	non
Form	330

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

<u>A</u> F			-	UN 30, 2022					
B c	heck if pplicabl	C Name of organization		D Employer identif	ication number				
	Addre chang	es MISSION SQUASH OF HOUSTON							
	Name		45-4562711						
	Initial		E Telephone number						
	Final return	P.O. BOX 540693	, , , , , , , , , , , , , , , , , , , ,						
	termin			G Gross receipts \$	444,064.				
	Amen return			H(a) Is this a group	return				
	Applic tion	^{a-} F Name and address of principal officer: ALISTAIR BARNES							
	pendir	¹⁹ SAME AS C ABOVE		for subordinate H(b) Are all subordinates					
11	ax-ex	empt status: 🗴 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or	or 527		a list. See instructions				
J /	Vebsi	e: MISSIONSQUASH. ORG		H(c) Group exemption	on number 🕨				
KF	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 2012	M State of legal domicile: TX				
Pa	art I	Summary							
-	1	Briefly describe the organization's mission or most significant activities: SEE SCH	IEDULE O						
Governance									
rna	2	Check this box 🕨 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)							
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)							
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			8				
/itie	6	Total number of volunteers (estimate if necessary)		6	37				
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.				
				Prior Year	Current Year				
¢	8	Contributions and grants (Part VIII, line 1h)		469,371.	439,301.				
enne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		469,371. 2,916.					
evenue	9			,	4,584.				
Revenue	9 10	Program service revenue (Part VIII, line 2g)		2,916.	4,584. 179.				
Revenue	9 10 11	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,916.	. 4,584. 179. 0.				
Revenue	9 10 11 12	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	······	2,916. 0. 185.	4,584. 179. 0. 444,064.				
Revenue	9 10 11 <u>12</u> 13	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,916, 0, 185, 472,472,	4,584. 179. 0. 444,064. 0.				
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</u> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,916. 0. 185. 472,472. 0.	4,584. 179. 0. 444,064. 0. 0.				
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		2,916. 0. 185. 472,472. 0.	4,584. 179. 0. 444,064. 0. 0. 311,003.				
	9 10 11 12 13 14	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,916, 0, 185, 472,472, 0, 0, 238,572,	4,584. 179. 0. 444,064. 0. 0. 0. 311,003.				
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	546.	2,916, 0, 185, 472,472, 0, 0, 238,572,	. 4,584. 179. 0. 444,064. 0. 0. 0. 311,003. 0.				
	9 10 11 12 13 14 15 16a b 17	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	546.	2,916, 0, 185, 472,472, 0, 0, 238,572, 0,	4,584. 179. 0. 444,064. 0. 0. 0. 311,003. 0. 128,552. 439,555.				
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 119,120.	4,584. 179. 0. 444,064. 0. 0. 0. 311,003. 0. 128,552. 439,555.				
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Salar, 5 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year	. 4,584. 179. 0. 444,064. 0. 0. 0. 0. 0. 128,552. 439,555. 4,509. End of Year				
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Salar, 5 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	546.	2,916. 0. 185. 472,472. 0. 0. 238,572. 0. 119,120. 357,692. 114,780.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. End of Year 302,490. 				
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year 300,557. 15,551.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. End of Year 302,490. 12,975. 				
Net Assets or Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Description Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year 300,557.	. 4,584. 179. 0. 444,064. 0. 0. 0. 128,552. 439,555. 4,509. End of Year 302,490. 12,975.				
Net Assets or Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year 300,557. 15,551.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. End of Year 302,490. 12,975. 				
D Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year 300,557. 15,551. 285,006.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. 4,509. End of Year 302,490. 12,975. 289,515. 				
D Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year 300,557. 15,551. 285,006.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. 4,509. End of Year 302,490. 12,975. 289,515. 				
D Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (D), line 25) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whice	546.	2,916, 0, 185, 472,472, 0, 238,572, 0, 238,572, 0, 119,120, 357,692, 114,780, ginning of Current Year 300,557, 15,551, 285,006, ents, and to the best of m has any knowledge.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. 4,509. End of Year 302,490. 12,975. 289,515. 				
D Net Assets or Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 art II er pena correc	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block Ities of perjury, I declare that I have examined this return, including accompanying schedules	546.	2,916. 0. 185. 472,472. 0. 238,572. 0. 238,572. 0. 119,120. 357,692. 114,780. ginning of Current Year 300,557. 15,551. 285,006.	 4,584. 179. 0. 444,064. 0. 0. 311,003. 0. 128,552. 439,555. 4,509. 4,509. End of Year 302,490. 12,975. 289,515. 				

	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	KAREN A. GRIES	KAREN A. GRIES	04/19/23	self-employed P00078514						
Preparer	Firm's name 🕒 BAKER TILLY US, LLP		Fi	rm's EIN 🕨 39-0859910						
Use Only	Firm's address 🖕 225 S 6TH ST #2300									
	MINNEAPOLIS, MN 55402		Р	hone no.612.876.4500						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No									

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

. a	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	<u></u>	
	MISSION SQUASH EMPOWERS STUDENTS FROM HOUSTON'S UNDER-SERVED		
	COMMUNITIES TO UNLOCK AND MAXIMIZE THEIR POTENTIAL THROUGH INTENSIVE,		
	YEAR-ROUND ACADEMIC, WELLNESS AND ENRICHMENT PROGRAMS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes X	No
2	If "Yes," describe these new services on Schedule O.	Yes X	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.		_] NO
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 other	rs, the total expenses, and	
	revenue, if any, for each program service reported.		
4a		nue \$	
	THE MISSION OF MISSION SQUASH IS TO EMPOWER STUDENTS FROM GRADES 6-12		
	FROM HOUSTON'S UNDER-SERVED COMMUNITIES TO UNLOCK & MAXIMIZE THEIR		
	POTENTIAL THROUGH INTENSIVE, YEAR-ROUND ACADEMIC, WELLNESS, ENRICHMENT,		
	AND COLLEGE ACCESS PROGRAMMING. MISSION SQUASH CONTINUES TO SERVE		
	STUDENTS AFTER GRADUATION INTO POST-SECONDARY PROGRAMS, SUPPORTING		
	STUDENTS THROUGH THE COMPLETION OF A POST-SECONDARY PROGRAM OF THEIR		
	CHOICE. MISSION SQUASH SERVICES STUDENTS FROM HARRIS COUNTY WITH 95% OF		
	ENROLLED STUDENTS ECONOMICALLY DISADVANTAGED, 84% WILL BE		
	FIRST-GENERATION COLLEGE STUDENTS, AND 96% OF STUDENTS ARE CONSIDERED		
	RACIALLY OR ETHNICALLY A MINORITY IN THE UNITED STATES. ALL MISSION		
	SQUASH STUDENTS COMPLETE A MINIMUM OF 200 HOURS A YEAR OF ACADEMIC		
	INTERVENTION, TUTORING, AND HEALTH & WELLNESS PROGRAMMING. 100% OF		
4b	(Code:) (Expenses \$3,910. including grants of \$) (Reven	nue\$4,5	84.
	ACADEMY AND ADDITIONAL SQUASH COACHING PROGRAMS.		
4.			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4d 4e) Form 990	

Form	990	(2021)

Part IV Checklist of Required Schedules

MISSION SQUASH OF HOUSTON

45-4562711 Page 3

1 the organization described in sectors 501(c)[3] or 4947(a)(1) (other than a private foundation)? I X 2 the organization required to complete Schedule 3, Schedule of Contributors? See instructions I X 2 the organization required in complete Schedule 2, Schedule C, Part I I X 3 Sectors 501(c)[3] organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect I 4 Sectors 501(c)[3] organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect I 5 Is the organization maxima any donor advised times or any solinal runds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such finds or accounts? I X 5 Did the organization maxima value collectors of works of art, historical trassures, or other similar asset? I X 6 Did the organization report an amount in Part X, ime 21, for scrow or custodial account liability, serve as a custonian for amount in Part X, ime 21, wine 12, me 12, wine 127, if Yes, 'complete Schedule D, Part II I X 10 D dt he organization report an amount for investments - other securitis in Part X, ine 107, if Yes, 'complete Schedule D, Part V				Yes	No
1 Bits Spectralization requires to complete Schedule 8, Schedule of Contributors? See Instructions 2 X 3 Did the organization requires to complete Schedule 2, Part I 3 X 4 Section SD1(5(k3) organizations. Did the organization engage in lobbying activities on bahal of or in opposition to candidates for under the organization activities on bahal of or in opposition to candidates for under the organization activities on bahal of or in opposition to candidates for under the organization activities on SD1(5(k) organization activities on SD1(5(k) organization that receives membership dues, assessments, or a similar anoxitis a schind in Park Proc. 98-1012 (****), complete Schedule 0, Part I 6 X 6 Did the organization matrian any donor advised funds or any similar funds or accounts for which dornors have the dight to provide advised in analy donor advised funds or any similar funds or accounts for which dornors have the dight to for amounts in park hands or accounts for the similar assets? If Yes, 'complete Schedule 0, Part I 6 X 9 Did the organization requires of works of art, histocial transures, or other similar assets? If Yes, 'complete Schedule 0, Part I 8 X 10 Did the organization for amount in Part X, ine 21, for sections or custodial account liability, serve as a custodian for amount in part X, ine 21, for sections or custodial account liability, core assets? 9 X 10 Did the organization reqoret a amount fo Part X, ine 21, for X, ine 12, that i	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If '''''s, complete Schedule C, Part I 3 X 3 Sections 01(kg) organization. Did the organization angue in lobbying activities, or have a section 501(h) election in effect during the tax year? If ''Yes,' complete Schedule C, Part II 4 X 4 Sections 01(kg) organization. Did the organization angue in lobbying activities, or have a section 501(h) election in effect during the tax year? If ''Yes,' complete Schedule C, Part II 4 X 5 Did the organization nearce and year of varies diffication areas were interesting dues, assessments, or the registration maintain and year of varies diffication accentration accentratin accentratin accentration accentration accentration accentratio		If "Yes," complete Schedule A	1	Х	
public office? If ''res' complete Schedule Q. Part I 3 X 4 Sectors 07(qc) organizations. Did the organization engage in tobbying activities, on have a section 50(ft) diection in effect during the taxy (ear) If ''res', complete Schedule Q. Part II 4 X 5 Is the organization a section 20(qc) soft of 50(ft) of 91(qc) (ft) 50(ft) 50(2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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 y Yea," complete Schedule <i>C</i> , <i>Part II</i> 4 X 5 Is the organization a section 501(h) election in effect during the tax year/if y Yea," complete Schedule <i>C</i> , <i>Part II</i> 4 X 6 Did the organization marking any doore advected trucks or any similar funds or accounts for which doons have the right to provide advice on the distinution or investment of amounts in such funds or accounts for which doons have the right to provide advice on the distinution or investment of amounts in such funds or accounts for which doons have the right to provide advice on the distinution or investment of anounts in such funds or accounts for which doons have the right to provide advice on the distinution or investment of amounts in such funds or account isability. Serve as a custodian for amounts not listed in Part X, for provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization in encore to risk add a sets in donor-nestricted endowments or in quali endowment? If 'Yes,' complete Schedule D, Part V 10 X 11 The organization encore an amount for investments - other securities in Part X, line 12, line 12, line 12, line 13, line 13, line 14, line 15/ If 'Yes,' complete Schedule D, Part X 10 X 11 If the organization neoport an	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax yea? // Yes, * complete Schedule C, Part II 4 X 5 is the organization a sector S(I)(4), 501(4), 5			3		X
5 Is the organization a section 501(b)(4), 501(b)(5), or 501(b)(5) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 89-187 // Yes," complete Schedule C, Part II. 5 X 6 Did the organization matterin any done advest funds or accounts? If Yes," complete Schedule D, Part II. 6 X 7 X 8 X 7 X 8 Did the organization matterin any done advest funds or accounts? If Yes," complete Schedule D, Part II. 7 X 8 Did the organization matterin oblictions of works of at. historical treasures, or other smillar asset? If Yes," complete Schedule D, Part II. 7 X 9 Did the organization answer to any of the following questions is 'Yes,' then complete Schedule D, Part IV. 10 X 10 Did the organization server to any of the following questions is 'Yes,' then complete Schedule D, Part V, VI, VII, VI, VI, VI, VI, VI, VI, VI,	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Rev. Proc. 88-107 // "Yes," complete Schedule Q, Part // 5 X 6 Dot the organization maintain any door 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 for which donors have the right to the provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // 6 X 7 Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a custodian for amounts no through a related organization, hold assets in door-restricted endowments or in quasi endowments? // 'Yes,' complete Schedule D, Part // 7 X 10 Did the organization directly or through a related organization, hold assets in door-restricted endowments or in quasi endowments? // 'Yes,' complete Schedule D, Part // 10 X 11 If the organization report an amount for lawestments - other securities in Part X, line 10? // 'Yes,' complete Schedule D, Part // 10 X 13 If the organization report an amount for investments - other securities in Part X, line 10? // Yes,' complete Schedule D, Part // 11 X 14 X Did the organization report an amount for investments - other securities in Part X, line 10? // Yres,' complete Schedule D, Part X 11 X 15 Did the organization report an amount for investme		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar hulds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for the similar assets? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collection of works of art, historical treasures, or there similar assets? If "Yes," complete Schedule D, Part II 7 X 8 X 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? 9 X 10 Did the organization service and anount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for a mounts on in quasi andowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 X 11 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 VI 11 X 12 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,	5				
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7 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historical means, or historics structures? (If Yes, 'complete Schedule D, Part II	6				
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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 It do the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X It do the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XI 11t X 13 Is the organization assered "No" to line 12a, then completing Schedule D, Parts XI and XI is optional 11s X 14a Did the organization answered "No" to line 12a, then completing Schedule E 13 X 14a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargets grants or other assistance to or for any foreign organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of gargets professional fundraising	С				
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MISSION SQUASH OF HOUSTON

Fa	Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		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		<u> </u>
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		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	2		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2021) MISSION SQUASH OF HOUSTON 45-45627	11	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		_	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		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).	_		v
a	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		X
d	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		┼──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g L	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
0 0	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	0		
a		9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
a	Gross income from members or shareholders 11a			
b	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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	1 990 (2021) MISSION SQUASH OF HOUSTON 45-45627		Р	age 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	a "No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		-	
	Check if Schedule O contains a response or note to any line in this Part VI			X
ec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а		15a	Х	
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
•••	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
^D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
	exempt status with respect to such arrangements?			I
ec				
	List the states with which a copy of this Form 000 is required to be filed NONE			blo
7	List the states with which a copy of this Form 990 is required to be filed NONE			ne
7	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)	avalla	
7	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	s only) :	avalla	
7 B	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)			
7 8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's 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			
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's 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, an statements available to the public during the tax year.			
ec 7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's 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, an 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 			
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's 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, an 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 MAGGIE TRENDELL - 832-701-0679			
7 8 9	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's 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, an 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 	d financ		(000

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Form 990 (2021) MISSION SQUASH OF HOUSTON	45-4562711	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated							
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.									

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an		(do not check more than one box, unless person is both an		compensation	compensation	amount of		
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		n ploye	t com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ALISTAIR BARNES	10.00				\geq	Ξæ	ш.			
PRESIDENT		х		x				0.	0.	0.
(2) CHRIS LAPORTE	1.00									
SECRETARY		х		x				0.	0.	Ο.
(3) ARNAUD DASPREZ	1.00									
DIRECTOR		х						0.	0.	0.
(4) NOOR IQBAL	1.00									
DIRECTOR		Х						0.	٥.	0.
(5) STUART MCGEOCH	1.00									
DIRECTOR		Х						0.	٥.	0.
(6) CHARLES NEUHAUS	1.00									
DIRECTOR		Х						٥.	0.	0.
(7) ANDREW SPRAGUE	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CAROL SUGIMOTO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ALFREDO VILAS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GEORGE STRAKE	1.00									
DIRECTOR		Х						0.	0.	0.
					<u> </u>					
		1								
		1								
		1								
		1								
100007 10 00 01	•							•	1	Earm 990 (2021)

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	990 (2021) MISSION SQUAS	SH OF HOUST	ON							45-45	6271	1	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) (B) (C)								(D)	(E)			(F)	
	Name and title Average				Pos	itior			Reportable	Reportable		F	timate	h
	Name and the	hours per					than o is both		compensation	compensatio	n		nount	
		week					or/trus		from	from related		a	other	01
		(list any			the			0.000		tion				
		hours for	irect							organizations			pensa	
		related	or d	ee			ated		organization	(W-2/1099-MIS	~		om the	
		organizations	ustee	trust		Ð	bens		(W-2/1099-MISC/	1099-NEC)			anizati	
		below	al tri	onal		loye	e col		1099-NEC)				d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		iii ie)	Inc	lns	0ff	Key	e <u>H</u>	Ē						
						-								
4 6	Cubtotal								0.		0.			0.
	Subtotal								0.		0.			
	Total from continuation sheets to Part VI													0.
d	Total (add lines 1b and 1c)								0.		٥.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee. k	ev e	mpl	ove	e. or	hia	hest compensated emp	ovee on				
-		-			•	-		Ŭ				3	_	х
	line 1a? If "Yes," complete Schedule J for su													
4	For any individual listed on line 1a, is the su											-		v
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich į	oers	on .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	ере	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for t	the calendar ve	ear e	ndin	iq w	rith c	or wi	thin	h the organization's tax y	ear.				
	(A)								(B)			(0	2)	
	Name and business	address	NO	NE					Description of s	ervices	С		nsatio	า
								_						
<u></u>	Total number of independent contractors (in		at lin	nitor	l to i	thee		tod	above) who received m	ore than				
2	Total number of independent contractors (in		л III	mec	1.0		se lis 0	red	above, who received mo					
	\$100,000 of compensation from the organiz											_	000	
												Form	990 (2	2021)

		(2021) MISSION SQUASH OF H	OUSTON			45-456271	1 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c e f f	Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f	Business Code 900099	439,301. 4,584.	4,584.		sections 512 - 514
Progra	ç	All other program service revenue		4,584.			
	3 4 5	Investment income (including dividends, intere other similar amounts) Income from investment of tax-exempt bond p Royalties	proceeds	179.			179
	6 a b c 7 a	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
, Revenue	c	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
Other R	8 a						
	b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses					
	10 a	 Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	a				
Miscellaneous Revenue	11 a b c		Business Code				
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	►	444,064.	4,584.	0.	179.
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	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	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)				
	Other salaries and wages	226,389.	186,389.	20,000.	20,000
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,648.	5,148.	250.	250
0	Payroll taxes	78,966.	68,966.	5,000.	5,000
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	16,625.	13,300.	3,325.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	6,275.	6,275.		
	Advertising and promotion	6,277.	6,277.		
	Office expenses	10,663.	9,416.		1,247
	Information technology	15,340.	9,971.	1,534.	3,835
	Royalties	, -	, .	, .	,
		8,237.	7,413.	824.	
		11,936.	11,936.		
	Travel	,			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Payments to affiliates	10.000	10 000		
	Depreciation, depletion, and amortization	10,028.	10,028.		
-		10,273.	10,273.		
	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	18,167.	18,167.		
-		6,020.	5,718.		302
-	MISCELLANEOUS EXPENSE	6,020. 4,799.	5,718. 4,799.		302
	EQUIPMENT	,	4,199.		2 011
	PRIZES	3,912.			3,912
	All other expenses	420 555	294 096	20.022	D4 E44
	Total functional expenses. Add lines 1 through 24e	439,555.	374,076.	30,933.	34,540
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2021)

Form 990 (
Part X	Balance	Sheet

MISSION SQUASH OF HOUSTON

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	Check if Schedule O contains a response or	note to any line in	n this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			221,547.	1	204,908
2			2			
3			3	32,400		
4					4	
5						
	trustee, key employee, creator or founder, s	ubstantial contribu	utor, or 35%			
	controlled entity or family member of any of	these persons			5	
6	5 Loans and other receivables from other disc	ualified persons (a	as defined			
	under section 4958(f)(1)), and persons desc	ibed in section 49	58(c)(3)(B)		6	
<u>ທ</u> 7	Notes and loans receivable, net				7	
Assets	3 Inventories for sale or use			3,800.	8	
₹ 9	Prepaid expenses and deferred charges				9	
10	Da Land, buildings, and equipment: cost or oth	er				
	basis. Complete Part VI of Schedule D	10a	218,573.			
	b Less: accumulated depreciation	10b	153,391.	75,210.	10c	65,182
11	I Investments - publicly traded securities				11	
12	2 Investments - other securities. See Part IV, I	Investments - other securities. See Part IV, line 11				
13	Investments - program-related. See Part IV,	ine 11			13	
14	Intangible assets		14			
15	Other assets. See Part IV, line 11				15	
16	5 Total assets. Add lines 1 through 15 (must	equal line 33)		300,557.	16	302,49
17				15,551.	17	12,97
18	3 Grants payable		18			
19	Deferred revenue		19			
20	•			20		
21	Escrow or custodial account liability. Compl	Escrow or custodial account liability. Complete Part IV of Schedule D				
ທ 22	2 Loans and other payables to any current or	former officer, dire	ector,			
	trustee, key employee, creator or founder, s	ubstantial contribu	utor, or 35%			
90	controlled entity or family member of any of	these persons			22	
J 23					23	
24	1,2				24	
25	х о					
	parties, and other liabilities not included on	lines 17-24). Com	olete Part X			
	of Schedule D				25	
26				15,551.	26	12,975
ω	Organizations that follow FASB ASC 958,	check here 🕨	X			
i ce	and complete lines 27, 28, 32, and 33.			005 005		000 541
27			·····	285,006.	27	289,515
<u>8</u> 28					28	
	Organizations that do not follow FASB AS	C 958, check he	re 🕨 🛄			
5	and complete lines 29 through 33.					
2 29					29	
g 30	1 1 <i>i</i> i i				30	
Net Assets or Fund Balances 82 82 82 83 82 83 82 83 82 83 83 82 83 83 83 84 83 85 85 85 85 85 85 85 85 85 85 85 85 85	3 <i>i i</i>			005 005	31	
_				285,006.	32	289,515
33	3 Total liabilities and net assets/fund balances	s		300,557.	33	302,490 Form 990 (202

Form **990** (2021)

132011 12-09-21

Forn	1990 (2021) MISSION SQUASH OF HOUSTON	45-456271	1	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	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		444,	064.
2	Total expenses (must equal Part IX, column (A), line 25)	2		439,	555.
3	Revenue less expenses. Subtract line 2 from line 1	3		4,	509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		285,	006.
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		289,	515.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		X
				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	0.			
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:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(2021)

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2021	

Open to Public Inspection

Name of the organization

Nam	Name of the organization Employer identification numb												
			N SQUASH OF HOU						45-4562711				
Par	tl	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The c	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem											
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Con	-										
11		An organization organized a	-	•	•								
12		An organization organized a	-	-	-			•					
		more publicly supported or	-						Check the box on				
		lines 12a through 12d that						-					
а		Type I. A supporting orga		-	•	-							
		the supported organization			majority o	f the direc	tors or trustee	es of the su	ipporting				
	_	organization. You must c	-										
b		Type II. A supporting org	-				-		-				
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	-										
С		J Type III functionally inte						ly integrate	d with,				
	_	its supported organization	.,.,,	-			-						
d		J Type III non-functionally						-					
		that is not functionally int			•		-	an attentiv	reness				
	_	requirement (see instructi		•									
е		Check this box if the orga functionally integrated, or					турет, турет	li, Type lii					
	Ento	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0								
י מ		ride the following information	•	d organization(s)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi		(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)				
Tota													

MISSION SQUASH OF HOUSTON

45-4562711

Page 2

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

 (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.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	370,070.	358,782.	167,112.	469,371.	439,301.	1,804,636.			
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	370,070.	358,782.	167,112.	469,371.	439,301.	1,804,636.			
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)						581,797.			
	Public support. Subtract line 5 from line 4.						1,222,839.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	370,070.	358,782.	167,112.	469,371.	439,301.	1,804,636.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources \dots									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)				185.	179.	364.			
11	Total support. Add lines 7 through 10						1,805,000.			
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	29,604.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)				
	organization, check this box and stop									
See	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2021 (I		-			14	67.75 %			
	Public support percentage from 2020					15	66.40 %			
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box			
	and stop here. The organization qual		••••							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,			
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
b	10% -facts-and-circumstances test	-					0% or			
	more, and if the organization meets the									
	organization meets the facts-and-circu		•		•					
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a					
						Schedule A	Form 990) 2021			

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.)

Sec	ction A. Public Support			-	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
~	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						<u> </u>
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
_	check this box and stop here	-					>
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	-	•				▶∟
b	33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che						ition
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		····· • •
13202	23 01-04-22		16	5		Scheo	dule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

12250419 144198 211986

 7

 8

 9a

 9b

 9c

 9c

 10a

 10b

 Schedule A (Form 990) 2021

17

Sche		5-4562711	Pa	age 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		

	Did the governing body, members of the governing body, oncers acting in their official capacity, or membership of one of	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If* "*No*," *describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

Section D.	All Type I	II Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the or	rganization used to satisfy	the Integral Part Test durin	a the year (see instructions
•	Check the box heat to the method that the of	yanizalion useu lo salisiy	the integral i alt i est during	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

3b | | Schedule A (Form 990) 2021

2a

2b

3a

1

2

1

Yes No

Yes No

Sch	edule A (Form 990) 2021 MISSION SQUASH OF HOUSTON			45-4562711	Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instr	uctions.		
	All other Type III non-functionally integrated supporting organizations must			. ,			
Section A - Adjusted Net Income (A) Prior Year (B) Cu							
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					
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sec	ion C - Distributable Amount			Current Y	ear		
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-function	ally integra	ted Type III supporting org	anization (see			
	instructions).	, ,		,			

Schedule A (Form 990) 2021

132026 01-04-22

Scho	dule A (Form 990) 2021 MISSION SQUASH OF HO	OUSTON			45-4562711 F	Page 7
	rt V Type III Non-Functionally Integrated 509(nizations (continu	ied)	<u> </u>	age i
Sect	ion D - Distributions		loonand	100/	Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	r		10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 202	21
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u> i</u>	Carryover from 2016 not applied (see instructions)					
<u> j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.			_		
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c					

Schedule A (Form 990) 2021

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132027 01-04-22

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

Schedule A	(Forr	n 990) 2021		MISSION S	QUASH (OF HOUST	ION				45	5-4562711	Page 8
Part VI	Su Par line Sec	pple t IV, S 1; Pa tion [mental In Section A, lin rt IV, Sectio	es 1, n D, li	nation. Pro 2, 3b, 3c, 4b	ovide the , 4c, 5a, 6 Part IV, S	explanatio 5, 9a, 9b, Section E,	ons required 9c, 11a, 11b lines 1c, 2a	o, and 11c; , 2b, 3a, ar	Part IV, So Nd 3b; Part	ection B, lin V, line 1; P	es 1 and 2 art V, Sect	Part III, line 12 ; Part IV, Sec ion B, line 1e; prmation.	tion C,
SCHEDULE	A, 1	PART	II, LINE	10,	EXPLANATI	ION FOR	OTHER 3	INCOME:						
MISCELLAN	IEOU	5 INC	COME											
2020 AMOU	JNT:	\$	185.											
2021 AMOU	JNT:	\$	179.											
132028 01-04-2	22							21				Sch	edule A (For	m 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

45-4562711

MISSION SQUASH OF HOUSTON

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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).

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

Schedule B (Form 990) (2021)

Name of or	rganization	Em	ployer identification number
MISSION	SQUASH OF HOUSTON		45-4562711
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$101,150	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$39,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$12,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of or	ganization		Employer identification number
MISSION	SQUASH OF HOUSTON		45-4562711
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
7		\$10,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
8		\$6,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
9		\$15,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$5,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$15,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
12		\$11,	000. Person X Payroll Payroll Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2021) Name of organization

MISSION	SQUASH OF HOUSTON		45-4562711
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
13		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page **2**

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Schedule B (Form 990) (2021) Name of organization

Employer identification number

Schedule E	3 (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
MISSION	SQUASH OF HOUSTON		45-4562711
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule B	3 (Form 990) (2021)		Page 4					
Name of or	ganization		Employer identification number					
MISSION	SQUASH OF HOUSTON		45-4562711					
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$					
(a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
-		(e) Transfer of gi						
	Transferee's name, address, a	IND ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F	(e) Transfer of gift							
-	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
F		(e) Transfer of gi	i					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Γ		(e) Transfer of gi	it					
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					

Schedule B (Form 990) (2021)

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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service	► Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12k Attach to Form 990. 90 for instructions and the latest informa	b. 2021 Open to Public
Name of the organiza			Employer identification numbe
	MISSION SQUASH OF HOUSTON		45-4562711
	zations Maintaining Donor Advised ion answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
		(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		
0	tion inform all donors and donor advisors in v tion's property, subject to the organization's	5	
	tion inform all grantees, donors, and donor a		
6	rposes and not for the benefit of the donor o	0 0	,
impermissible p	· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	° п. п.
Part II Consei	vation Easements. Complete if the org		
	nservation easements held by the organization		· · · ·
Preservati	on of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
Protection	of natural habitat	Preservation of	a certified historic structure
Preservati	on of open space		

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	tion easement on the last
	day of the tax year.		Held at the End of the Tax Year

а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?	YesNo
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statements	ient and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements th	at describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	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 958, not to report in its revenue statement and balance of the statement an	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	. 🕨 \$
	(ii) Assets included in Form 990, Part X	. • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. • \$
b	Assets included in Form 990, Part X	. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2021
13205	10-28-21	

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No

Sche		JASH OF HOUSTON						45-456		P	age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Othe	r Simil	ar Asset	contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	t make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🛄 L	_oan or exc	change progra	am					
b	Scholarly research	e	, 🗌 (Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how the	ey further th	he organizatio	on's exe	mpt purp	oose in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	torical trea	sures, or othe	er simila	r assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arrang		ete if the	organizatio	on answered	"Yes" or	n Form 9	90, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia								_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:					-		
									Amoun	t	
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						• • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete i								(-) [heel
		(a) Current year	(D) P	rior year	(c) Two yea	IS DACK	(a) me	e years back	(e) Fou	years	DACK
	Beginning of year balance										
b	Contributions										
с.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance		. /!)) la al al a a a						
2	Provide the estimated percentage of the curr	•	e (line 1g	, column (a	i)) heid as:						
a	Board designated or quasi-endowment		%								
b	Permanent endowment	% %									
с		, -									
2-	The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses		tion that	are hold a	nd administa	ad for th		ization			
Ja		SSION OF THE OFGATILZA	alion inal	are neiù ai	nu auminister		le organ	IZALION		Yes	No
	by: (i) Unrelated organizations								3a(i)	100	110
									3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the								00		
	t VI Land, Buildings, and Equipm	<u>u</u>		1105.							
	Complete if the organization answered). Part IV.	line 11a. S	See Form 990	. Part X.	line 10.				
	Description of property	(a) Cost or c			t or other		ccumula	ated	(d) Boo	k valu	
	Description of property	basis (investr		. ,	(other)		preciatio		(9) 000	vaiu	~
19	Land		,		· · /						
b	Buildings										
	Leasehold improvements				199,311.		134	1,129.		65	182.
	Equipment				9,140.			9,140.		,	0.
	Other				10,122.),122.			0.
	. Add lines 1a through 1e. (Column (d) must en		X colum	n (B) line 1	,			,		65	182.
1010	i Add mico ra through re. (Column (a) Must e	<u>qual FOITT 990, Part</u>	A, COIUM	u (p), IIItë T	00.7					,	

Schedule D (Form 990) 2021

	Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990. Part IV line	11b. See Form 990. Part X line 12	
	On of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial	derivatives			
2) Closely h	eld equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) Part VIII	must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
	Complete if the organization answered "Yes" o			.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	p-ot-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	must squal Form 000, Dart V, sol. (B) line 12.)			
Part IX	must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990. Part X. line 15.	
	-	escription	····· , ····· , ·····	(b) Book value
(1)		·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
				(b) Book value
1	(a) Description of liability			(b) BOOK value
	(a) Description of liability ral income taxes			(b) BOOK Value
(1) Feder				
(1) Feder (2)				
(1) Feder (2) (3)				
(1) Feder (2) (3) (4)				
(1) Feder (2) (3) (4) (5)				
(1) Feder (2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 MISSION SQUASH OF HOUSTON			45-4562711	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With R	evenue per Re	turn.	0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	494,334.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	50,270.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	50,270.
3	Subtract line 2e from line 1			3	444,064.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	444,064.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With I	Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	489,825.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	50,270.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	50,270.
3	Subtract line 2e from line 1			3	439,555.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	Ο.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	439,555.
Pa	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b a	nd 2b; Part V, line 4	; Part X, line 2; Pa	art XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION

THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX

POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT

CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE

ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2022. THE

ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY

FEDERAL AND STATE AUTHORITIES.

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orm 990)

Department of the Treasury Internal Revenue Service Name of the organization

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 Open Inspection

Employer identification number 45-4562711

MISSION SQUASH OF HOUSTON

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION SQUASH EMPOWERS STUDENTS FROM HOUSTON'S UNDER-SERVED

COMMUNITIES TO UNLOCK AND MAXIMIZE THEIR POTENTIAL THROUGH INTENSIVE

YEAR-ROUND ACADEMIC, WELLNESS AND ENRICHMENT PROGRAMS

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

ENROLLED STUDENTS PASSED THEIR ACADEMIC CLASSES IN GRADES 6-12 FOR THE

ACADEMIC SCHOOL YEAR OF 2021-2022. 100% OF STUDENTS APPLIED, WERE

ACCEPTED, AND ENROLLED INTO A POST-SECONDARY INSTITUTION UPON

COMPLETION OF HIGH SCHOOL FOR THE 2021-2022 SCHOOL YEAR. OUR FULL-TIME

STAFF AND TRAINED COMMITTED VOLUNTEERS DELIVER GUIDANCE. SUPPORT

INSTRUCTION, AND INTERVENTION TO ALL STUDENTS SO THAT EVERY STUDENT IS

SUCCESSFUL IN THE AREAS OF ACADEMICS. WELLNESS. AND COLLEGE ACCESS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS DISTRIBUTED TO ALL MISSION SQUASH BOARD MEMBERS. AND APPROVED

BY THE OPERATING COMMITTEE IN ADVANCE OF FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNMG

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

(A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY

(B) HAS READ AND UNDERSTANDS THE POLICY

(C) HAS AGREED TO COMPLY WITH THE POLICY, AND

(D) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

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ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.	
ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTED	E WITH GOVERNING
BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINA	ANCIAL INTEREST IS
AN INTERESTED PERSON. A FINANCIAL INTEREST IS NOT NECESS?	ARILY A CONFLICT OF
INTEREST. A PERSON WHO HAS A FINANCIAL INTEREST MAY HAVE	A CONFLICT OF
INTEREST ONLY IF THE APPROPRIATE GOVERNING BOARD OR COMMI	TTEE DECIDES THAT
A CONFLICT OF INTEREST EXISTS.	
IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INT	PEREST, AN
INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINA	NCIAL INTEREST AND
BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS	TO THE DIRECTORS
AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED	POWERS CONSIDERING
THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSU	RE OF THE FINANCIAL
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	WITH THE
INTERESTED PERSON, S/HE SHALL LEAVE THE GOVERNING BOARD O	DR COMMITTEE
MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST	IS DISCUSSED AND
VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHAL	L DECIDE IF A
CONFLICT OF INTEREST EXISTS.	
AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVER	RNING BOARD OR
COMMITTEE MEETING, BUT AFTER THE PRESENTATION, S/HE SHALL	LEAVE THE MEETING
DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTIO	ON OR ARRANGEMENT
INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPER	SON OF THE
GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOI	INT A DISINTERESTED
PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PE	ROPOSED TRANSACTION
OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVER	NING BOARD OR
	Schedule O (Form 990) 2021 5 .05070 MISSION SQUASH OF HOUSTON 211986

Employer identification number

45 - 4562711

MISSION SQUASH OF HOUSTON

Schedule O (Form 990) 2021

Name of the organization

FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH

Schedule O (Form 990) 2021 Name of the organization	Page : Employer identification number
MISSION SQUASH OF HOUSTON	45-4562711
COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH	
REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A	
PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A	
MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE	
JNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING	
BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED	
DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S	
BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE.	
IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO	
WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR	
INCLUDED REVIEW AND APPROVAL BY INDEPENDENT MEMBERS OF THE MISSION SQUASH	
BOARD FOLLOWING ASSESSMENT OF COMPARABILITY DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
KEY GOVERNANCE DOCUMENTS AVAILABLE AT WWW.MISSIONSQUASH.ORG.	
FORM 990, PART XII, LINE 2C:	
THE OPERATING COMMITTEE OVERSEES THE AUDIT PROCESS AND THE SELECTION OF	
THE INDEPENDENT ACCOUNTANT. NEITHER THE OVERSIGHT NOR THE SELECTION	
PROCESS CHANGED DURING THE TAX YEAR.	

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