Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

<u> </u>	or the	<u>2021 calendar year, or tax year beginning $OCT~1~,~2021$ and </u>	ending	<u>SEP 30, 2022</u>	
B c	heck if pplicable	OPERATION NEHEMIAH MISSIONS		D Employer identifi	cation number
	_Addres _change	INTERNATIONAL, INC.			
	Name change	Doing business as		**-***02	84
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 424 SUMMER STREET	Room/suit	E Telephone numbe	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	0.
	Amend return			H(a) Is this a group re	-
	Application	F Name and address of principal officer:WILLIAM LEVI		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 52	-	list. See instructions
		WWW.OPERATIONSNEHEMIAH.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Yea		State of legal domicile: MA
	ırt I	Summary	•		
0	1 [Briefly describe the organization's mission or most significant activities: $\overline{ t RELIG}$	GIOUS	& MATERIAL	AID TO THE
Activities & Governance		POOR			
rna	2	Check this box if the organization discontinued its operations or dispose	sed of mo	ore than 25% of its net as	ssets.
ove	8 1	Number of voting members of the governing body (Part VI, line 1a)		3	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			5
es {		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
viti	l	Total number of volunteers (estimate if necessary)			0
∖cti	7a -	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
<u>e</u>	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
enn	9 F	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe	b ⁻	Fotal fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,090.	4,090.
	18 -	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,090.	4,090.
	19	Revenue less expenses. Subtract line 18 from line 12		-4,090.	-4,090.
t Assets or nd Balances			<u> </u>	Beginning of Current Year	End of Year
sset 3ala	20 -	Total assets (Part X, line 16)		96,443.	92,353.
Net A Fund I		Total liabilities (Part X, line 26)		0.	00 252
		Net assets or fund balances. Subtract line 21 from line 20		96,443.	92,353.
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	e and etate	mante, and to the heet of m	v knowledge and helief it is
		, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowieuge and belief, it is
uuc,	COLLECT	CLIENT COPY	iicii prepai	i ilas aliy kilowieuge.	
Ciar	.	Signature of officer		Date	
Sigr Her		WILLIAM LEVI, PRESIDENT			
HEI	-	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		DAVID M IRWIN CPA		10/31/22 if self-employ	
	- +	Firm's name ADELSON & COMPANY PC	<u> </u>	Firm's EIN	**-***1238
		Firm's address 100 NORTH STREET		TIIIIOLIN	
	<i>[</i>	PITTSFIELD, MA 01201		Phone no. 41	3-443-6408
May	the IR	S discuss this return with the preparer shown above? See instructions		1	Yes No

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Form **990** (2021)

OPERATION NEHEMIAH MISSIONS INTERNATIONAL, INC.

	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: RELIGIOUS & MATERIAL AID TO THE POOR.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	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? Yes X 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	AS WELL AS TO REFUGEE CAMPS IN THE SUDAN. THE ORGANIZATION SPREADS GOOD
	NEWS OF JESUS AS SAVIOR AND PROVIDE FOOD, MEDICAL AND MONETARY AID
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	(Code:
4d	Other program services (Describe on Schedule O.)
-t u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses

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OPERATION NEHEMIAH MISSIONS INTERNATIONAL, INC.

Form 990 (2021)

Part IV | Checklist of Required Schedules

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

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ı aı	Officerist of nequired Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			3,7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		Х
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			ا ۔۔
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		Х
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? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20				
_	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	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			х
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
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		X
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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	Ī		
Ü	(manyly like a) a distribute to the surface or the	1c		
	(gambling) winnings to prize winners?	' ' '	000	<u> </u>

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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	1		х
h	If "Yes," enter the name of the foreign country	4a		25
D	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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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	? 7 a		Х
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
а		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			
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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	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			
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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		Х
	If "Yes," see the 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		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			



U Z & 4 Page **6** Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	_5			
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?	L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X
6	Did the organization have members or stockholders?	L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	🔼	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	🔼	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?	🔼	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
		_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	1	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		I0b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	ı? 1	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				77
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<u>1</u>	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	1	12c		77
13	Did the organization have a written whistleblower policy?		13		X
14	Did the organization have a written document retention and destruction policy?	<u>L</u>	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37
	The organization's CEO, Executive Director, or top management official		15a		X
b	Other officers or key employees of the organization	[1	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				v
_	taxable entity during the year?	¹	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
<u> </u>	exempt status with respect to such arrangements?	1	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE	(-)(C)			- 1- 1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501)	c)(3)s	only)	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website W Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	tinar	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records ► _ CORPORATION - 413-346-8850				
	424 SIMMER STREET LANESBORO MA 01237				

INTERNATIONAL, INC.

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

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

	l							;		<i>i</i>
(A)	(B)			(C	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per		box, unless person is both an officer and a director/trustee)		compensation	compensation from related	amount of			
	week (list any	-					Ė	from the	organizations	other compensation
	hours for	lirect						organization	(W-2/1099-MISC/	from the
	related	e or 0	tee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	l trus		ee/	mpeu		1099-NEC)	1000 1120)	and related
	below	dual	tiona	_ ا	oldu	st co	_	1000 1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(O)		
(1) WILLIAM LEVI	40.00	┢	_		Ť					
PRESIDENT & TREASURER		x		х		K		0.	0.	0.
(2) KEVIN ROUSSEAU	0.00	<u> </u>								
BOARD CHAIR		x		x				0.	0.	0.
(3) BRUCE BOUCARD	0.00								2.3	
BOARD ADVISOR		X						0.	0.	0.
(4) STEVE STROUD	0.00	17				,				
BOARD ADVISOR		X						0.	0.	0.
(5) PASTOR MICHAEL GANTT	0.00									
BOARD ADVISOR		X						0.	0.	0.
(6) ROBERT KIRKMAN	0.00									
BOARD ADVISOR		X						0.	0.	0.
		1								
		1								
		4								
		4								
						\vdash				
		1								
		1								
		1								
				\vdash						
		1								
	+	-		\vdash		_	\vdash	1		
			l	l	l	1	l			

OPERATION NEHEMIAH MISSIONS

Form 990 (2021)	INTERNATI	ONAL,	INC.		* * - * * * U	∠84 Page8
Part VII Section A. O	fficers, Directors, Trust	tees, Key Em	ployees, and Highest C	ompensated Employe	es (continued)	
(A)	(B)	(C)	(D)	(E)	(F)

ı aı	Section A. Officers, Directors, Trus	tees, Key Em	pioy	ees	, and	а н	igne	StC	ompensated Employe	es (continuea)				
	(A)	(B)			-	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable)	Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation compensat				nount (of
		week (list any	\vdash	ooi aii	u u	., 551	J., u us	100)	from	from related			other	L:
		hours for	irecto						the	organization (W-2/1099-MI			pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)			om the anizati	
		organizations	ruste	l trus		9	mpen		1099-NEC)	1099-1120)	'	•	d relate	
		below	dualt	ıtiona	L	nploy	st col	<u></u>	10001420)				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				3-		
			Ī											
							-							
							-							
			_				_		40					
									(O)					
									0					
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part V							•	0.		0.			0.
	Total (add lines 1b and 1c)							•	0.		0.			0.
2	Total number of individuals (including but n					_		no re	eceived more than \$100	,000 of reportab	ole			
	compensation from the organization						,							0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su		,											
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or a							elat	ed organization or indiv	dual for services	3			
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch ,	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
		trie caleridar y	ear	enai	ng v	VILII	Or W	'lur iiir		year.		(C	•\	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С		nsatior	า
								\dashv						
	Total number of independent contractors (including but -	O+ II	mita	d +	the	NGO II	oto o	d abovo) who recaived =	oro than				
2	Total number of independent contractors (i \$100,000 of compensation from the organi		IOL II		u 10	1110	0 0		above) who received n	iore irian				

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Remove Watermark

INTERNATIONAL, INC. Form 990 (2021) U⊿84 Page **9** Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lir	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue		Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ts ts	1 a	Federated campaigns1a					
ran		Membership dues 1b					
الم م		Fundraising events 1c					
ifts ar A							
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations 1d Government grants (contributions) 1e					
Sir		All other contributions, gifts, grants, and					
uti Je	٠,						
를		···					
no p	_	Noncash contributions included in lines 1a-1f 1g \$					
9 0	n	Total. Add lines 1a-1f					
_			Business Code				
jce	2 a	·					
e S	b	·					
n S	С						
Jrar Re√	d						
Program Service Revenue	е						
۵	f	All other program service revenue					
	g	Total. Add lines 2a-2f)		7)		
	3	Investment income (including dividends, inter	est, and				
		other similar amounts)	>	10.0	*		
	4	Income from investment of tax-exempt bond	oroceeds >				
	5	Royalties		0			
		(i) Real	(ii) Personal	70 40			
	6 a	Gross rents 6a	.0				
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c	710	1,0,			
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other	/			
		assets other than inventory 7a					
	b	Less: cost or other basis					
e le	_	and sales expenses					
ther Revenue	c	Gain or (loss) 7c					
3e		Net gain or (loss)					
e		Gross income from fundraising events (not					
된	o a	·					
		contributions reported on line 1c). See					
		Part IV, line 18					
	L						
		1					
		` '	_				
	э а	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<u>P</u>				
	10 a	Gross sales of inventory, less returns					
		and allowances10					
		Less: cost of goods sold10l	·				
\rightarrow	С	Net income or (loss) from sales of inventory .					
<u>s</u>			Business Code				
eor Pe	11 a				ļ		
Miscellaneous Revenue	b						
es	С						
Mis		All other revenue					
	е	Total. Add lines 11a-11d)				
	12	Total revenue. See instructions		0.	0.	0.	0.

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^ ~ ~ ~ ~ U Z Ø 4 Page **10**

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		her organizations must co	mplete column (A)	
33011	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·	ÿ ,	·
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				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		40		
10	Payroll taxes				
11	Fees for services (nonemployees):		70, 7		
a	Management		49		
b	Legal		2)		
d	Accounting				
u e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	70	0		
g	Other. (If line 11g amount exceeds 10% of line 25,	7/2/2/2	•		
·	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,090.	4,090.		
23	Insurance				
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 0.)				
а					
b					
С					
d	<u> </u>				
	All other expenses	4 000	4 000	0.	0.
25	Total functional expenses. Add lines 1 through 24e	4,090.	4,090.	U •	<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)				
					F 000 (0004)

INTERNATIONAL, INC.

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 558,060. basis. Complete Part VI of Schedule D _____ 10a 465,707. 96,443. 92,353. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 96,443. 92,353. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 263,986. 263,986. Net assets without donor restrictions 27 27

> 263,986. Form **990** (2021)

263,986.

28

29

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263,986.

263,986.

29

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31

32

Net assets with donor restrictions

and complete lines 29 through 33.

Total liabilities and net assets/fund balances ...

Organizations that do not follow FASB ASC 958, check here 🕨

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

U Z & 4 Form 990 (2021) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 1 4.090. Total expenses (must equal Part IX, column (A), line 25) 2 2 -4,0903 Revenue less expenses. Subtract line 2 from line 1 263,986 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 0. 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, 259,896. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 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 oversight of 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 Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

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

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

Form 990 (2021)

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За

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Total

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.

2021

Open to Public Inspection

OPERATION NEHEMIAH MISSIONS Name of the organization Employer identification number **-***0284 INTERNATIONAL, INC. 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) 8 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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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 on 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

INTERNATIONAL, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

3 e(ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						0.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			.0			
6	Public support. Subtract line 5 from line 4.						0.
	ction B. Total Support			100	*		
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		, ,			, ,	.,
	Gross income from interest,		2				
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		700	0			
9	Net income from unrelated business		11-01				
	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						0.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section (501(c)(3)	
	organization, check this box and stop						<u></u> ▶□
	ction C. Computation of Publi						
	Public support percentage for 2021 (li					14	.00 %
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	-					nis box
	and stop here. The organization quali						▶□
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
46	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s • 🔼

Schedule A (Form 990) 2021

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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			10.0			
b Amounts included on lines 2 and 3 received			.6			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year			0.			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		7/0/5	.0			
Calendar year (or fiscal year beginning in) 🖊	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6		OV				
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)					<u> </u>	
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2021 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 202					17	%
18 Investment income percentage from 2						%
19a 33 1/3% support tests - 2021. If the c	organization did r	not check the box	on line 14, and line	15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	ıd stop here. The	organization quali	fies as a publicly s	upported organiz	ation	▶□
b 33 1/3 % support tests - 2020. If the	•			•	•	
line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	nization qualifies a	s a publicly supp	orted organization	▶∐
20 Private foundation If the organization	a did not check a	hay on line 14 19	a or 10h chack th	ie hay and see in	etructione	

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Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
710		
4-		
4c		
5a		
5b		
5c		
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0		
9a		
34		
Oh		
9b		
9c		
10a		
10b		
dule A (Forr	n 990)	2021

Sche	dule A (Form 990) 2021 INTERNATIONAL, INC.	* U Z 8	4 Pa	age 5
Par	t IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	non or type in eapperting enganizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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	_		
Sac	the supported organization(s). tion D. All Type III Supporting Organizations			
<u> </u>	tion b. All Type III Supporting Organizations		V	
	Did the appropriation musticle to each of its appropriate depressions by the least day of the fifth mounth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)-		
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 governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b 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		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
D	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	O.L.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b

UZ84 Page6

OPERATION NEHEMIAH MISSIONS INTERNATIONAL, INC.

Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instr					
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c	3)		
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors	Co.	X.		
	(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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 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-functionally	integr	ated Type III supporting orga	anization (see	
	instructions).				

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 INTERNATIONAL, INC.

Pa	rt V Type III Non-Functionally Integrated 509		anizations (continu	ued)	0201 Page
	ion D - Distributions		, , ,		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	·				
8 Distributions to attentive supported organizations to which the organization is responsive					
(provide details in Part VI). See instructions.					
9	,			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016		3		
b	From 2017				
С	From 2018		*		
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	70, 0),			
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				

Schedule A (Form 990) 2021

5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

OPERATION NEHEMIAH MISSIONS

Schedule A	(Form 990) 2021	INTERNATI	ONAL,	INC.			**-***0284	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provide	the explana 5a, 6, 9a, 9b	tions requi	11b, and 11c; Part	IV, Section B, lines	or 17b; Part III, line 12; s 1 and 2; Part IV, Sectior	n C,
	line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	8; and Part V, Sect	ion E, lines	=, iines 1c, 2, 5, and 6.	. Also complete thi	s part v, line 1; Part s part for any addit	ional information.	π v,
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

OPERATION NEHEMIAH MISSIONS INTERNATIONAL, INC.

Employer identification number

-*0284

Organization type (check one):								
Filers of	:	Section:						
Form 990 or 990-EZ		X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 990)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	, 0	s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
Note. Of	ily a section 50 f(c)(7), (o), or (10) organization can check boxes for both the General rule and a Special rule. See instructions.						
General	Rule							
		ifiling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special I	Rules							
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$						
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).						

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization
OPERATION NEHEMIAH MISSIONS
INTERNATIONAL, INC.

Employer identification number

Page Z

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	No kelek	\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page **Z** Name of organization Employer identification number

OPERATION NEHEMIAH MISSIONS INTERNATIONAL, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Nociela	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1101	Traine, addi 200, dila Eli TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 3

Name of organization
OPERATION NEHEMIAH MISSIONS
INTERNATIONAL, INC.

Employer identification number

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (c) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Description of noncash property given (e) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) Description of noncash property given (g) (h) Description of noncash property given (h) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.)

Schedule B (Form 990) (2021) Page 4

Name of organization

OPERATION NEHEMIAH MISSIONS

Employer identification number

INTERNATIONAL, INC.

Part III				01(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	line entry. For or	rganizations \$
	Use duplicate copies of Part III if additional	space is needed.	Jou or less lor th	e year. (Enter this lino. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			_	
-		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			100	
		(e) Transfer	of gift	·
		70,		
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
		700		
		7.0		
(a) Na		OV		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
raiti				
				
ļ		(e) Transfer	of gift	
L	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
		-		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

Inspection

Name of the organization

OPERATION NEHEMIAH MISSIONS TNTERNATIONAL

Employer identification number **-***0284

Pai	t I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ised funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
·	for charitable purposes and not for the benefit of the donor of		
Pai			
1	Purpose(s) of conservation easements held by the organizati		,
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat	· —	of a certified historic structure
	Preservation of open space	Treservation C	of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualit	find conservation contribution in the form	n of a conservation easement on the last
2	day of the tax year.	ned conservation contribution in the form	Held at the End of the Tax Year
_	Total number of conservation easements		
a			
b			
C	Number of conservation easements on a certified historic str		
a	Number of conservation easements included in (c) acquired a		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tr	ne organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	nservation easements during the year
-		dia a serialada a santanés a santanés	and a second and a second and a second
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserv	ration easements during the year
•	►\$		O(I-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial states	ments that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections or	f Art Historical Treasures or (Other Similar Assets
rai	Complete if the organization answered "Yes" on Form		Juliei Sillillai Assets.
4-	·		and halonas abast ways
ıa	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ial gain, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, o	or Othe	er Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	at make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arrang								line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
	•	•							Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Pai										
		(a) Current year		rior year	(c) Two year			ears back	(e) Four ye	ars back
1a	Beginning of year balance	,	. ,	,			. , ,			
	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities		_0							
е	-			10,						
	and programs									
f	Administrative expenses									
g	End of year balance	and consumed balance	a (line a d		-\\ - - -					
2	Provide the estimated percentage of the curr	ent year end baland		g, column (a	a)) neid as:					
a	Board designated or quasi-endowment	0/	_%							
b	Permanent endowment	%								
С		6								
_	The percentages on lines 2a, 2b, and 2c should be a sh									
за	Are there endowment funds not in the posses	ssion of the organiz	ation tha	at are neid a	ind administe	ered for ti	ne organız	ation	[v	a Na
	by:									es No
	(i) Unrelated organizations								3a(i)	+-
	(ii) Related organizations								3a(ii)	—
b	If "Yes" on line 3a(ii), are the related organizate								3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	1			1					
	Description of property	(a) Cost or o			or other		ccumulate	d	(d) Book v	alue
		basis (investr	nent)	basis	(other)	dep	preciation			
1a	Land			<i>A</i> 4	0 000		F 0 1			0.5.0
b	Buildings			14	0,000.		52,14	ł / •	87	,853.
С	Leasehold improvements				0.010		110 =			
d	Equipment			41	8,060.	4	113,56	0.	4	,500.
	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colun	nn (B), line 1	10c.)			▶	92	,353.

Schedule D (Form 990) 2021

	(Form 990) 2021	INTERNATIONA	L, INC.		-***U ∠84 Page
Part VII		Other Securities.			
				11b. See Form 990, Part X, line 12.	
		JOTY (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
•					
	held equity interests	·			
) Other					
(A)					
(B) (C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990), Part X, col. (B) line 12.)			
Part VIII	Investments -	Program Related.			
			n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of	investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)					
(2)					
(3)					
(4)				40	
(5)					
(6)					
(7)				2	
(8)					
(0)					
(9)	h) must agual Form 000) Part V cal (P) line 12)	20,		
otal. (Col. (I		0, Part X, col. (B) line 13.)	90,		
. ,	Other Assets.		n Form 990. Part IV. line	11d See Form 990 Part X line 15	
tal. (Col. (I	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
Part IX	Other Assets.	anization answered "Yes" o	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.	anization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colu	Other Assets. Complete if the organization of	anization answered "Yes" o (a) D (b) D (c) D (c) D (d) D (e) D (e) D (e) D (f) D (f	escription	11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colu	Other Assets. Complete if the org.	anization answered "Yes" o (a) D (b) D (c) D (c) D (d) D (e) D (e) D (e) D (f) D (f	escription	11d. See Form 990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Colu	Other Assets. Complete if the organization of the complete is the complete if the organization of the complete is the complete in the complete is the	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)	11d. See Form 990, Part X, line 15.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets. Complete if the organization of the complete is the complete if the organization of the complete is the complete in the complete is the	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets. Complete if the organization of the complete is the complete if the organization of the complete is the complete in the complete is the	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colument X	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (4at. (Columbia) (2) (1) Fed (2)	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Part X (1) Fed (2) (3)	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Columbiant X (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (2) (3) (4) (5) (6) (7) (6) (7) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (4) (5) (6) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (7) (8) (8) (7) (8) (8)	Other Assets. Complete if the organization (b) must equal Formula (complete if the organization (a) Decided (a) Decided (b) Decided (complete if the organization (b) Decided (complete if the organization (complete if	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	escription 15.)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columbia) (1) Fed (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization (b) must equal Formula (b) must equal Formula (c) Other Liabilitie Complete if the organization (a) Deficient income taxes	anization answered "Yes" o (a) D orm 990, Part X, col. (B) line es. anization answered "Yes" o	15.) n Form 990, Part IV, line		

Schedule D (Form 990) 2021

		INTERNATIONAL, INC		**-***UZ8	4 Page 4
Par	t XI Reconciliation of	Revenue per Audited Finance	cial Statements With Revenue	per Return.	
	Complete if the organiz	zation answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other	er support per audited financial staten	nents	1	
2		ut not on Form 990, Part VIII, line 12:	1 1		
а		on investments			
b		facilities			
С		s			
d			2d		
е				- ·	
3				3	
4		90, Part VIII, line 12, but not on line 1:	1 1		
а		uded on Form 990, Part VIII, line 7b			
b			4b		
_					
5			I, line 12.)		
Pai		-	ncial Statements With Expense	s per Return.	
		zation answered "Yes" on Form 990, F		1.1	
1				1	
2		ut not on Form 990, Part IX, line 25:	1 - 1		
а		facilities			
b					
С					
d			V /		
е					
3				3	
4		90, Part IX, line 25, but not on line 1:			
а		uded on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		4b		
			rt I, line 18.)	5	
	rt XIII Supplemental Inf				
			s 1a and 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Pa	ırt XI,
lines	2d and 4b; and Part XII, lines 2	2d and 4b. Also complete this part to p	provide any additional information.		
					_

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. ► Attach to Form 990.

Department of the Treasury			► Attach to Form 990.			en to Public
Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.		pection
Name of the organization					Employer ident	ification number
OPERATION NEH		SIONS				
INTERNATIONAL					**-***02	
	iformation on <i>A</i> art IV, line 14b.	Activities Ou	tside the United States. Comple	ete if the organ	ization answered	"Yes" on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
_	-		the selection criteria used to award the			Yes X No
2 For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance o	utside the
3 Activities per Region	. (The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	describe	gram service, e specific type (s) in the region	expenditures for and investments in the region
				ASSISTANCE	TO REFUGEES	
					RETURNED FROM	
NEW REPUBLIC OF				EXILE IN BU		
SOUTH SUDAN AFRICA	1]	PROGRAM SERVICES		AGRICULTURAL	0.
						1
			a sharit			
			Mondeleiueig			
			A BOL			
3 a Subtotal	1	. (0.
b Total from continuat						
sheets to Part I						0.
c Totals (add lines 3a						
and 3h)	1	.] (0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2021



-*0284

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)
					e ×			
			3	0,0	0,			
			400	96,				
			P					
exempt 501(c)(3) orga	anization by the IRS, o	or for which the grantee	recognized as charities by the or counsel has provided a sec	ction 501(c)(3) ed	quivalency letter	> _		

-*0284

Wondershare **PDFelement**

Page 3

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 (f) Amount of (c) Number of (d) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients noncash assistance cash grant cash disbursement noncash assistance MONETARY ASSISTANCE TO SUB-SAHARAN AFRICA 0.WIRE TRANSFER PURCHASE MEDICAL SUPPLIES 0.MEDICAL SUPPLIES FMV

UZ84

Page 4

OPERATION NEHEMIAH MISSIONS INTERNATIONAL, INC.

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

Part	IV 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	X 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	X 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	X 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	X 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	X No

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2021

6

OPERATION NEHEMIAH MISSIONS INC.



U Z & 4

Page 5

Part V | 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.

PART I, LINE 3:
VOLUNTEERS IN REGION PROVIDE DETAILED REPORTS OF THE EXPENDITURES OF
MONETARY AID.
;LISTTOTAL 0
PART I, LINE 3, COLUMN (E):
REGION: NEW REPUBLIC OF SOUTH SUDAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: ASSISTANCE TO REFUGEES THAT
HAVE RETURNED FROM EXILE IN BUILDING A SUSTAINABLE AGRICULTURAL
INITIATIVE AND ENTREPRENEURIAL VENTURE TO REBUILD THEIR FAMILIES AND
COMMUNITY
;LISTTOTAL 179588
;LISTTOTAL 0

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

Open To Public Inspection

OPERATION NEHEMIAH MISSIONS Name of the organization

Employer identification number

	I	NTERNATI	ONAL, IN	С.				* *	_**	*02	84		
P	art I Excess Bene	fit Transacti	ons (section 50)1(c)(3	3), sect	ion 501(c)(4), and se	ction 501(c)(29) orga	anizati	ons o	nly).			
						art IV, line 25a or 25b							
1		(b) F	Relationship betv			lified					(d)	Corre	cted?
	(a) Name of disqualified p	erson	person and organization			(0	(c) Description of transaction			Yes		es	No
2	Enter the amount of tax is	ncurred by the c	rganization man	agers	or disc	qualified persons du	ring the year under						
	section 4958								> \$				
3	Enter the amount of tax,								> \$				
P	art II Loans to and	d/or From Int	erested Pers	sons	.								
	Complete if the c	organization ansv	wered "Yes" on F	orm s	990-EZ	, Part V, line 38a or I	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
	reported an amo		, Part X, line 5, 6										
	(a) Name of	(b) Relationship	(c) Purpose		oan to or	(e) Original	(f) Balance due	(g)		(h) Ap	proved ard or	(i) W	ritten
interested person with organ		with organization	zation of loan		ization?	principal amount		default?		comm	ittee?	agree	ment?
				То	From			Yes	No	Yes	No	Yes	No
WI	LLIAM LEVI		AMOUNT D		X	2,109.	0.		X		Х		X
													<u> </u>
						00							
													<u> </u>
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_													
Tot	art III Grants or As	oiotonoo Boi	ofiting Inter	ooto	d Do	\$							
Г			•										
	Complete if the c						(-D T	- 4			\ D		
	(a) Name of interested p	person	(b) Relationship interested pers			(c) Amount of assistance	(d) Type assistan			•) Purp assista		i
			the organiza		iu	aosiotarioc	assistan	00			2001011	21100	
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									+				
									+				
									+				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

UZ84 Page2

Schedule L (Form 990) 2021

(a) Name of interested person	"Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	ring c
(a) Name of interested person	person and the organization	transaction	transaction	òrganiz rever	ation
				Yes	No
V Supplemental Information.					
	onses to questions on Schedule L (see	instructions).			
	_ (222)				
EDULE L, PART II, LOANS	TO AND FROM INTERES	STED PERSON	NS:		
NAME OF PERSON: WILLIA	M LEVI				
DUDDOGE OF LOAM, AMOUNT	M DIE EDOM DDEGIDEN	T HOD DHDG	IIGE OE		~ T
PURPOSE OF LOAN: AMOUN	IT DUE FROM PRESIDEN	r FOR PERSO	DNAL USE OF	VEHI	СГ
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	201	0,			
		Ø,			
	Molt Gley	<u> </u>			
	Nobelek	<u>o`</u>			
	Mobbelen	<u> </u>			
	Modisieu Modisieu	<u> </u>			
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	Nondelen.				
	No kelen				
	No Frederica				
	Nondellen.				
	Monte le la company de la comp				

SCHEDULE M (Form 990)

Noncash Contributions

OPERATION NEHEMIAH MISSIONS

2021

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection
Employer identification number

-*0284 INTERNATIONAL, INC. Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods X FMV 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 X FMV Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 0.FMV (FM RADIO TRAN) 25 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

Schedule M	(Form 990) 2021	INTERNATIONAL,	INC.		**-***UZ84	Page 2
	is reporting in Part	Information. Provide the	information rec	uired by Part I, lines 30b, 3 ne number of items receive	32b, and 33, and whether the organiz d, or a combination of both. Also cor	ation
				.0		
				100 X		
				0/30/		
			140,	(0)		
			0	·		

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information. OPERATION NEHEMIAH MISSIONS TNTERNATIONAL TNC.

Employer identification number **-***0284

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FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES ACTING ON BEHALF OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS EMAILED TO THE BOARD MEMBERS FOR THEIR REVIEW AND
APPROVAL.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION MAKES ITS 990 AVAILABLE FOR PUBLIC INSPECTION UPON
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.
Q ^V

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

Schedule O (Form 990) 2021