Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150 2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information

Open to Public Inspection

A F	or the	2017 calenda	ar year, or tax year beginning , 2017, and (endina		, 20				
	heck if ap		C Name of organization	J	D Employer in	dentification number				
_	Address change HIS MISSION, INC					222440189				
=						number				
	Initial return 308 S UNION STREET					(610)444-2559				
	Final return/terminated				<u>`</u>					
=	Amended return				•	oup Exemption umber ▶				
	Application									
	Account		if the organization is not							
	I Website: ▶ required to attach Schedule B									
	J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF) K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other									
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, w) are \$500,000 or more, file Form 990 instead of Form 990-EZ		_					
					· · • • •	<u> </u>				
1	art I		e, Expenses, and Changes in Net Assets or Fund Balances (
			the organization used Schedule O to respond to any question in the							
	1		ons, gifts, grants, and similar amounts received		· · 1	34,825				
	2	_	ervice revenue including government fees and contracts		2					
	3		ip dues and assessments		3					
	4	Investmen			. 4	ļ				
	5a		ount from sale of assets other than inventory 5a							
	b		or other basis and sales expenses		2 ,85					
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5	ōa)						
	6	_	nd fundraising events		<i>\$ △</i>					
ø	a		ome from gaming (attach Schedule G if greater than							
Revenue		-	6a		'					
Š	b		· · · · · · · · · · · · · · · · · · ·	ntributions	S 🎝 🖰					
æ	1		raising events reported on line 1) (attach Schedule G if the		ļ ,					
	ţ		ch gross income and contributions exceeds \$15,000) 6b							
	C		et expenses from gaming and fundraising events 6c		+ .,					
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b	ana sub	ļ					
	l _	line 6c)			· · 6d					
	7a		s of inventory, less returns and allowances							
	b		of goods sold							
	C	-	it or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
	8		nue (describe in Schedule C)		8					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. > 9	34,825				
	10		d similar amounts paid (list in Schedule O)		7 . 10	<u> </u>				
	11	•	aid to or for members	المسلمة	3 · 11					
Šes	12		ther compensation, and employee benefits	· · ·	75 · 12 C · 13					
Expenses	13		al fees and other payments to independent contractors . MAY. 1.1.2	contractors . MAY 1:1.2018		375				
Ă	14		y, rent, utilities, and maintenance			38,116				
Ш	15	• • •	ublications postage and shipping	· 1 157	T 15	386				
	16		enses (describe in Schedule O)	<u>, U.U</u>	<u> 16</u>					
	17	Total expe	enses. Add lines 10 through 16	· · · ·	. 17	38,877				
र	18		(deficit) for the year (Subtract line 17 from line 9)		. 18	(4,052)				
98	19		s or fund balances at beginning of year (from line 27, column (A)) (mu							
As	Ì	•	ar figure reported on prior year's return)			89,340				
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)		20					
	21		or fund balances at end of year. Combine lines 18 through 20	<u> </u>	. > 21	85,288				
For	Paper	work Reduct	tion Act Notice, see the separate instructions. Cat. No. 1	106421		Form 990-EZ (2017)				

Par	rt II	Balance Sheets (see the instructions for Part II)					
		Check if the organization used Schedule O to respond to any question	n in this	Part II	<u> </u>	_ <u>.</u>	🗹
				(A) Begii	nning of year		(B) End of year
22	Cash,	savings, and investments	[30,01	1 22	22,063
23	Land a	and buildings	[59,329	23	56,750
24	Other	assets (describe in Schedule O)	[24	6,475
25	Total	assets	[25	1
26	Total	liabilities (describe in Schedule O)	[26	
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)	[89,340	27	85,288
Part	t III - S	Statement of Program Service Accomplishments (see the instruction	ons for I	Part III)	·	Ţ	
		Check if the organization used Schedule O to respond to any question				}}	Expenses
What	t is the o	rganization's primary exempt purpose? PROVIDE FOOD & SHELTER FO	R THE P	OOR			quired for section (c)(3) and 501(c)(4)
as m	neasured ons bene	organization's program service accomplishments for each of its three laby expenses. In a clear and concise manner, describe the services effited, and other relevant information for each program title.					inizations, optional for
28		MEALS PROVIDED] -	
	13,534 E	ED NIGHTS PROVIDED				}	
						ì	į
	(Grants	\$) If this amount includes foreign grants, check	here .		. ▶ 🗆	28a	38,877
29						T^{-}	}
						1	1
							1
	(Grants	\$) If this amount includes foreign grants, check	here .		. ▶ 🔲	29a	1}
30							
		***************************************				1	Ì
						1	}
	(Grants	\$) If this amount includes foreign grants, check	here .	· · ·	. ▶ 🗆	30a	ı }
31	Other p	rogram services (describe in Schedule O)				1	
	(Grants	•				31a	
32		rogram service expenses (add lines 28a through 31a)			•	32	
		ist of Officers, Directors, Trustees, and Key Employees (list each one even if					
		Check if the organization used Schedule O to respond to any question					
		(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1	rtable sation 099-MISC	(d) H contribut bene	ealth benefits, lons to emplo fit plans, and	yee (e)	Estimated amount of other compensation
<u></u>	ENIA DU	(if not paid,	enter -0-)	deterre	d compensation		
	ENIA BU	40					_
	CTOR			 		<u> </u>	
	BUTCH	:R 		.]			
	CTOR			2		_0	
	BIE NEW					- }	
	NCIAL O	FICER]		0	
TIM S	SCHEMB	2		}		l	
BOA	RD MEMI	BER	(2		0	C
				}		Ì	
				1		$\neg \vdash$	
				(- 1	
				 		_	
				}		j	
				 			
				}		- {	
				┼			
				j		-)	
				 			
				1		- }	
							
				1		1	
				1		1	
				T		7	



Part	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ne :	-
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			<u> </u>
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	L	✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		\ <u> </u>
b 20	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		,
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	ł		
b	Gross receipts, included on line 9, for public use of club facilities	†		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			,
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			,,
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	1		
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	}		
	4955, and 4958	1		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ PENNSYLVANIA			
42a		510) 44	14-255	9
	Located at ► 308 S UNION STREET, KENNETT SQUARE, PA ZIP + 4 ►		348	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	$\overline{}$	Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ►	42b		√
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	{		
	Financial Accounts (FBAR).	1		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		√
_	If "Yes," enter the name of the foreign country:			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	► ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		162	NO
	completed instead of Form 990-EZ	44a		1
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<u> </u>		
	explanation in Schedule O	44d		V
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		1

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I							
Part	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.							
	Check if the organization used Schedule O to respond to any question in this Part VI							
					<u> </u>	Yes	No	
47	Did the organization engage in lobbyii							
	year? If "Yes," complete Schedule C, F						√	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
49a	Did the organization make any transfers to an exempt non-charitable related organization?							
50	b If "Yes," was the related organization a section 527 organization?					es an	d key	
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate	ed amou		
					Ì			
	 			 				
			}		<u> </u>			
	Tatal and a state		<u> </u>		L			
51	Total number of other employees paid Complete this table for the organization		· ·	contractors who cool	h roookaad	mara	thon	
31	\$100,000 of compensation from the or	ganization. If there is no	one, enter "None."	CONTINUES WITO EACH	ii received	more	lilari	
	(a) Name and business address of each indep	endent contractor	(b) Type of serve	ce (c) Compensati	on		
			(5) 1) 10 10 10 10 10 10 10 10 10 10 10 10 10		(c) Compensation			
			<u> </u>					
			ļ.					
	Total number of other independent con	tractors each receiving	over \$100,000					
d 52	Total number of other independent corn Did the organization complete Sche	•		nizations must attact	h a			
	Did the organization complete Sche	dule A? Note: All se			h a .▶∐ Yes			
52 Under p	Did the organization complete Sche completed Schedule A	dule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of my ki	.▶□ Yes			
52 Under p	Did the organization complete Sche completed Schedule A	dule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of my ki	.▶□ Yes			
Under p	Did the organization complete Sche completed Schedule A penalties of perjun, 1 declare that I have examined the order, and complete, peclaration of preparer former.	dule A? Note: All se	ection 501(c)(3) organ	nte, and to the best of my kras any knowledge	.▶□ Yes			
Under p	Did the organization complete Sche completed Schedule A	dule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of my ki	.▶□ Yes			
Under p	Did the organization complete Sche completed Schedule A	dule A? Note: All se	ection 501(c)(3) organ	nte, and to the best of my kras any knowledge	.▶□ Yes			
Under p true, cor Sign Here	Did the organization complete Sche completed Schedule A penalties of perjury, I declare that I have examined the organization of preparer former, and complete, peclaration of preparer former to signature of officer EUCENIA BUTCHER, DIRECTOR Type or print name and title	dule A? Note: All se	ection 501(c)(3) organ	nts, and to the best of my kr as any knowledge	Nowledge and			
Under p true, cor Sign Here	Did the organization complete Sche completed Schedule A Denalties of perjury, I declare that I have examined the street, and complete, Declaration of preparer other to signature of officer EUGENIA BUTCHER, DIRECTOR Type or print name and title Print/Type preparer's name BRUCE D MARSLAND	dule A? Note: All service is return, including accompanhan officer) is based on all info	ection 501(c)(3) organ	nts, and to the best of my ki as any knowledge Date	. Yes nowledge and		et is	
Under p true, cor Sign Here	Did the organization complete Sche completed Schedule A penalties of perjun, I declare that I have examined the penalties of perjun, I declare that I have examined the period of precious and complete. Declaration of preparer forms that I have examined the precious of perjunction of preparer forms that I have examined the preparer of preparer forms and the print/Type or print name and tritle print/Type preparer's name BRUCE D MARSLAND Prim's name BRUCE D MARSLAND	dule A? Note: All se in its return, including accompanhan officer) is based on all info	ection 501(c)(3) organization of which preparer has a statement of which p	nts, and to the best of my kinds as any knowledge Date Check	. Yes nowledge and	belief,	et is	
Under p true, con Sign Here Paid Prepu	Did the organization complete Sche completed Schedule A penalties of perjun, I declare that I have examined the penalties of perjun, I declare that I have examined the period of precious and complete. Declaration of preparer forms that I have examined the precious of perjunction of preparer forms that I have examined the preparer of preparer forms and the print/Type or print name and tritle print/Type preparer's name BRUCE D MARSLAND Prim's name BRUCE D MARSLAND	is return, including accompanhan officer) is based on all info	ection 501(c)(3) organization of which preparer has been supported by the section of which preparer has been supported by the section of which preparer has been supported by the section of which preparer has been supported by the section of which preparer has been supported by the section of which preparer has been supported by the section of the se	nte, and to the best of my kras any knowledge Date Check Self-emplo	. Yes nowledge and	106098 -1564	7	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number HIS MISSION, INC. 22-2440189 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type 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 (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 sted in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) **(B)** (C) (D) (E)

Total

Part II

18

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Section A. Public Support

Calendar year (or fiscal year homics)

Calendar year (or fiscal year beginning in) If the organization fails to qualify under the tests listed below, please complete part III.) If the organization fails to qualify under the tests listed below, please complete part III.) If the organization fails to qualify under the tests listed below, please complete part III.) If the organization failed to qualify under the tests listed below, please complete part III.) If the organization's benefit and either the tests listed below, please complete part III.)	
1 Near for 50 Support Trie box on the box of	
1 Gifts, grants, contributions in period in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(iv) an	
membership conting in weginning in which the to 8 of Part 1 (b)(1)(A)(i)	
Gifts, grants, contributions, membership fees received. (Do not organization's benefit for contributions) (a) 2013 (b) 2014 (c) 2015 (d) (iv) and 170(b)(1)(A)(vi) (e) 2015	
2 Tax "unusual groved. (Do and	Pa.
revenues levied for to or expend benefit for the first state of the fi	-
to or selevied (c) 2015	_
revenues levied for the to or expended on its behalf furnished by a governmental unit to the organization without charge. (Do not to levied for the stand either paid furnished by a governmental unit to the organization without charge. (Do not to levied for the stand either paid furnished by a governmental unit to the organization without charge. (Do not to levied for the stand either paid furnished by a governmental unit to the organization without charge.	er.
Value of "S Dehart "Ter Pain" 35 120 (e) 20	
rumished by services	
The value of services or organization without charge of the portion of the portion of the portion of the paid of services or organization without charge of the portion of the portion of the paid of services or organization without charge of the portion of the paid of services or organization without charge of the portion of the portion of the portion of the paid of services or organization without charge of the portion of the paid of services or organization without charge of the paid of services or organization without charge of the paid of services or organization without charge of the paid of services or organization without charge of the paid of services or organization without charge or organization with the property or organization without charge or organization with the property or organiza	
Total. Add lines 1 through 3. each person (author) governmental unit to the governmental contribution of total contribution of total contribution of total contribution governmental contribution of total contribution governmental unit to the gov	_
The post through a start of the 34,825	
5 The Portion of total contributions by supported of the unit of the of the	_
person total contact	_
out "illental (Other wilding h. 1 00,040	
line 1 that organization or Dubin a 35,135	
Section B. Total Supposes	
6 Included as the state of the	
6 Public support. Subtract line 5 from line 4 7 Amounts for	
Calenda Subtract In 34,825	
7 As Total Support 191,997	
Amount for fiscal was a finding 4	
Grand Holy Inc.	
Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from Interest, divided (a) 2013 (b) 34,825 191,997 191,997	
rone "Illerone "Illerone	
8 Gross income from Interest, dividends, similar sources, and securities lose.	
payments received on securities loans, similar sources . And income from uncome from uncom	
activities by from Unrel	
similar sources and income from activities, whether or part business and income from is regularly or part business and income from activities, whether or part business and income from is regularly or part business and income from activities and income from is regularly or part business and income from activities and income from activities and income from its regularly or part business and income from activities are activities and income from activities are activities and income from activities and income from activities are activities and income from activities and activities are activities and activities are activities and activities are activities and activities and activities are activities and activities are activities and activities are activities and activities are acti	
is regularly carrier or not st. business	
100 MODE - 1000 1	
(Explain the sal not include	
The market of Can't Sain Or	
12 Gross Support, Add	
13 First receipts from Add lines 7 three	
Organia William Willia	
14 Di Computation de la forta	
12 Gross receipts from related activities, etc. (see instructions) Section C. Computation of Public Support possible assets 13 Public support possible assets 14 Public support possible assets 15 Public support possible assets 16 Gross receipts from related activities, etc. (see instructions) 17 Public support possible assets 18 Public support possible assets 19 Public support possible assets 10 Public support possible assets 11 Public support possible assets 12 Gross receipts from related activities, etc. (see instructions)	
Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section of Public Support percentage for 2017 (line 6, Column (f) divided by line 11, Column (f)) 14 Public support percentage for 2017 (line 6, Column (f) divided by line 11, Column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 16 331/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 10% or more, and if the organization qualifies as a publicly supported organization 17 In the organization qualifies as a publicly supported organization or more, and if the organization meets the "facts-and-circumstances" test and circumstances test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this 15 is 10% or more, and if the organization did not check a box on line 13, 16a or more, check this 15 is 10% or more, and if the organization circumstances test—2016. If the organization or more, and if the organization or more, and if the organization did not check a box on line 13, 16a or more, check this 15 is 10% or more, and if the organization circumstances test—2016. If the organization or more, and if the organization the organization or more, and if the organization circumstances test. The certification of the organization of the organization or more, and if the organization of the organization or more, and if the organization of the organizatio	
box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this 12	
b 331/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, or 16b, and if the organization meets the "facts and circumstances" test. The organization qualifies as a population organization organization organization organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this line 15 is 331/3% or more, check line 15 is 3	
this box and est -2018 in organization gualer and find not if, line 14	
17a 10% and stop here 2016. If the qualifies as not check it	
10% The organization and a publicly six the box on	
VI DOLL "'VI TAL VOS TOLL VOR 2 L JUI TAL JUI	
1 "SQUAR SQUITAL " "GATIAL " I II IL ""VIV OLL " "IQ 19	
10%-facts-100% meets the "facts organization discovered organization discovere	
iacts-and-circum	
supported out VI how the first 2016, If the organization of the or	
Private formalization morganization morganiz	
Instructions and meets the state the state of meets	
this box and stop here. The organization did not check the box on line 13, 16a, or 16b, and line 14 is 331/3% or more, check this supported organization with the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in meets the "facts-and-circumstances" test, check this box and stop here. Explain in meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17 instructions.	
supported	
check a box test The check is t	
Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Private foundation. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Private foundation. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 331/38 or more, check a box on line 13, 16a, 16b, or 17a, and line 15 is 331/38 or more, check a box on line 13, 16a, 16b, or 17a, and line 14 is supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is supported organization did not check a box on line 13, 16a, 16b, or 17a, and line 13, 16a, 16b, or 17a, and line 13, 16a, 16b, or 17a, and line 13, 16a, 16b, 17a, or 17b.	
10a, 16b, 17	
10%-facts-and-circumstances test. The organization did not check a box on line 13, 16a, or 16b, and line 14 is supported organization. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in part VI how the organization meets the "facts-and-circumstances" test, check a box on line 13, 16a, or 16b, and line 14 is supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in mistructions. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line organization did not check a box on line 13, 16a, 16b, or 17a, and line organization qualifies as a publicly supported. 15 is 10% or more, check this box and stop here. Explain in the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported.	
Is is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, or 17a, and line 13, 16a, 16b, or 17a, and line organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, or 17a, and line organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, or 17a, and line organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, or 17a, and line organization qualifies as a publicly supported organization did not check a box on line 13, 16a, 16b, or 17a, and line organization qualifies as a publicly supported organization organizati	
ox and see	
Schau	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					<u> </u>	
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	30,049	35,135	49,575	42,412	34,825	191,997
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the					į	
	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	30,049	35,135	49,575	42,412	34,825	191,997
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			Ţ		[
b	Amounts included on lines 2 and 3						
	received from other than disqualified			•	1	1	
	persons that exceed the greater of \$5,000	<u> </u>	ľ	1	1	ŀ	
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
C	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	٠,	,	. 4	ļ		101.007
Socti	on B. Total Support	L		£1			191,997
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	30,049	35,135	49.575	42,412	34,825	191,997
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			ļ	l	1	
	royalties, and income from similar sources .		ļ	ļ	İ	ļ	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1	1	Ì			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business			ļ	1	Į.	
	activities not included in line 10b, whether or not the business is regularly carried on	ļ		1	Į.	Į.	
12							
12	Other income. Do not include gain or loss from the sale of capital assets		1	j	İ	j	
	(Explain in Part VI.)		1	j	j	}	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	30,049	35,135	49,575	42,412	34,825	191,997
14	First five years. If the Form 990 is for the	ne organization	's first, second	third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop he	re	<u> </u>			<u></u>	· · > 🗅
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2017 (line to					15	100 %
16	Public support percentage from 2016 Sci					16	100 %
	on D. Computation of Investment In					, . ,	
17	Investment income percentage for 2017 (-			17	0 %
18	Investment income percentage from 2016 331/2% support tests—2017. If the organ					18	0 %
19a	17 is not more than 33½%, check this box						
ь	331/3% support tests—2016. If the organiz		_	=			
D	line 18 is not more than 331,8%, check this						
20	Private foundation If the organization de						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

2017 Open to Public Inspection

OMB No 1545-0047

Name of the organization HIS MISSION, INC	Employer identification number 22-2440189
PART II - LINE 24 - OTHER ASSETS COLUMN B END OF YEAR	
KITCHEN EQUIPMENT \$ 6,475	
.,,	

	·
<u></u>	
,	
·	