Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

F	or cal	endar year 2022 or tax year beginning , a	nd ending				
N	ame c	foundation			A Employ	er identification number	ar
WI	TH	EVERYTHING FOR GOD FOUNDATION					
N	umbe	and street (or P.O. box number if mail is not delivered to street address	s) Roc	A7-1917723 Room/suite B Telephone number (see instruction			ons)
10		INROCK PLACE	,				
	257	own, state or province, country, and ZIP or foreign postal code	ii		-	647-6641	
TH		WOODLANDS, TX 77382			C if exemp	tion application is pendi	ng, cneck nere
G							. –
_			rmer public charity		D 1. Forei	gn organizations, check	here
		Final return Amended return				gn organizations meetin	
—	Ch	Address change Name change eck type of organization: Section 501(c)(3) exempt private foundation			checl	there and attach compu	tation
T.	_	ntion 40.47(=)(4) =			1	foundation status was to	
<u> </u>			te foundation		section 5	507(b)(1)(A), check here	
•		r market value of all assets at J Accounting method: X Cash	Accrual			ndation is in a 60-month	
		of year (from Part II, col. (c), Other (specify) (Part I, column (d), must be on cash be			under se	ction 507(b)(1)(B), chec	k here
Ð			oasis.)				(d) Dichumomonto
	ALC I	Analysis of Revenue and Expenses (The total of			nvestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	ir	ncome	income	purposes
	-	the amounts in column (a) (see instructions))	books		SKE STORES		(cash basis only)
		Contributions, gifts, grants, etc., received (attach schedule)	1,500		S. S. W. W.		
	2	Check if the foundation is not required to attach Sch B	\$x**.******	145.65			3
	3	Interest on savings and temporary cash investments					
	1	Dividends and interest from securities,					
		Gross rents			Sale of the comment	108.00 A 10 B	
41						Some Same Same Same Same Same Same	
ž		Net gain or (loss) from sale of assets not on line 10					- 14
Revenue	_ k	Gross sales price for all assets on line 6a			Day Alasiy		
	7	Capital gain net income (from Part IV, line 2)					
	8	Net short-term capital gain			Mary Wall		
	9	Income modifications					
	1	Gross sales less returns and allowances	2.			Same Carried	
			THE STORY AS STORY OF THE			a sept of the second second	
	C	Gross profit or (loss) (attach schedule)		C 2004	graphical confi		
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	1,500				Para San San San San San San San San San Sa
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
Ses	15	Pension plans, employee benefits					
	16 a	Legal fees (attach schedule)					
Exp	b	Accounting fees (attach schedule)					
10.00	С	Other professional fees (attach schedule)	160				160.
rative	17	Interest					
str	18	Taxes (attach schedule) (see instructions)					
nin l	19	Depreciation (attach schedule) and depletion					
Administr	20	Occupancy					
P	21	Travel, conferences, and meetings					
a C	22	Printing and publications					
ting	23	Other expenses (attach schedule)					
Operating	24	Total operating and administrative expenses.					
g		Add lines 13 through 23	160				160
and the second	25	Contributions, gifts, grants paid		Statement and Statement and		The state of the s	1 100.
	26	Total expenses and disbursements. Add lines 24 and 25	1,340				1,180.
	27	Subtract line 26 from line 12:	1,540	ACANAL INC. CO	A 36 35 2 4	and the second s	1,340.
		Excess of revenue over expenses and disbursements	160				
		Net investment income (if negative, enter -0-)	TOC	· Carolina			3
		Adjusted net income (if negative, enter -0-)		18135000000	EPWHEE	Andrew Salan Andrew	- 4
For I		work Reduction Act Notice, see instructions.		2 (4 . A. &	satisfication	7.	
31 1	-hei	TOTAL TECONOMISTOR TOTAL CONTROL SEE HISH HELIONS,					Form 990-PF (2022)

Par	+ 11	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End	of year
<u>u eu</u>		should be for end-of-year amounts only. (See Instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing	632.	792	
		Savings and temporary cash investments			
		Accounts receivable			Salar Salar Salar
- 1		Less: allowance for doubtful accounts	Marie (1903) 1900 1900 1900 1900 1900 1900 1900 190	The state of the s	
		Pledges receivable			A SECTION AND A SECOND TO
		Less allowance for doubtful accounts	Mark Control of the State of th	CS. PRINTERNATIVE WINDS TO SELECT AND LINE AND L	
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
- 1		Other notes and loans receivable (attach schedule)		THE RESIDENCE OF THE SECOND	
	ō	Less: allowance for doubtful accounts	Barto Barto Caralla Santa Santa Barton Santa Santa Santa Santa Sa	San	The state of the s
2	8	Inventories for sale or use			
Sel		Prepaid expenses and deferred charges			
Assets		Investments – U.S. and state government obligations (attach schedule)			
`					
		Investments – corporate stock (attach schedule)			
		Investments – corporate bonds (attach schedule)			
	• •	Investments – land, buildings, and equipment: basis			
	12	Less: accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule)		e secretario de la companya della companya della companya de la companya della co	The second for the second
	14		Karaman and and and and and and and and and a	and the second second	
	4=	Less: accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers – see the instructions. Also,			
-		see page 1, item l)		792	SECTION CONTRACTOR CONTRACTOR
	17	Accounts payable and accrued expenses		· · · · · · · · · · · · · · · · · · ·	
es	18	Grants payable			3
Liabilities	19	Deferred revenue			
ا ق	20	Loans from officers, directors, trustees, and other disqualified persons			
Ľ	21	Mortgages and other notes payable (attach schedule)			· · · · · · · · · · · · · · · · · · ·
	22	Other liabilities (describe)			
-	23	Total liabilities (add lines 17 through 22).			
es		Foundations that follow FASB ASC 958, check here			
١		and complete lines 24, 25, 29, and 30.	1941	10	the species and the species with the species of
Balance	24	Net assets without donor restrictions			
— ı	25	Net assets with donor restrictions			
E		Foundations that do not follow FASB ASC 958, check here			
Fund		and complete lines 26 through 30.			And the second
	26	Capital stock, trust principal, or current funds		792	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
Se	28	Retained earnings, accumulated income, endowment, or other funds			
Assets	29	Total net assets or fund balances (see instructions)	632.	792	
	30	Total liabilities and net assets/fund balances			
		(see instructions)	632.	792	• 332 337 337
Pa	rt II	Analysis of Changes in Net Assets or Fund Balance	S		
1	Tot	al net assets or fund balances at beginning of year - Part II, column (a), line 29	(must agree with end-	of-year	
	figu	re reported on prior year's return)		1	632.
2		er amount from Part I, line 27a		***************************************	
		er increases not included in line 2 (itemize)		3	
4	Add	l lines 1, 2, and 3		4	792.
5		reases not included in line 2 (itemize)		5	
		al net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu	mn (b), line 29	6	792.

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Par		d Losses for Tax on Investi				
	(a) List and describe the I	kind(s) of property sold (for example, real of common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
1a						
b						
C						
d						
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	6.50	r other basis nse of sale		n or (loss) (1) minus (g))
		(Or allottable)	pius expe	1130 01 5010	((0)	
b						
d						
Cor	mplete only for assets showing a	ain in column (h) and owned by the for	indation on 12/31/6	30		
	(i) FMV as of 12/31/69				(I) Gains (Co	l. (h) gain minus it less than -0-) or
	(1)1 1010 85 01 12/3 1/09	(j) Adjusted basis as of 12/31/69	(k) Excess	s of col. (I) ol. (j), if any	Losses (from col. (h))
a		45 01 12/01/05	0,000	7. (J/, 11 daily		
b						
C						
d						
3	If gain, also enter in Part I, line	capital loss) If gain lift (loss) oss) as defined in sections 1222(5) an 8, column (c). See instructions. If (loss)	s), enter -0- in	t I, line 7	2	
Pa		ed on Investment Income (S			948—see instru	ictions)
	Exempt operating foundations	described in section 4940(d)(2), check	here and ente	er "N/A" on line 1	772	and the state of t
		etter: (attach copy		-	$\frac{1}{2}$	
		enter 1.39% (0.0139) of line 27b. Exen	7	•)	
2		col. (b) · · · · · · · · · · · · · · · · · · ·			1000	Line house in the second of the
2	ASSESSED AND THE SECOND	tic section 4947(a)(1) trusts and taxable		House the state of the state o		
3		tic section 4947(a)(1) trusts and taxable				
-		come. Subtract line 4 from line 3. If zer	•			
5	Credits/Payments:	Joine, Subtract line 4 from line 5. If Zer	o or less, enter -o-			
6	•	and 2021 overpayment credited to 2022		62		Ž
		-tax withheld at source				
		tension of time to file (Form 8868)		7.7		
		y withheld				
7		Id lines 6a through 6d.				process or will and mark of 2000
0	• • • • • • • • • • • • • • • • • • • •	ment of estimated tax. Check here				
٥		and 8 is more than line 7, enter amoun				
10		than the total of lines 5 and 8, enter the				
11		e: Credited to 2022 estimated tax			Refunded . 1	0.
UYA			,			Form 990-PF (2022)

لملتكت	Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or	到此。	Yes	No
	Intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or Indirectly) for political purposes? See the instructions for the			
	definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	6	777	13
	distributed by the foundation in connection with the activities.		ه دادات	
C	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	45		44
	(1) On the foundation. \$ (2) On foundation managers. \$	9,		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	# ·		- Mar
	managers. \$	e Vi		ا اورون ماروند
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			113
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	Market II	and the second	100 V 1
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	S (0.000)		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			X
	If "Yes," attach the statement required by General Instruction T.	8 8 1º	1.	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		S 10	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	S.	6. 0006	×
	with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7		X
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	\$ 3+		, S
	TX			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of	X5.75	4200	الماديد
	each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for		helitad.	
	calendar year 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year?			
	If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.WITHEVERYTHINGFORGOD.ORG			
14	The books are in care of RODRIGO DELACOTERA Telephone no. (936)	647-	664	1
	Located at 10 WINROCK PLACE THE WOODLANDS, TX ZIP+4 77382			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here			٠ . [
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			100
	the foreign country			4000

If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or

disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the

the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the

Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?.......

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?......

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3b

4a

4b

Part	t VI-B	Statements Regarding Activities	s for Which Forn	1 4720 May Be I	Required (continued))		
5a	Dunng	the year, did the foundation pay or incur any amou	unt to:				Yes	No
		rry on propaganda, or otherwise attempt to influen		1945(e))?		. 5a(1)		X
		luence the outcome of any specific public election	- ·			Charles Service	Sesson	West
		ectly or indirectly, any voter registration drive?				. 5a(2)		X
		ovide a grant to an individual for travel, study, or ot				100.000		X
		ovide a grant to an organization other than a charit				Andrews of the second of the s	13.023	32.35
		ction 4945(d)(4)(A)? See instructions				0225 023020		X
		ovide for any purpose other than religious, charital				are seen	Andrew Services	WAVE .
		rposes, or for the prevention of cruelty to children	10.70		. <i></i>	[]		X
b		enswer is "Yes" to 5a(1)-(5), did any of the transa					in it	
		ations section 53.4945 or in a current notice regard	18 00 to 1	107		. 5b		
c		zations relying on a current notice regarding disas	₩.					1. 4.18
d		Inswer is "Yes" to question 5a(4), does the founda					200	
		se it maintained expenditure responsibility for the g						
		," attach the statement required by Regulations se						
6a	_	foundation, during the year, receive any funds, di		y premiums			SAME	
		ersonal benefit contract?	1911	* -		. 6a		_X_
b		e foundation, during the year, pay premiums, direct				100000000000000000000000000000000000000		X
		to 6b, file Form 8870.				A second		
7 a	At any	time during the tax year, was the foundation a part	ty to a prohibited tax she	elter transaction?		. 7a		<u>X</u>
b	If "Yes	," did the foundation receive any proceeds or have	any net income attribut	able to the transaction	1?	. 7b		
8	Is the f	foundation subject to the section 4960 tax on paym	nent(s) of more than \$1,	000,000 in				
		eration or excess parachute payment(s) during the						<u>X</u>
Pa	rt VII	Information About Officers, Dire	ectors, Trustees,	Foundation Ma	nagers, Highly Paid	I Emple	oyee	s,
		and Contractors						
	List al	I officers, directors, trustees, and foundation					17 535 7	-
		(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not pald, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exper		
ROD	RIGO	DELACOTERA	DIRECTOR 1					
10 W	INROCE	K PLACE THE WOODLANDS, TX 77382		0.				
DEN	ISSE	DELACOTERA	DIRECTOR 2					
10 W	INROCE	K PLACE THE WOODLANDS, TX 77382		0.				
-			DIRECTOR 3					
10 W	INROCE	C PLACE THE WOODLANDS, TX 77382		0.				
					` .			
				0.				
2	44.00 Laboratoria (Car	ensation of five highest-paid employees (othe	r than those included	on line 1 - see instr	uctions). If none, enter			
	"NONE		(b) Title, and average		(d) Contributions to			
(a) N	lame and	address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans	(e) Experion (e)	nse acc allowan	
			devoted to position		and deferred compensation			
17017	7							
NON	<u>E</u>							
NONT	F							
NON	<u> </u>							
NONI								
NON	<u> </u>				*		60	
NONE	7,							
110111	-							
NONE	<u> </u>							
)	1		
		15-03-532 property to a greater to the contract of the contrac						
Total n	umber o	f other employees paid over \$50,000			· · · · · · · · · · · · · · · · · · ·			100000000000000000000000000000000000000

Part VII Information About Officers, Directors, Trustees, Foundation Managers and Contractors (continued)	47-1917723 Page 7 s, Highly Paid Employees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter	"NONE."
(a) Name and address of each person paid more than \$50,000	
NONE	
Total number of others receiving over \$50,000 for professional services	
Part VIII-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the organizations and other beneficiaries served, conferences convened, research papers produced, etc.	number of Expenses
1 ON 9/17/2022 WE SPENT \$100 AT WALMART BUYING GIFT CARDS TO GIVE DURING OUR CHARITABLE MEDICAL CLINIC DONE AT "COMUNIDATEL PARAISO" IN CONROE.	3-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3-1-3
2 ON 12/10/2022 WE CONDUCTED A FREE MEDICAL CLINIC FOR INTERPORT OF THE "IMPERIAL CHASE" APARTMENT COMPLEX. BROWN FREE MEDICAL CLINIC, MEDICINES AND CHRISTMAS GIFTS FOR	OUGHT
3	
4	
Part VIII-3 Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	<u> </u>
2	
All other program-related investments. See instructions.	
3	
Total Add lines 1 through 3	

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Corpus Years prior to 2021 2021 2022 I Distributable amount for 2022 from Part X, line 7 Undistributed income, if any, as of the end of 2022: Enter amount for 2021 only. Total for prior years: Excess distributions carryover, if any, to 2022 From 2017 662 . From 2018 763 . From 2019 1,138 . I From 2020 1,1552 . From 2021 1,084 . Total of lines 3s through e 5,399 . Qualifying distribution for 2022 from Part XI, line 4 \$ 1,340 . Applied to 2021, but not more than line 2a. Applied to undistributed income of prior years (Election required - see instructions). Treated as distributions out of corpus (Election required - see instructions). Applied to 2022 distributable amount 59 Remaining amount distributed out of corpus 1,281 . Excess distributions carryover applied to 2022 (if an amount appears in column (d), the same amount must be shown in column (a). Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e. Subtract line 5 6,680 . Prior years' undistributed income. Subtract line 4b from line 2b. Enter the amount of prior years' undistributed income for which the section 4942(a) tax has been previously assessed. d. Subtract line 6c from line 6b Tavable amount e- ce instructions Brook for the first part of the section 4942(a) tax has been previously assessed. d. Subtract line 6c from line 6b Tavable amount e- ce instructions Brook for the first part of the section 4942(a) tax has been previously assessed. d. Subtract line 6c from line 6b Tavable amount - see instructions
2 Undistributed income, if any, as of the end of 2022: a Enter amount for 2021 only. b Total for prior years: 5 Excess distributions carryover, if any, to 2022: a From 2018 763. c From 2018 763. c From 2019 1,138. d From 2020 1,752. from 2021 1,084. f Total of lines 3a through e 5,399. 4 Qualifying distributions for 2022 from Part XI, line 4 1,340. a Applied to 2021, but not more than line 2a. b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions). d Applied to 2022 distributable amount for Remaining amount distributed out of corpus. Excess distributions carryover applied to 2022 (if an amount appears in column (d), the same amount must be shown in column (a). 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5. b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount - see instructions.
a Enter amount for 2021 only. b Total for pror years: 3 Excess distributions carryover, if any, to 2022: a From 2017 662. b From 2018 763. c From 2019 1,138. d From 2020 1,752. e From 2021 1,084. f Total of lines 3a through e 5,399. 4 Qualifying distributions for 2022 from Part XI, line 4. \$ 1,340. a Applied to 2021, but not more than line 2a. b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions). d Applied to 2022 distributable amount e Remaining amount distributed out of corpus. 1,281. Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a)). Enter the net total of each column as indicated below: a Corpus, Add lines 3f, 4c, and 4e. Subtract line 5. b Prior years' undistributed income. Subtract line 4b from line 2b. c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6b Traxble amount - see instructions.
b Total for prior years: 3 Excess distributions carryover, if any, to 2022 4 From 2017 . 662. 5 From 2018 . 763. 6 From 2019 . 1, 138. 6 From 2020 . 1, 752. 9 From 2021 . 1, 084. 1 Total of lines 3s through e . 5, 399. 4 Qualifying distributions for 2022 from Part XI, line 4. \$ 1, 340. a Applied to 2021, but not more than line 2a. b Applied to 2021, but not more than line 2a. b Applied to undistributed income of prior years (Election required -see instructions). c Treated as distributions out of corpus (Election required -see instructions). d Applied to 2022 distributable amount R Remaining amount distributed out of corpus. 5 Excess distributions carryover applied to 2022 (If an amount appears in column (a), the same amount must be shown in column (a). 6 Enter the net total of each column as indicated below: a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5. b Prior years' undistributed income. Subtract line 4b from line 2b. C Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6b Trable amount - see instructions.
Sexess distributions carryover, if any, to 2022: a From 2017
a From 2017 . 662. b From 2018 . 763. c From 2019 . 1,138. d From 2020 . 1,752. e From 2021 . 1,084. f Total of lines 3a through e . 5,399. 4
b From 2018
c From 2019
d From 2020
e From 2021
f Total of lines 3a through e Qualifying distributions for 2022 from Part XI, line 4. \$ 1,340. Applied to 2021, but not more than line 2a. Applied to undistributed income of prior years (Election required - see instructions). Treated as distributions out of corpus (Election required - see instructions). Applied to 2022 distributable amount Remaining amount distributed out of corpus. Excess distributions carryover applied to 2022 (Iff an amount appears in column (d), the same amount must be shown in column (a).). Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5. Prior years' undistributed income. Subtract line 4b from line 2b. Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount - see instructions
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been issued, or on which the section 4942(a) tax has been previously assessed
tax has been previously assessed
d Subtract line 6c from line 6b Taxable amount - see instructions
d Subtract line 6c from line 6b Taxable amount - see instructions
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
4a from line 2a. Taxable amount - see
instructions
f Undistributed income for 2022. Subtract lines
4d and 5 from line 1 This amount must be
distributed in 2023
7 Amounts treated as distributions out of corpus
to satisfy requirements imposed by section
170(b)(1)(F) or 4942(g)(3) (Election may be
required - see instructions)
8 Excess distributions carryover from 2017 not
applied on line 5 or line 7 (see instructions)
9 Excess distributions carryover to 2023.
Subtract lines 7 and 8 from line 6a
10 Analysis of line 9:
a Excess from 2018
b Excess from 2019
c Excess from 2020
d Excess from 2021
e Excess from 2022

Form 9	90-PF (2022) WITH EVERYTHING	FOR GOD F	OUNDATION		47-19	17723 Page 10		
Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)								
1a	If the foundation has received a ruling or dete							
	the ruling is effective for 2022, enter the date							
b	Check box to indicate whether the foundation				4942(j)(3)	or 4942(j)(5)		
2a	Enter the lesser of the adjusted net income		g touridation accome	Prior 3 years				
	from Part I or the minimum investment	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total		
	return from Part IX for each year listed	(-,)	(-/					
Ъ	85% (0 85) of line 2a							
c	Qualifying distributions from Part XI, line 4,							
	for each year listed							
d	Amounts included in line 2c not used directly							
· -	for active conduct of exempt activities							
e	Qualifying distributions made directly for							
_	active conduct of exempt activities.							
	Subtract line 2d from line 2c							
3	Complete 3a, b, or c for the alternative							
1530	test relied upon:			**				
	"Assets" alternative test – enter:			31				
_	(1) Value of all assets							
	(2) Value of assets qualifying under							
b	section 4942(j)(3)(B)(i)							
	minimum investment return shown in							
С	Part IX, line 6, for each year listed "Support" alternative test - enter:							
·								
	(1) Total support other than gross invest-					+		
	ment income (interest, dividends, rents,							
	payments on securities loans (section				i			
	512(a)(5)), or royalties)							
	(2) Support from general public and 5 or							
	more exempt organizations as provided			1				
	in section 4942(j)(3)(B)(iii)							
	(3) Largest amount of support from an							
	exempt organization							
Dort	(4) Gross investment income	/Complete this	s part only if the	e foundation ha	d \$5 000 or mor	o in accote at		
Part			ALCOHOLOGICAL DE PROPERTORIO DE PROPERTORIO	e iounuation na	u \$5,000 oi iiioi	e III assels al		
	any time during the year-s		<u>>./</u>					
	nformation Regarding Foundation Manage		00/ 611 4.4.1		L - C 1-4' L -C 4	L		
	ist any managers of the foundation who have			ributions received by t	ne roundation before t	ine close of any		
ta	ex year (but only if they have contributed more	than \$5,000). (See s	section 507(d)(2).)					
	ist any managers of the foundation who own 1			or an equally large por	rtion of the ownership	of a partnership		
0	rother entity) of which the foundation has a 10	% or greater interes	t.					
2 In	formation Regarding Contribution, Grant,					D 10 21		
_	heck here if the foundation only makes	9			No.			
fu	nds. If the foundation makes gifts, grants, etc	., to individuals or or	ganizations under oth	er conditions, comple	te items 2a, b, c, and	d. See instructions.		
a Ti	ne name, address, and telephone number or e	email address of the	person to whom appli	cations should be add	iressed:			
b Ti	ne form in which applications should be subm	itted and information	and materials they sl	hould include:				
c Ar	ny submission deadlines:							
d Ar	ny restrictions or limitations on awards, such a	s by geographical ar	reas, charitable fields	, kinds of institutions,	or other factors:			

UYA

Form 990-PF (2022)

3	Supplementary Information Grants and Contributions Paid During to	he Year or	Approved for Future P	avment		
	Recipient		If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)		or substantial contributor	recipient	COMMINUTOR	
a	Paid during the year					
						1
		30	321-			
			25			
						×
				120 E		
						1
-	Total					
b	Approved for future payment				, , , , , , , , , , , , , , , , , , ,	
						2553
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				3M T		
			*			
			1	•	•	1

····· 3b

nter gross amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemption income (See instructions
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities					
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property					22
Other investment income					
Gain or (loss) from sales of assets other than inventory					
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue: a					
b					
c			2.22		
d					
Δ					
Subtotal. Add columns (b), (d), and (e)	50500000000000000000000000000000000000				
Relationship of Activities to the ine No. Explain below how each activity for which income				ortantly to the acco	mplishment
of the foundation's exempt purposes (other than b	y providing funds	for such purposes)	. (See instruction	s.)	
					

	Exemple	rganizations						
1 Did t	he organization direct	ly or indirectly engage in	n any of the following with any o	ther organization describe	ed in section 501(c)		Yes	No
(othe	er than section 501(c)	(3) organizations) or in	section 527, relating to political	organizations?				13
		5000 500 States						
a Tran	sfers from the reporti	ng foundation to a nonc	haritable exempt organization o	! :		Be Janie	Such	40
						1a(1)		X
(2)	Other assets					1a(2)		X
	er transactions:					En v	Service .	
(1) \$	Sales of assets to a n	oncharitable exempt org	ganization			1b(1)		X
			empt organization					X
			s					X
								X
(5)	Loans or loan guarant	ees				1b(5)		X
(6)	Performance of service	es or membership or fu	Indraising solicitations			1b(6)		X
			r assets, or paid employees					X
			te the following schedule. Colu				ods,	
			undation If the foundation rece					
			goods, other assets, or service		value in any maniera			
	(b) Amount involved		aritable exempt organization		sfers, transactions, an	d sharing arr	angeme	ents
						75. 1978	- 0	
							·	
			··· ··· ··· ··· ··· ··· ··· ··· ··· ··					
2 a la th	- foundation directly a		L					
			h, or related to, one or more tax					
			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		. L Yes	X	10
b If "Ye	es," complete the folk		(L) T					
	(a) Name of orga	inization	(b) Type of organiza	ion (c) Description of rela	ationship		
							200	
	Index panalties of services t	declare that I have supplied	this sature including a second			02-01 N - 03-00 N		
	orrect, and complete Decl	aration of preparer (other than	this return, including accompanying solution of taxpayer) is based on all information of	which preparer has any knowle	MOA			
ign	61	MITTE		•	May	the IRS discus preparer shown	s this ret	urn wit
lere		anni	04/26/2023 O	WNER	Company of the Compan	nctious.	PAION	3 60
	ignature of officer or tru			lle			Yes T	No
5	Print/Type preparer's	пате	Preparer's signature	Date	Check			
	Time Type property		1					
aid					seit-embio	yed I		
aid	Firm's name				self-emplo	yed		
aid					Firm's EIN	yed		
aid reparer se Only	Firm's name					yed		

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

47-1917723

WITH EVERYTHING FOR GOD FOUNDATION Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering *N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

WITH EVERYTHING FOR GOD FOUNDATION

Employer identification number

47-1917723

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1	DELACOTERA HEALTH CARE ASSOCIATION 17045 ST EDWARDS DR Ste. SUITE 300 HOUSTON, TX 77090	\$1,500.	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						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
		\$	Person						

Name of organization
WITH EVERYTHING FOR GOD FOUNDATION

Employer identification number 47-1917723

art II	Noncash (see instructions). Use duplicate copies	of Part II if additional space is needed.	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
No. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

Part III

WITH EVERYTHING FOR GOD FOUNDATION

Employer identification number

Citibioaei	ruenuncation	HUITIDE
47-19	17723	

	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional additional contributions.	ns completing Part III, en year. (Enter this informa	ter the total of	exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer o		nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gi	ift	(d) Description of how gift is held
Part I		(c) OSC O. g.		(u) Description of now give to more
	(e) Trans Transferee's name, address, and ZIP + 4		nsfer of gift Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of		nship of transferor to transferee

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or

Form 990-PF Professional Fees Expense

Supporting Details for Form 990-PF, Part I, Line 16

(a) Description	(b) Revenue and	(c) Net investmen	(d) Adjusted net	(e) Disbursemen
	expenses per books	income	income	for charitable purpose
egal fees:				
	ο.	ο.	0.	0.
	0.	ο.	0.	0.
	ο.	ο.	0.	Ο.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	ο.	0.	0.
	0.	0.	0.	0.
	0.	Ο.	0.	0.
	0.	0.	Ο.	0.
Accounting fees:				
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
	0.	0.	0.	0.
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	0.	0.	0.	0
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ther professional fees:				
BANK OF AMERICA FEES	160.	0.	0.	160.
	0.	0.	0.	0.
	0.	0.	0.	0.
	04/26/23 12	47PM		

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٥.	٥.	0.	Q
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Q.	Q.	Q.	0.
٥.	Q.	Q.	Q

Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

OMB No. 1545-004	-
LUMB NO. 1343-UU4	7

For calendar year 2022, or tax year beginning _ , and ending 2022

Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Internal Revenue Service ► Go to www.lrs.gov/Form8453TE for the latest information. Name of filer EIN or SSN WITH EVERYTHING FOR GOD FOUNDATION 47-1917723 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ▶ 1b b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2b 2a Form 990-EZ check here ▶ 3b 3a Form 1120-POL check here ► 4b 4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part V, line 5) 5b 5a Form 8868 check here ▶ 6b 6a Form 990-T check here ▶ b Total tax (Form 990-T, Part III, line 4)........ 7b 7a Form 4720 check here ▶ b Total tax (Form 4720, Part III, line 1)........ 8b 8a Form 5227 check here ▶ b FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here ▶ 10a Form 8038-CP check here ▶ □ b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b Part II Declaration of Officer or Person Subject to Tax I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to thisaccount indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 🛛 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to (name of entity) ______, (EIN) _____, and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. OWNER/DIRECTOR Sign Signature of officer or person subject to tax Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge if I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements described in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Check if **ERO's SSN or PTIN** Check if Date ERO's self-ERO's also paid signature employed preparer Use EIN Firm's name (or Only yours if self-employed), Phone no. address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge

Use Only Firm's address For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Print/Type preparer's name

Firm's name

Paid

UYA

Preparer

Form **8453-TE** (2022)

PTIN

Check if

employed

Firm's EIN

Phone no.

self-

Preparer's signature

Date

WITH EVERYTHING FOR GOD

BIGINING BALANCE

\$632.33

ENDING BALANCE

\$792.23

EXPENSESS

2/1/2022	DANK CCC	616.00
	BANK FEE	\$16.00
3/1/2022	BANK FEE	\$16.00
4/1/2022	BANK FEE	\$16.00
5/2/2022	BANK FEE	\$16.00
6/1/2022	BANK FEE	\$16.00
7/1/2022	BANK FEE	\$16.00
8/1/2022	BANK FEE	\$16.00
9/1/2022	BANK FEE	\$16.00
10/3/2022	BANK FEE	\$16.00
11/1/2022	BANK FEE	\$16.00

\$160.00

DEPOSITS

8/4/2022	DHCA	\$1,000.00
12/1/2022	DHCA	\$500.00

\$1,500.00

ACTIVITIS

9/14/2022	WALMART	\$90.00
9/14/2022	WALMART	\$10.00
11/2/2022	USPS	\$198.00
11/30/2022	WALMART	\$882.10

\$1,180.10