EXTENDED TO NOVEMBER 15, 2024 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change MESA-OUTREACH, INC Name change 27-1022537 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated PO BOX 841075 (281) 599-8536 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 77284-1075 HOUSTON, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: JANET BALBONI for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.MESA-OUTREACH.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2009 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: MESA OUTREACH, INC. Activities & Governance NON-PROFIT 501(C)(3) ORGANIZATION THAT IS DEDICATED TO PROVIDE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 1643 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 366,198. 1,133,875. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 0. 359. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -30,177.-34,986. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 336,021. 1,099,248. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,193.4,094. 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) 83,966. 103,099. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 284,569. 1,011,917. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 370,728. 1,119,110. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -34,707.-19,862. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 202,143. 177,973. Total assets (Part X, line 16) 9,766. 5,458 21 Total liabilities (Part X, line 26) 三年 192,377. 172,515 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JANET BALBONI, PRESIDENT/CHAIRMAN OF THE BOARD Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RANDY L. WALKER, CPA P00963779 Paid self-employed Firm's name RANDY WALKER & CO Firm's EIN 20-3992693 Preparer Firm's address 7800 IH 10 WEST, STE. Use Only Phone no. 210 - 366 - 9430 SAN ANTONIO, TX 78230 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Par	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:
	MESA OUTREACH, INC. IS A NON-PROFIT 501(C)(3) ORGANIZATION THAT IS
	DEDICATED TO PROVIDE ASSISTANCE SO THE MOST VULNERABLE CAN IMPROVE THE
	QUALITY OF THEIR FUTURE. FILLING THE VOID WHERE OTHER PROGRAMS ARE NOT
	MEETING THESE NEEDS.
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 \$1,083,802. including grants of \$4,094.) (Revenue \$
	BASIC NEEDS:
	FOOD PANTRY
	SHELF-STABLE FOODS, FROZEN MEATS & REFRIGERATED ITEMS FOR THOSE WITH
	EMERGENCY NEEDS
	FOOD ASSISTANCE IS PROVIDED TWICE A MONTH TO AREA RESIDENTS. EACH
	FAMILY IN NEED RECEIVES A 23# BAG OF SHELF STABLE FOOD ITEMS,
	BREAD/PASTRIES, FROZEN MEATS, DRINKS, AND PRODUCE FOR THEIR FAMILY.
	MESA'S FOOD PANTRY DISTRIBUTIONS CONTINUED WITH THE DRIVE THROUGH
	SYSTEM OF FOOD DISTRIBUTION. WITH THIS DRIVE THROUGH SYSTEM, MESA'S
	FOOD PANTRY AND THE DEDICATED GROUP OF VOLUNTEERS WERE ABLE TO SERVE
	THE EVER-INCREASING NUMBER OF CLIENTS AS MESA CONTINUED TO MEET THEIR
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
710	BOOKS TO KIDS:
	ENCOURAGING KIDS TO READ WITH BOOKS THEY CAN CALL THEIR OWN
	MESA PROVIDES FREE BOOKS TO CHILDREN 4 - 10 YEARS OLD, WHO ARE
	EDUCATIONALLY AT RISK. PROJECT GOAL: ALL CHILDREN WANT AND NEED A HOME
	LIBRARY. BOOKS ARE DISTRIBUTED AT SPECIAL EVENTS DURING THE YEAR.
	Provide the providence of the
	DURING 2023:
	BOOKS DISTRIBUTED AT EASTER: 223
	BOOKS DISTRIBUTED AT SHARE THE TABLE: 497 (PREVIOUSLY LISTED WITH THAT
	EVENT)
	BOOKS DONATED: 105
	VOLUNTEER HOURS DONATED: 65
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
70	(Code:
	-
4 cl	Other pregram comises (Describe on Cahadula O.)
4d	
4.5	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 1,083,802.
40	Total program service expenses 1,083,802.

11511106 130509 MESA-OUTREACH

Form 990 (2023) MESA-OUTREACH, INC 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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

332003 12-21-23

MESA-OU1

Form 990 (
Part IV	Ch	ecklist of Required Schedules (con	tinued)

	· (continued)		Yes	N ₂
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		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		<u> X</u>
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		_X_
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%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35a	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		<u>X</u>
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?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fai				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Entantha number reported in her 2 of Form 1006 Enter 0 if not and inches		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ita Ita O Ita O Ita Ita Ita It	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		
U	(gambling) winnings to prize winners?	1c	х	
332004	9 12-21-23			(2023)
- >=-00-				·/

	MEGA OUTEREACH TNO 27 1022	F 2 7							
	1990 (2023) MESA-OUTREACH, INC 27-1022 rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	P	age 5					
i di	Statements negarding other into rinings and rax domphance (continued)		V	l NI =					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No					
Za	filed for the calendar year ending with or within the year covered by this return 2a 6								
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	b If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O 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)?								
b	If "Yes," enter the name of the foreign country	4a							
	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					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		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		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	ì							
	to file Form 8282?	7с	Х						
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?	7e		X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
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 organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12								

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069 Form **990** (2023)

MESA-OU1

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 Section A. Governing Body and Management No Yes 16 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records LISA MODGLIN - (281) 599-8536

Form **990** (2023)

77284-1075

BOX 841075, HOUSTON, TX

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B)	Jiga			C)		Juli	(D)	(E)	(F) Estimated	
name and the	Average hours per week	box	not cl	heck i ss per	more	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) CHUCK BLUMENTRITT	1.00										
BOARD MEMBER	0.50	Х						0.	0.	0.	
(2) JEANNE COLEMAN	0.50	ļ									
BOARD MEMBER	<u> </u>	Х						0.	0.	0.	
(3) DAVID E. DAVIS	0.50	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(4) MELISSA HUESKE	0.00	ļ									
BOARD MEMBER	1	Х						0.	0.	0.	
(5) SALLY LEHNERT	1.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(6) DEBORAH PLATTSMIER	2.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(7) KATIE RIGBY	1.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(8) MICHAEL TONNU	2.00	ļ									
BOARD MEMBER	1	Х						0.	0.	0.	
(9) NANCY TRENNEL	4.00	ļ									
BOARD MEMBER		Х						0.	0.	0.	
(10) TORI TREVINO	2.00	1						_	_		
BOARD MEMBER		Х						0.	0.	0.	
(11) JEFF WAY	0.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
(12) JANET BALBONI	10.00							_	_	_	
CHAIRMAN OF THE BOARD/PRESIDENT		Х		Х				0.	0.	0.	
(13) RON LITT	0.50							_	_	_	
VICE CHAIRMAN OF THE BOARD		Х		Х				0.	0.	0.	
(14) GLORIA HESS	0.50							_	_	_	
VICE PRESIDENT OF FINANCE		Х		Х				0.	0.	0.	
(15) JANELLE MEYER	3.00							_	_	_	
TREASURER		Х		Х				0.	0.	0.	
(16) JANET CHARPIOT	2.00	_						_	_	_	
SECRETARY	1	Х		Х				0.	0.	0.	
		4									

Form 990 (2023)

(B)

(A) Name and title		(B) Average hours per week	box	not c	Pos heck i ss per	more rson i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) Estimated amount of other			
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	org ar	npensa rom th ganiza nd rela anizat	ation ne tion ted		
1b	Subtotal								0.	0			0.		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	0			0.		
2	Total number of individuals (including but n										<u> </u>		0		
	compensation from the organization											Yes	No		
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s										3		Х		
4	For any individual listed on line 1a, is the su														
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co sati	<i>mple</i>	ete S	Sche anv	edule unre	e <i>J f</i> e	or such individual ed organization or individual	dual for services	4		X		
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors										5		Х		
1	Complete this table for your five highest co	•	-							•	ation fr	om			
	the organization. Report compensation for (A)	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin 	the organization's tax y	ear.	-	C)			
	Name and business	address	NC	NE	3				Description of s	services	Compe		n		
2	Total number of independent contractors (in \$100,000 of compensation from the organization)	-	ot lin	nited	d to	thos	_	ted	above) who received m	ore than					
											Form	990	(2023)		

		Check if Schedule O	contains a resp	onse	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							Turiction revenue	business revenue	sections 512 - 514
Siα	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b						
ဇ် မြ					40,695.				
fts, r A		Related organizations							
ië ië					72,849.				
Sin		All other contributions, gifts,			72,043.				
e E	'			1	020,331.				
ĕ₽	_	similar amounts not included		<u> </u>	943,748.				
	g		lines 1a-1f 1g	Ф		1,133,875.			
Oa	<u>n</u>	Total. Add lines 1a-1f			Business Code	1,133,073.			
					Busiliess Code				
<u>ic</u>	2 a								
er Pe	b								
n S en	С								
Je Sev	d								
Program Service Revenue	е								
۵.	f	All other program service	revenue						
\rightarrow	g								
	3	Investment income (includ	ling dividends,	intere	est, and				
		other similar amounts)				359.			359.
	4	Income from investment o	f tax-exempt b	ond p	roceeds				
	5	Royalties							
			(i) Re	al	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6с						
	d	Net rental income or (loss)	<u></u>						
	7 a	Gross amount from sales of	(i) Secur	ities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ē		and sales expenses	7b						
Revenue	С	Gain or (loss)	7c						
ě		Net gain or (loss)							
ther		Gross income from fundraisir							
퉏		including \$							
		contributions reported on							
		Part IV, line 18	•	8a	0.				
	b	Less: direct expenses		8b					
		Net income or (loss) from t				-35,749.			-35,749.
		Gross income from gamin	-						
		Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from		_	•				
		Gross sales of inventory, le		<u> </u>					
	.o u	and allowances		10a					
	h	Less: cost of goods sold		- 1					
		Net income or (loss) from s		_	-1				
$\overline{}$		1400 HOOTHO OF (1000) HOTH	caroo or mivelio	- i y	Business Code				
sn	11 0	OTHER REVENUE			900099	763.			763.
Jeo Teo	ii a b					, , , , ,			, 55•
Miscellaneous Revenue	C								
Sce		All other revenue							
Ξ		Total. Add lines 11a-11d				763.			
	12	Total revenue. See instruction				1,099,248.	0.	0 -	-34,627.
						_ , , •	,	,	,

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 4,094. 4,094. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 95,694. 76,555. 19,139. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7,405. 5,933. 1,472. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,000. 2,000. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 28,136. 21,594. 6,542. Office expenses 13 Information technology 14 Royalties 15 20,583. 19,931. 652. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,118. 1,039. 79. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 6,575. 6,575. 22 Depreciation, depletion, and amortization 5,753. 1,289. 4,464. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 947,025. 947,025. COMMUNITY RELIEF FOOD CHILDREN'S BOOKS DONATE 727. 727. С d All other expenses 1,119,110. 1,083,802. 35,308. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Paı	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			134,531.	1	90,740.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		16,950.	3	5,000.	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sed	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			21,797.	8	52,504. 6,891.
Ä	9	Prepaid expenses and deferred charges			2,409.	9	6,891.
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	50,176.			
	b		25,293.	10c	22,198.		
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		1 160	14	640	
	15	Other assets. See Part IV, line 11	1,163.	15	640.		
	16	Total assets. Add lines 1 through 15 (must e			202,143.	16	177,973.
	17	Accounts payable and accrued expenses			9,766.	17	5,458.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		·			
Liat		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23 24	
	24 25	Unsecured notes and loans payable to unrela				24	
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on li					
		- CO-le - de le D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25			9,766.	26	5,458.
		Organizations that follow FASB ASC 958, o	check he	e X			3,233.
es		and complete lines 27, 28, 32, and 33.		· _			
anc	27				192,377.	27	177,666.
Bala	28				0.	28	-5,151.
nd		Organizations that do not follow FASB AS					
Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current fun	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			192,377.	32	172,515.
	33	Total liabilities and net assets/fund balances			202,143.	33	177,973.

Pa	rt XI Reconciliation of Net Assets				,
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,099	, 24	48.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,119	,1:	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19	,86	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	192	3,3	77.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	172	, 51	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		T	1	1	1	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				1		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				+		
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10 Gross receipts from related activities,	ete (eee instructi				12	
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
13	organization, check this box and stor	· ·		•	•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•	.,,		15	%
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies					<i>,</i>	
b	33 1/3% support test - 2022. If the		-				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_	-				
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2022. If the org	ganization did not	check a box on lin			
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instructions	s
						Schedule A	(Form 990) 2023

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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						_
	include any "unusual grants.")	394,065.	480,133.	387,170.	366,198.	1133874.	2761440.
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	8,650.	3,450.				12,100.
3	Gross receipts from activities that are not an unrelated trade or business 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	402,715.	483,583.	387,170.	366,198.	1133874.	2773540.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	30,000.	146,047.	100,000.	70,000.	189,872.	535,919.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
•	Add lines 7a and 7b	30,000.	146,047.	100,000.	70,000.	189,872.	535,919.
	Public support. (Subtract line 7c from line 6.)						2237621.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	402,715.	483,583.	387,170.	366,198.	1133874. 359.	2773540. 359.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					359.	359.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	114.	192.	201.	207.	763. 1134996.	1,477.
	Total support. (Add lines 9, 10c, 11, and 12.)	402,829.	483,775.	387,371.	366,405.		2775376.
14	First 5 years. If the Form 990 is for the	G		,		() ()	, iii,
Se	check this box and stop here ction C. Computation of Publi	c Support Per		<u></u>			·····
	Public support percentage for 2023 (li			column (f))		15	80.62 %
16	Public support percentage from 2022					16	79.83 %
	ction D. Computation of Inves						
17	Investment income percentage for 20	23 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	.01 %
18						18	.00 %
19	a 33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box ar						
ŀ	o 33 1/3% support tests - 2022. If the						
00	line 18 is not more than 33 1/3%, che		-			-	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1			Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3a	L	1		
3a				
3a				
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	2		
3b 3c 4a 4b 4b 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
3c	L	3a		
3c				
3c				
4a	L	3b		
4a				
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	3c		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	L	4a		
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b	Н	4b		
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5a 5b 5c 6 7 8 9a 9b 9c 10a 10b				
5b	Н	4c		
5b				
5c 6 7 8 9a 9b 9c 10a 10b	Н	5a		
5c 6 7 8 9a 9b 9c 10a 10b				
6 7 8 9a 9b 9c 10a 10b	ŀ			
7 8 9a 9b 9c 10a	H	3 C		
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a				
7 8 9a 9b 9c 10a		6		
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b				
9a 9b 9c 10a 10b	Т	7		
9a 9b 9c 10a				
9a 9b 9c 10a		8		
9b 9c 10a				
9b 9c 10a				
9c 10a 10b		9a		
9c 10a 10b				
10a	L	9b		
10a				
10b	L	9c		
10b				
10b				
		10a		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has tl	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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		
Sect	tion I	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Saat	super	vised, or controlled the supporting organization.	2		
Seci	1011	C. Type II Supporting Organizations		1	
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sect	the su	upported organization(s). D. All Type III Supporting Organizations	1		
		Divinity point outporting organizations		Yes	No
4	Did #h	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	_	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		· · · · · · · · · · · · · · · · · · ·	3		
Sect	ion I	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	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 ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	_ iu ii	to organization occided a depotential adgree of another ever the policies, producting, and activities of Cacil			

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

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations					
1								
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	Section A - Adjusted Net Income (A) Prior Year (optional) (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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 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	on 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-functional		d Type III supporting orga	nization (see				
	instructions).							

Schedule A (Form 990) 2023

	dule A (Form 990) 2023 MESA-OUTREACH	•	nizationa /		7-1022537 Page 7
	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	<i>led)</i>	
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		_	2	
3_4	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·		4 5	
<u>5</u>	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		6	
7	Other distributions (<i>describe in Part VI</i>). See instructions. Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		- 1	
Ü	(provide details in Part VI). See instructions.	ie organization is responsive		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
<u></u>	Elifo o arribant arviada by into o arribant	(i)	(ii)	<u>'</u>	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> i </u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
8	and 4c. Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
u	Excess for 0000				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2019 AMOUNT: \$ 114. 192. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 201. 2022 AMOUNT: \$ 207. 2023 AMOUNT: \$ 763.

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number

27-1022537 MESA-OUTREACH, INC Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 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 X 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

MESA-OUTREACH, INC

27-1022537

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
		\$	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 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 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.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

MESA-OUTREACH, INC

27-1022537

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD AND FRESH PRODUCE	_	
1		-	
		538,322.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOODS AND NF ITEMS	_	
3		-	
		\$69,709.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SHELF STABLE FOOD	_	
5		-	
		\$\$6,430.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	MEATS, BREADS, BAKERY GOODS, DAIRY, AND SHELF STABLE	_	
6	FOODS.	-	
		\$\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		_	
323453 12-26		_ \$	Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** MESA-OUTREACH, 27-1022537 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee (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, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

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.

OMB No. 1545-0047 Inspection

Name of the organization

MESA-OUTREACH, INC

Employer identification number 27-1022537

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		(h) Funda and other accounts
	-	(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	_	
•	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		
Par		ganization anguared "Vas" on Form 200 J	
1	·		-art iv, line 7.
'	Purpose(s) of conservation easements held by the organization Preservation of land for public use (for example, recreation)		a historically important land area
	Protection of natural habitat	· —	a historically important land area a certified historic structure
	Preservation of open space	Freservation of	a certified historic structure
2	Complete lines 2a through 2d if the organization held a quality	find consequation contribution in the form	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
a	Total number of conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included on line 2c acqu	***************************************	
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
_	year	isassa, skiingaishsa, sh tarrimatsa by and	organization danning the tank
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	S.
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 furth	erance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		I gain, provide
	the following amounts required to be reported under FASB A	· ·	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2023

Pai	t III Organizations Maintaining Coll	ections of Art	t, Histo	orical Tre	asures, o	r Other	Similar .	Assets	(continu	ed)
3	Using the organization's acquisition, accession,	and other records	s, check	any of the f	ollowing that	make sig	nificant us	e of its		
	collection items (check all that apply).									
а	Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collection	ctions and explair	n how the	ey further th	e organizatio	n's exem	ot purpose	in Part	XIII.	
5	During the year, did the organization solicit or re	ceive donations o	of art, his	torical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be maint								Yes	☐ No
Pai	t IV Escrow and Custodial Arrange		te if the o	organizatior	answered "	Yes" on Fo	orm 990, F	Part IV, li	ne 9, or	
	reported an amount on Form 990, Part X	, line 21.								
1a	Is the organization an agent, trustee, custodian,	or other intermed	diary for o	contribution	s or other as	sets not ir	cluded		_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the fol	lowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line	21, for e	scrow or cu	istodial acco	unt liability	/?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch									
Pai	t V Endowment Funds Complete if the									
		a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three yea	ars back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current		e (line 1g	, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	•								
За	Are there endowment funds not in the possession	on of the organiza	ition that	are held ar	nd administer	ed for the			[x	'es No
	organization by:									es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization								3b	
4 Par	Describe in Part XIII the intended uses of the org t VI Land, Buildings, and Equipmen	ganization's endov i t	wment tu	inas.						
ı aı	Complete if the organization answered "		Part IV	line 11a S	66 Form 990	Part X lii	ne 10			
								. 1	(al) De als	
	Description of property	(a) Cost or o basis (investn			or other (other)		cumulated reciation	'	(d) Book	value
	Land	240.3 (11103111	1.5114)	Dasis	(54101)	асрі	COIGCIOIT			
_	Land									
b	Buildings							\dashv		
q				5	0,176.		27,97	8.	22	,198.
d	Equipment Other				J , ± / U •		_ , , , , ,	- 		,
	. Add lines 1a through 1e. (Column (d) must equa	J Form 000 Dest	V line 10)o och :===	(D))				2.2	,198.
· Jta	i , iaa iii oo ta ii ii ougit to. [Colullili (a) Illust eaua	u ronn 330. Part	7. IIIIE IL	v. colullin	וטו					,

Schedule D (Form 990) 2023

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

(7) (8) (9)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

Pa	rt XI Reco	onciliation of Revenue per Audited Financial S	tatements With Revenue	per Return	
	Comp	lete if the organization answered "Yes" on Form 990, Part IV	, line 12a.		
1	Total revenue	, gains, and other support per audited financial statements		1	
2	Amounts incl	uded on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealize	d gains (losses) on investments	2a		
b		ices and use of facilities			
С		prior year grants			
d	Other (Descri	be in Part XIII.)	2d		
е		•			
3		2e from line 1		3	
4		uded on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а		xpenses not included on Form 990, Part VIII, line 7b			
b		be in Part XIII.)	4b		
С	Add lines 4a				
<u>5</u>	Total revenue	e. Add lines 3 and 4c. (This must equal Form 990, Part I. line pnciliation of Expenses per Audited Financial S	12.)		
Ра			•	s per neturn	
		lete if the organization answered "Yes" on Form 990, Part IV			
1		es and losses per audited financial statements		1	
2		uded on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a		ices and use of facilities			
b		ustments			
C		hada Dad Will)			
d	•	be in Part XIII.)		00	
e o		through 2d			
3 4		2e from line 1 uded on Form 990, Part IX, line 25, but not on line 1:			
a		kpenses not included on Form 990, Part VIII, line 7b	4a		
a b		be in Part XIII.)			
	Add lines 4a			4c	
5		es. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			
	rt XIII Supp	plemental Information	<i>- 10.</i> /	, <u>-</u> ,	
Prov	ide the descrip	tions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, line 2; Part	XI,
lines	2d and 4b; an	d Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							ntification number
	TREACH, INC					27-1022	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, lii	ne 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individuals 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr	tion of tion of fundra (includanted)	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	-						
S List all states in which the organization or licensing.	n is registered or licensed to solicit c		 utions	or has been notified i	it is e	exempt from re	gistration
or licensing.							
					—		

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

Schedule G (Form 990) 2023

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List 6	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPECIAL		NONE	` '
			EVENTS			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ne			71 7	71 /	,	
Revenue		Cross receipts	40,695.			40,695.
Re	'	Gross receipts	40,055.			10,055.
			40 605			40 605
	2	Less: Contributions	40,695.			40,695.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
en	6	Rent/facility costs				
EX						
š	7	Food and beverages				
Ę.						
	8	Entertainment				
		Other direct expenses	35,749.			35,749.
		Direct expense summary. Add lines 4 through	9 in column (d)			35,749.
		Net income summary. Subtract line 10 from lin	. ,			-35,749.
Pa	rt I	II Gaming. Complete if the organization a				, , , , , , , , , , , , , , , , , , ,
		\$15,000 on Form 990-EZ, line 6a.		, , ,	•	
		,		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						.,
Re		Cross rayonus				
	_	Gross revenue				
	_	Cook prizos				
es	_	Cash prizes				
ens		Name and profession				
Ϋ́	3	Noncash prizes				
Direct Expenses						
)ire	4	Rent/facility costs				
_						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
		No," explain:				
_		· · ·				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·			
-		, 12 <u></u>				
	_					
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 MESA-OUTREACH, INC	27-1022537 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
	I I
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	oras:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the a	ımount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
- · · · · · · · · · · · · · · · · · · ·	
Name	
Address	
4C. Combine account information.	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
47 Mandatan, diatributions	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	(Form 990)	MESA-OUTREACH,	INC	27-1022537	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		(communical)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

	MESA-OUTREACH, INC					27-1022537		
Pai	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determi noncash contribution a		•	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		34,832.				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12 Securities - Miscellaneous								
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	375,745	908,916.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	4 Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	,	,					
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29		П		
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31			olicy that requires the review of any nonstandard contributions			31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
						32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (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.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MESA-OUTREACH, INC

Employer identification number 27-1022537

1112011 0011(111011) 11(0
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ASSISTANCE SO THE MOST VULNERABLE CAN IMPROVE THE QUALITY OF THEIR
FUTURE. FILLING THE VOID WHERE OTHER PROGRAMS ARE NOT MEETING THESE
NEEDS.
MESA'S VALUES ARE: A PASSION FOR HELPING THE MOST VULNERABLE; FOCUS ON
HELPING KIDS THROUGH CHILD & FAMILY PROGRAMS; PRIORITY FOR THOSE WHERE
WE LIVE; EMPHASIS ON LIFE CHANGING SERVICES.
SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION
MESA OUTREACH, INC.
PO BOX 841075
HOUSTON, TX 77284-1075
EMPLOYER IDENTIFICATION NUMBER: 27-1022537
FOR THE YEAR ENDING DECEMBER 31, 2023
MESA OUTREACH, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER
REG. SEC. 1.263(A)-1(F).
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
MESA'S VALUES ARE: A PASSION FOR HELPING THE MOST VULNERABLE; FOCUS ON
HELPING KIDS THROUGH CHILD & FAMILY PROGRAMS; PRIORITY FOR THOSE WHERE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023
LHA 332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number MESA-OUTREACH, INC 27-1022537

WE LIVE; EMPHASIS ON LIFE CHANGING SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FOOD NEEDS.

DURING 2023:

FAMILIES (INDIVIDUALS) SERVED: 7,330 (29,558)

POUNDS OF FOOD DISTRIBUTED: 340,577

POUNDS OF FOOD DONATED: 323,251

POUNDS OF FOOD PURCHASED: 20,853

VOLUNTEER HOURS DONATED: 6,544

PRODUCE TRUCK

PERISHABLES FOR THOSE WITH EMERGENCY NEEDS

PERISHABLE FOOD ASSISTANCE IS PROVIDED MONTHLY TO AREA RESIDENTS. EACH

FAMILY IN NEED RECEIVES A VARIETY OF PERISHABLE FOOD ITEMS FOR THEIR

FAMILY.

DURING 2023:

FAMILIES (INDIVIDUALS) SERVED: 3,156 (12,325)

POUNDS OF FOOD DISTRIBUTED: 171,637

POUNDS OF FOOD DONATED: 171,637

VOLUNTEER HOURS DONATED: 2,281

TOTAL FOOD PANTRY & PRODUCE TRUCK DISTRIBUTIONS: 10,486 FAMILY VISITS,

REPRESENTING 41,883, INDIVIDUALS. UNDUPLICATED FAMILIES (INDIVIDUALS):

2,298 (9,012)

STUFF THE BUS

Schedule O (Form 990) 2023 Page 2

Name of the organization Employer identification number

SCHOOL SUPPLIES FOR KIDS IN NEED

MESA-OUTREACH, INC

SCHOOL SUPPLIES ARE PROVIDED ANNUALLY TO AREA ELEMENTARY SCHOOL KIDS IN

NEED. SINCE THE PANDEMIC, MESA REACHED OUT TO AREA ELEMENTARY SCHOOLS:

BEAR CREEK (KATY ISD), SCHMALZ (KATY ISD), WOLFE (KATY ISD), HORNE

(CYFAIR ISD), LIEDER (CYFAIR ISD) AND HARMONY SCHOOL OF ACHIEVEMENT TO

DISTRIBUTE SCHOOL SUPPLY PACKETS BY GRADE TO THEIR STUDENTS WITH THE

GREATEST NEEDS. THE 850 SCHOOL SUPPLY PACKETS, PLUS BACKPACKS-52, HAND

SANITIZERS-454, KLEENEX-151, MDA DRAWSTRING BAGS-300, AND INDIVIDUALLY

WRAPPED SNACKS-3550 WERE DELIVERED TO THESE SIX ELEMENTARY SCHOOLS ON

AUGUST 14, 2023, FOR THE COUNSELORS TO DISTRIBUTE TO THEIR NEEDIEST

STUDENTS.

SCHOOL SUPPLY PACKS DISTRIBUTED: 850

SCHOOL SUPPLY PACKS PURCHASED: 850

VOLUNTEER HOURS DONATED: 122

SHARE THE TABLE

HOLIDAY FOOD BOXES, HEB GROCERY GIFT CARDS, CHILDREN'S BOOKS, COATS AND

JACKETS WERE DISTRIBUTED FOR THE WINTER HOLIDAY SEASON ON THE 2ND

SATURDAY IN NOVEMBER. THESE HOLIDAY FOOD BOXES ARE GIVEN OUT ANNUALLY

BEFORE THE HOLIDAYS TO AREA RESIDENTS IN NEED. THE HOLIDAY FOOD ITEMS

INCLUDE BOXED POTATOES, VEGETABLES, FRUIT, CAKE MIX, ETC. AND A \$10

GROCERY GIFT CARD. THIS YEAR WE WERE ABLE TO HOLD AN IN-PERSON EVENT

WHERE THE HOLIDAY FOOD BOXES WERE DISTRIBUTED, AND FAMILIES SELECTED

CHILDREN'S BOOKS AND COATS AT MESA'S SHARE THE TABLE EVENT ON NOVEMBER

11, 2023:

FAMILIES (INDIVIDUALS) SERVED: 232 (1,159)

27-1022537

Schedule O (Form 990) 2023 Page **2**

Name of the organization MESA-OUTREACH, INC Employer identification number 27-1022537

HOLIDAY FOOD BOXES & GIFT CARDS DISTRIBUTED: 232

POUNDS OF FOOD DISTRIBUTED: 9,280

CHILDREN'S BOOKS DISTRIBUTED: 497

CHILDREN'S COATS AND JACKETS DISTRIBUTED: 177

VOLUNTEER HOURS DONATED: 261

SHARE YOUR HOLIDAY

IN CONJUNCTION WITH THE HOUSTON FOOD BANK AND THEIR SHARE YOUR HOLIDAY

PROGRAM MESA-OUTREACH PARTICIPATED AS ONE OF THEIR SITES TO DISTRIBUTE

248 HOLIDAY FOOD BOXES TO NEEDY FAMILIES AND INDIVIDUALS IN OUR AREA ON

SATURDAY, DECEMBER 9, 2023.

FAMILIES (INDIVIDUALS) SERVED: 248 (1,240)

VOLUNTEER HOURS DONATED: 60 HOURS

SCHOLARSHIPS

FINANCIAL ASSISTANCE FOR PACESETTERS IN NEED - \$1,000 PER YEAR UP TO 4

YEARS

BEGINNING IN 2016, A FOUR-YEAR SCHOLARSHIP PROGRAM WAS INITIATED TO

PROVIDE FINANCIAL ASSISTANCE TO A GRADUATING HIGH SCHOOL SENIOR WHO HAD

DEMONSTRATED THE QUALIFICATIONS AND DESIRE FOR HIGHER EDUCATION, SHOWN

A DEDICATION TO HELPING OTHERS AND WAS IN NEED OF SUCH ASSISTANCE.

DURING 2023:

NUMBER OF SCHOLARSHIPS AWARDED: 2

NUMBER OF SCHOLARSHIPS FUNDED: 4

VOLUNTEER HOURS DONATED: 20

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** MESA-OUTREACH, INC 27-1022537 FORM 990, PART VI, SECTION A, LINE 7A: THE BYLAWS OF MESA OUTREACH, INC. F/K/A HOUSTON NORTHWEST COMMUNITY CENTER, INC. CALL FOR THE BOARD OF DIRECTORS TO CONSIST OF AT LEAST FIVE DIRECTORS. THE NUMBER OF DIRECTORS MAY BE INCREASED OR DECREASED FROM TIME TO TIME BY MAJORITY VOTE OF THE THEN EXISTING BOARD OF DIRECTORS PROVIDED THAT NO DECREASE SHALL REDUCE THE TOTAL NUMBER OF DIRECTORS TO LESS THAN FIVE DIRECTORS OR SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR. THE BOARD OF DIRECTORS MAY REMOVE ANY DIRECTOR FROM HIS OR HER POSITION AS A DIRECTOR, AT ANY TIME, WITH OR WITHOUT CAUSE. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 FOR 2023 WAS PROVIDED TO THE ALL OFFICERS AND THE BOARD OF DIRECTORS PRIOR TO FILING. ALL COMMENTS, QUESTIONS AND/OR SUGGESTED CHANGES WERE CONSIDERED AND CHANGES WERE MADE IF NECESSARY. THE BOARD OF DIRECTORS APPROVED THE FINAL FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTERESTS ARE REVIEWED AND SIGNED ANNUALLY. THE CURRENT YEAR WERE REVIEWED AND SIGNED AT THE MARCH BOARD MEETING. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.