	· · · · · · · · · · · · · · · · · · ·	127,982.			
	J						
	4	Income from investment of tax-exempt I	oond proceeds ►				
	5	Royalties	🕨				
		(ı) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c					
	d _	Net rental income or (loss)  Grans amount from (i) Securities	(ii) Other				
	7a	Gross amount from (I) Securities	(ii) Other				
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
lev	С	Gain or (loss) 7c					
-	d	Net gain or (loss)	🕨				
Othe	8a	Gross income from fundraising					
0		events (not including \$	:				
		of contributions reported on line  1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8t					
	C	Net income or (loss) from fundraising ev					
	9a	Gross income from gaming					
	-	activities. See Part IV, line 19 . 9a	,				
	b	Less: direct expenses 9t					
	С	Net income or (loss) from gaming activi	ties <b>&gt;</b>				
	10a	Gross sales of inventory, less					
	_	returns and allowances 10					
		Less cost of goods sold 10					
	С	Net income or (loss) from sales of inven					
Miscellaneous Revenue	11a		Business Code				
scellaneo Revenue	i ia b			<del></del>			
ella	C		•				
<b>R</b> SC	d	All other revenue	•	2,378.	2,378.	0.	0.
Σ	_	<b>Total.</b> Add lines 11a–11d		2,378.			
	12	Total revenue. See instructions .		2,936,769.		0.	0.

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).
	Check if Schedule O contains a response	e or note to any line	in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	6,300.	6,300.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	99,847.	99,847.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	107,269.	107,269.		,
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	56,366.		56,366.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	4,312.		4,312.	
11	Fees for services (nonemployees):				
а	Management	12,830.		12,830.	
b	Legal				
C	Accounting	11,521.		11,521.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	2,255.			2,255
13	Office expenses	78,309.	29,337.	43,613.	5,359
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties	40.044	44.004	20.500	
16 17	Occupancy	40,811.	14,231.	26,580.	
18	Travel	48,118.	47,951.		167
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,579.	4,779.	800.	
20	Interest				
21	Payments to affiliates	40.000			<del></del>
22 23	Depreciation, depletion, and amortization . Insurance	10,208.	5,104.	5,104.	
		5,899.	2,949	2,950.	
24	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.)				
2	Ministry Company	2 222 402	2 222 402		
a b	Food	2,322,402.	2,322,402.	2,737.	
C	Actitude	67,359. 45,853.	64,471. 45,853.	2,131.	151
d		45,053.	45,053.		
e	All other expenses	18,454.	12,303.	6,151.	
25	Total functional expenses. Add lines 1 through 24e	2,943,692.	2,762,796.	172,964.	7,932
26	Joint costs. Complete this line only if the	2,040,032.	2,702,730.	,,,,,,,,,	1,552
	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)				

Form 990 (2019) Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . . . . (A) (B) End of year Beginning of year Cash—non-interest-bearing . . . . . . 1 1 499,740. 536,406. Savings and temporary cash investments . . . 2 2 3 3 4 Accounts receivable, net . . . 4 20,310. 20,215. 5 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 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Inventories for sale or use . . . . 8 9 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other 10a basis Complete Part VI of Schedule D . . . . 10a 521.850 . 10b 10c Less: accumulated depreciation . b 240,538. 230,330. 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11. 12 13 13 Investments - program-related. See Part IV, line 11. 14 Intangible assets . . . . . . 14 15 Other assets. See Part IV. line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . 16 760,588. 786,951. 17 Accounts payable and accrued expenses . . . . . . . . . . . . . . . 17 4.696. 38,759. 18 Grants payable . . . . . . . . . . . . 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21 Liabilities 22 Loans and other payables to 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 . . . . 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties . . . . 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 . . . . . 26 4,696 38,759. Organizations that follow FASB ASC 958, check here ▶ ☑ **Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 755,892. 748,192. 28 Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . .

Total net assets or fund balances .

Total liabilities and net assets/fund balances .

Retained earnings, endowment, accumulated income, or other funds . . .

30

31

32

33

Net

748,192.

786,951.

30

31

32

33

755,892

760,588

orm 990	0 (2019)			Pa	ıge <b>12</b>
Part	<u> </u>				90 1
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,769.
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,692.
3	Revenue less expenses. Subtract line 2 from line 1	3			6,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .	4		75	5,892.
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			-777.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		-		
	32, column (B))	10		74	8,192.
Part	Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," of Schedule O.	explain ir	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were conversed on a separate basis, consolidated basis, or both:	mpiled o	r		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		ļ	<u> </u>	
þ	Were the organization's financial statements audited by an independent accountant?		2b		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were aud separate basis, consolidated basis, or both:	ited on a	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight o	f	1 :	

the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain on

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .

Schedule O.

Form **990** (2019)

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#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization Youth With A Mission El Paso & Juarez Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 L. An adjuguitural 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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ Type t. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C) (D)

(E)

	<del></del>	<del></del>		<del></del>			
Part							
	(Complete only if you checked the						alify under
01	Part III. If the organization fails to	quality unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	( ) 0045	# \ 0040	4 ) 0047	4 11 0040	(-) 0040	T 10 T 1 1
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants")	0.040.440	0.400.400	0.000.444	0.000.540	2 205 405	44440
2	Tax revenues levied for the	2,612,119.	2,468,166.	3,223,114.	3,032,542.	2,806,409.	14,142,350.
2	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	2,612,119.	2,468,166.	3,223,114.	3,032,542.	2,806,409.	14,142,350.
5	The portion of total contributions by						1
•	each person (other than a	l					\
	governmental unit or publicly						
	supported organization) included on						<u>}</u>
	line 1 that exceeds 2% of the amount						[
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4				·	<u> </u>	
	on B. Total Support	(-) 0045	(1) 0010	(-) 0047	4.0.004.0	(-) 0040	- 
	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		2,612,119.	2,468,166.	3,223,114.	3,032,542.	2,806,409.	14,142,350.
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business				<del></del>		
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						14,142,350.
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for the	ne organization	i's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he				<u> </u>		▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	е			, <del></del>	
14	Public support percentage for 2019 (line 6		-			14	100 %
15	Public support percentage from 2018 Sch					15	100 %
16a	331/3% support test—2019. If the organi						
_	box and <b>stop here</b> . The organization qua			-			
b	331/3% support test—2018. If the organithis box and stop here. The organization					1S 33'/3% OF II	
49-	•	•		_			_
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			o ino organi	Lation qualifies	. ac a publicly	► □
<b>L</b>	10%-facts-and-circumstances test—20	019 if the erec	nization did =	ot obook a he	v on line 12 1	60 16h 0: 17	لا تا ا
b	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization in						
	supported organization						<b>▶</b> □
18	Private foundation. If the organization di	d not check a l	box on line 13.	16a, 16b, 17a	, or 17b. chec	k this box and	see
	Instructions			,,	,		▶ □

Part	Support Schedule for Organiza (Complete only if you checked the lift the organization fails to qualify	he box on line	e 10 of Part I	or if the orga	nization faile		der Part II.
Secti	on A. Public Support						/
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019/	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			1		/	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to 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		<del>                                </del>	/		i	··-
	Amounts included on lines 1, 2, and 3		,	./	1		
	received from disqualified persons .		/				
b	Amounts included on lines 2 and 3						
	received from other than disqualified		/				
	persons that exceed the greater of \$5,000		/				
	or 1% of the amount on line 13 for the year		/				
C	Add lines 7a and 7b		<u> </u>				<u></u>
8	Public support. (Subtract line 7c from						
Sacti	on B. Total Support	L	<u> </u>	<u> </u>	<u> </u>	L	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	19,20.0	(5) 2010	(6) 2011	(4) 2010	(0) 20.0	ii rotai
10a	Gross income from interest, dividends,	/	<b>†</b>				
	payments received on securities loans, rents,/	ĺ					
	royalties, and income from similar sources					ļ i	
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			ł			
	or not the business is regularly carried on						
12	Other income. Do not include gain or			1	1		
	loss from the sale of capital assets (Explain in Part V/L).			1			
12	Total support (Add lines 9, 10c, 11,		<del> </del>	<del></del>		<del>         </del>	
13	and 12)			Ì			
14	First five years. If the Form 990 is for the	he organizatioi	n's first, secon	d, third, fourth	n, or fifth tax v	ear as a section	1 501(c)(3)
	organization, check this box and stop he	_			-		
Secti	on C. Computation of Public Support			· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2019 (line	8, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sc	hedule A, Part	III, line 15	<u></u>	<u></u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2019 (			-		17	<u>%</u>
18	Investment income percentage from 2018					18	<u>%</u>
19a/	331/3% support tests—2019. If the organ						
	17 is not more than 331/3%, check this box		_				_
/ b	331/3% support tests – 2018. If the organization 18 is not more than 331/3% check thus						
/	line 18 is not more than 331/3%, check this		~	•	· ·	- · ·	
20	Private foundation. If the organization d	и посспеска	DOX OR TIME 14	, 19a, or 19b, o	CHECK THIS DOX	and see instruc	tions 🕨 🛄

#### Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1	
	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	<del> </del>	
2	Did the organization have any supported organization that does not have an IRS determination of status	<del>                                     </del>	<del> </del> -	
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	<u> </u>	<b> </b>	<u> </u>
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		ļ <u>-</u> -
Ū	purposes? If "Yes," explain in <b>Part Vi</b> what controls the organization put in place to ensure such use.	3c	<u> </u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	"		<u> </u>
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		<u> </u>
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1		•
	purposes.	4c	<del> </del>	
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)			
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	5a	-	<b></b>
_	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
-		6_		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	-		
	If "Yes," complete Part I of Schedule L. (Form 990 or 990-EZ).	8		
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			
h	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30	$\vdash$	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
_	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	l	1 [	

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ł		
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ŀ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	<u> </u>	l
Section	on C. Type II Supporting Organizations		,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		<u></u>
Section	on D. All Type III Supporting Organizations			·
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ļ		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	-		
2		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<del></del>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<del></del> -	<del></del>	
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	_	
Section	on E. Type III Functionally Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ın	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			'
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			لــــا
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h	i	•

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1C		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III support	ng organization (see
instructions).		• •	•

Part	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continuea)	
Secti	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7_	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
<u>d</u>	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		·	
<u>h</u>	Applied to 2019 distributable amount			· · · · · · · · · · · · · · · · · · ·
<u>i</u>	Carryover from 2014 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7.			
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2019 distributable amount  Remainder, Subtract lines 4a and 4b from 4.			
<u> </u>				
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			<u> </u>
b	Excess from 2016			
С	Excess from 2017		*	
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•	
	<del></del>
	······································

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

	With A Mission El Paso & Juarez		74-2238973
Par			
	Complete if the organization answered "		T
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef conferring impermissible private benefit?	it of the donor or donor advisor, or to	
Dos		· . · . · . · . · . · . · . · . · . · .	· U Yes U No
Par	till Conservation Easements.  Complete if the organization answered "	Vos" on Form 900 Part IV line 7	
	Purpose(s) of conservation easements held by the		
1	Preservation of land for public use (for example, recre		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space	Freservation	or a certified historic structure
2	Complete lines 2a through 2d if the organization he	old a qualified conservation contribution	on in the form of a conseniation
2	easement on the last day of the tax year.	a quained conservation contribution	Held at the End of the Tax Year
•	Total number of conservation easements		2a
a b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified h		
d	Number of conservation easements included in	The state of the s	
u		· · · · · · · · · · · · ·	. 2d
3	Number of conservation casements modified, trans		L
	tax year ►	sionou, released, extinguished, or ter	militated by the organization during the
4	Number of states where property subject to conser	vation easement is located ▶	
5	Does the organization have a written policy reg		pection, handling of
	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcin	ng conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing	conservation easements during the year
	▶\$		
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of		
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easeme		
Par	Organizations Maintaining Collections		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS		
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service
	provide the following amounts relating to these item		<b>.</b> •
	(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,		assets for financial gain, provide the
_	following amounts required to be reported under FA Revenue included on Form 990, Part VIII, line 1		<b>b</b> ¢
a h	Assets included in Form 990, Part X		<b>&gt;</b> \$

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply).  a	Part		<b>Organizations Maintaining</b>	Collections of	Art, His	torical	Treasures	, or Ot	her Similar A	ssets (con	tinued)
b   Scholarly research   e   Other	3				ther reco	rds, chec	ck any of th	e follov	ving that make	significant i	use of its
c   Preservation for future generations 4   Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5   During the year, did the organization solid or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No   No   Part XII   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a   Sthe organization analyser, furstee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?   Yes   No   If "Yes," explain the arrangement in Part XIII and complete the following table:    Beginning balance   1d   Additions during the year   1d	а	☐ Pt	ıblıc exhibition								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b		•		е	Other	ſ 				
Summitted   Summ	С		•								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	XIII.	,								e in Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5		s to be sold to raise funds rather	r than to be maint							□ No
990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance.  2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	Part	IV		•							
included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1			990, Part X, line 21.						·		-orm 
C Beginning balance d Additions during the year e Distributions during the year 1 1d 1 1e 1 1e 1 1d 1 1e 1 1e 1 1e 1 1e	-	includ	ded on Form 990, Part X?								□ No
C Beginning balance d Additions during the year Distributions during the year Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	b	If "Ye	s," explain the arrangement in P	art XIII and comp	lete the fo	llowing t	able:				
d Additions during the year  Enting balance Distributions during the year Enting balance Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?		_	to the lead of					-	<del></del>	Amount	<del></del>
e Distributions during the year  f Ending balance  1 t		-	_					_	<del></del>	<del> </del>	<del></del>
f Ending balance . It   Ves   No   No   No   No   No   No   No   N									<del></del>		
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII. □  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Contributions			3							v? ☐ Yes	□No
Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization seed the current year on the bausing (other).    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X,			•							•	_
1a Beginning of year balance   (a) Current year   (b) Pror year   (c) Two years back   (d) Three years back   (e) Four years back     b Contributions   Con	Par	t V	Endowment Funds.			-			-		
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Fermanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (c) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings 513,021 282,727 230,294. c Leasehold improvements d Equipment Other Other Other			Complete if the organization	answered "Yes	s" on For	m 990, l	Part IV, line	e 10.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > % b Permanent endowment > % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describion of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1a Land b Buildings 1513,021 282,727 230,294 c Leasehold improvements d Equipment Cother Other Other Other				(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years bad	k (e) Four y	ears back
c Net investment earnings, gains, and losses	1a										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land	b	Conti	ributions								
e Other expenditures for facilities and programs .  f Administrative expenses . g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations . 3a(ii)   b If "Yes" on line 3a(ii), are the related organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (other) (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d) Book	С										
rograms	d	Grant	ts or scholarships								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ %  b Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	е	progr	ams								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment ▶ %  Permanent endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations . 3a(i)   3a(ii)    b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b    Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation  1a Land . 0	f	Admı	nistrative expenses		<u> </u>		<u> </u>				
a Board designated or quasi-endowment   b Permanent endowment   %  c Term endowment   %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations   (ii) Related organizations   3a(ii)   3a(ii)   3a(ii)   3a(ii)   3a(ii)   3a(ii)   4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Describe in Part X, line 10.  Buildings    (d) Book value depreciation  depreciation  4 Equipment    Describe in Part X, line 10.  Buildings    Saut	g		•		<u> </u>		<u> </u>				
b Permanent endowment	2					e (line 1ç	g, column (a	i)) held	as:		
Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	_	Board	d designated or quasi-endowme	nt ▶	%						
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	-	Perm	anent endowment								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) Unrelated organizations	С				1000/						
(ii) Unrelated organizations	3a		•			zation th	at are held	and ad	ministered for t		
(ii) Related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		•	•								es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b   4   Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (investment) (other) (other) (a) Equipment (b) Equipment (c) Equipm			_								
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (other) (d) Book value (d) Book value (other) (other) (d) Book value (d) Book va		• •	<u> </u>								
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book val	_									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Buildings					on's enac	wment t	unas.		<u>.                                      </u>		<del></del>
Description of property  (a) Cost or other basis (other)  (a) Cost or other basis (other)  (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (e) Book value  (d) Book value  (d) Book value  (e) Accumulated depreciation  (f) Book value  (h) Cost or other basis (other)  (other)  (other)  (n) Book value	Part	. VI			" on For	m 000 l	Dart IV line	0 110	Saa Farm 000	Dort V Jir	10
tall Land         (investment)         (other)         depreciation           b Buildings         513,021         282,727         230,294           c Leasehold improvements         Equipment         4         Equipment         8,829         8,793         36											
b Buildings			Description of property	1 ' '						(d) BOOK	
c Leasehold improvements         .           d Equipment         .           e Other         .           8,829         8,793           36				•	0.						
d Equipment			•	<del></del> -			513,021.	<u> </u>	282,727.		230,294.
e Other				•							<del></del>
7,000, 0,0			_	•			0.000		0.700		
				nust equal Form 9	990, Part	K, columr		Oc.) .			

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on For	m 000 Part IV lin	e 11h See Form	990 Part V line 12
	(a) Description of security or category	(b) Book value	·	nod of valuation
	(including name of security)	(2, 220	• • • • • • • • • • • • • • • • • • • •	of-year market value
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12.) .	<u> </u>		•
Part VIII	Investments – Program Related.	000 5	44 0 5	200 5
	Complete if the organization answered "Yes" on For	T	Y	<del></del>
	(a) Description of investment	(b) Book value		nod of valuation -of-year market value
(1)				
(2)				····
(3)		ļ		
(4)				·
(5)				
(6)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 13.) .			
Part IX	Other Assets.			•
	Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				<del></del>
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	mn (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.	<u> </u>	•	
	Complete if the organization answered "Yes" on For	rm 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	line 25.  (a) Description of liability	<del></del>	··· -	(b) Book value
(1) Federal in				(b) Book value
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				<del></del>
(5)				
(6)				
(7)				
(8)				<del></del>
(9)	(A)			
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the text of the footnics Inability for uncertain tax positions under FASB ASC 740. Check			

Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements	:	.   1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments	2a	_
b	Donated services and use of facilities		
С	Recoveries of prior year grants		_
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		. 3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		<b>_</b>
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			per Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements		. 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a	
a	Prior year adjustments	<del></del>	
b	Other losses	<del></del>	
c d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		. 2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i · · · · ·	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
c	Add lines <b>4a</b> and <b>4b</b>	<u> </u>	. 4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Ii		
Part	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ai t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this par	t to provide any additional	information.
•			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J	

Schedule D (Fo	rm 990) 2019	Page <b>5</b>
Part XIII	Supplemental Information (continued)	
····		·····
•		
		***************************************
· · · · · · · · · · · · · · · · · · ·		

#### **SCHEDULE F** (Form 990)

## Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **Employer Identification number** Youth With A Mission El Paso & Juarez 74-2238973 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to ✓ Yes □ No award the grants or assistance? . . . For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed) 3 (c) Number of (b) Number (a) Region (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees, agents, and of offices in region (by type) (such as, a program service. expenditures for the region fundraising, program services, describe specific type of and investments independent investments, grants to recipients service(s) in the region in the region contractors located in the region) in the region (1) Central America and the Caribb Christian Outreach Service | Ministry & Feed Children 287,696. (2) East Asia and the Pacific Christian Outreach Service Ministry & Feeding Progra 42 457,941. (3) Europe 12 Christian Outreach Service Ministry 123,676. (4) Middle East and North Africa (5) Canada and Mexico 53 Christian Outreach Service Ministry to Children 576,413. (6) Russia and Neighboring States (7) South America Christian Outreach Service Ministry 85,904. (8) South Asia (9) Sub-Saharan Africa Christian Outreach Service Ministry 8 193,605. (10)(11) (12)(13)(14) (15)(16)(17)Subtotal . . . . . 157 1,725,235. **b** Total from continuation sheets to Part I . . .

157

c Totals (add lines 3a and 3b)

1,725,235.

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page 2									
Part	II Grants Part IV,	and Other A line 15, for a	ssistance to Only recipient who	rganizations or Entiti received more than \$	es Outside the 5,000 Part II ca	United States. Con be duplicated if a	omplete if the organizational space is	anization answered "Y s needed.	es" on Form 990
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			North America	Childrn's Home & Sch	13,000	Wires			
(2)			North America	Charitable	74,3412	Wires			
(3)	<del> </del>								
(4)									
(5)									
(6)									
(7)					:				
(8)									
(9)									,
(10)									
(11)									
(12)									
(13)									
(14)									
(15)						-			
(16)									
2				sted above that are reco			ntry, recognized as t	ax-exempt	1
3			organizations or ei					<u> </u>	1

Page 3

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of cash disbursement (f) Amount of noncash assistance (d) Amount of cash grant (g) Description of noncash assistance (a) Type of grant or assistance (b) Region (1) (2) (3) (4) \_(5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18)

Schedule F	(Form 990)	2019

Page 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	<b></b> ✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

	4	

#### **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: Monitoring is done by periodic reporting by recipients with information on how funds are being used for charitable purpose.
Pt I Line 3: Col (F): Total Activities: Expenditures \$1,725,235; Investments \$0
······································

#### SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www Irs.gov/Form990 for the latest Information

Open to Public Inspection
Employer identification number

	A Mission El Paso & Juarez							74-2238973
Part I	General Information				-			<del> </del>
the	es the organization maintai selection criteria used to a scribe in Part IV the organiz	ward the grants	or assistance?	•	,		or the grants or assistanc	ce, and  Yes No
Part II	Grants and Other Ass Part IV, line 21, for any							vered "Yes" on Form 990
1 (a) Nam	and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)			•					
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)		,						
	er total number of section er total number of other or		-		ine 1 table	·		<b></b>

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

Cat No 50055P

Schedule I (Form 990) (2019)

Grants and Other Assistance	to Domestic Individua	ils. Complete if th	e organization answ	vered "Yes" on Form 990,	Part IV, line 22
Part III can be duplicated if add	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					·
			-		
		·			
V Supplemental Information. Pro	ovide the information re	equired in Part I, I	ne 2; Part III, colum	n (b), and any other additi	onal information
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				•••••	
•••••••••••••••••••••••••••••••••••••••				***************************************	
		***************************************			
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Schedule I (Form 990) (2019)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

**Employer identification number** 

74-2238973

OMB No 1545-0047

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Youth With A Mission El Paso & Juarez

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

Pt VI, Line 11b: The process to review Form 990 is to submit the Form 990 and schedules to the Board for review before filing with the IRS.	
Pt VI, Line 19: Documents made available upon request.	
	. <b></b>
	<del>-</del>

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