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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN Check if applicable: C Name of organization D Employer identification number Address change MISSION SQUASH OF HOUSTON Name change MISSION SUCCESS OF HOUSTON 45-4562711 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated PO BOX 540693 832-701-0679 1,168,436. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 77254 HOUSTON, TX H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ALISTAIR BARNES Yes X No for subordinates? SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: MISSIONSUCCESSHOUSTON.ORG H(c) Group exemption number K Form of organization: X Corporation Association Other L Year of formation: 2012 M State of legal domicile: TX Trust Part I Summary Briefly describe the organization's mission or most significant activities: MISSION SQUASH EMPOWERS STUDENTS **Activities & Governance** FROM HOUSTON'S UNDER-SERVED COMMUNITIES TO UNLOCK AND MAXIMIZE THEIR if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 481,775. 1,134,461. Contributions and grants (Part VIII, line 1h) 8 6,542. 15,483. Program service revenue (Part VIII, line 2g) 3,962. 11,811. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 146. 1,525. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 492,425. 1,163,280. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 362,340. 393,150. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 77,200. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 184,293. 134,185. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 546,633. 604,535. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -54,208. 558,745. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 249,816. 800,370. Total assets (Part X, line 16) 14,509. 6,318. 21 Total liabilities (Part X, line 26) 三年 235,307. 794,052 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ALISTAIR BARNES, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature NANCY A. MACK 09/30/24 P01592842 self-employed Paid PITTSFORD SAMUELS, PLLC Firm's name Firm's EIN 82-2488343 Preparer Firm's address 1776 YORKTOWN SUITE 530 Use Only Phone no. (713) 977-6888 HOUSTON, TX 77056

X Yes

Pai	Till Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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.
	TEAR ROOMD ACADEMIC, WEDDINESS 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 383, 164 including grants of \$) (Revenue \$)
	FOR CALENDAR YEAR 2023-2024, ALL ENROLLED STUDENTS SUCCESSFULLY PASSED
	THEIR ACADEMIC CLASSES IN GRADES 6-12, MATRICULATED TO THE NEXT GRADE
	LEVEL, AND GRADUATED FROM HIGH SCHOOL. ADDITIONALLY, 100% OF STUDENTS
	WHO APPLIED WERE ACCEPTED AND ENROLLED INTO A POST-SECONDARY
	INSTITUTION UPON COMPLETING HIGH SCHOOL FOR THE SAME CALENDAR YEAR.
	OUR DEDICATED FULL-TIME STAFF AND TRAINED VOLUNTEERS PROVIDE GUIDANCE,
	SUPPORT, INSTRUCTION, AND INTERVENTION TO ENSURE EVERY STUDENT ACHIEVES
	SUCCESS IN ADADEMICS, WELLNESS, AND POST-SECONDARY ACCESS THAT BEST
	FITS WITH THEIR GOALS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 17,008.)
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 383,164.

Form 990 (2023) MISSION SQUASH OF HOUSTON Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2023) MISSION SQUASH OF HOUSTON Part IV Checklist of Required Schedules (continued)

			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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		Х
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 noncash 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			X
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	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		Х
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		Х
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	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	5-1		Yes	No
_	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
b	Enter the manuscript of the WZa moladed of line ta. Enter of in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	(gambling) winnings to prize winners?	1c	000	<u> </u>

Form 990 (2023) MISSION SQUASH OF HOUSTON

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

		,		Yes	No			
2a	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	11		37				
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	37			
3a	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		4-		x			
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a					
D	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 (FB							
52		, i	5a		Х			
	 ba Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		X			
	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?							
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	d to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		х			
е								
f	3 7 7 7 7 7 7 1							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	orm 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								
	a. Did the energy in a granifation make any tayable distributions under section 40662							
b								
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans							
c	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?		15		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		х			
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17					
	If "Yes," complete Form 6069.							

Form 990 (2023) MISSION SQUASH OF HOUSTON 45-4562/11 Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	a 12							
	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	12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	h any other							
	officer, director, trustee, or key employee?		2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the dire								
			3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v	vas filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoir								
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockly								
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by								
а	The governing body?		8a	X					
b									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revent	ue Code.)							
		,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c		12b	X					
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	X					
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approval by	independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	Х					
	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	on's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	90-T (section 501(c)(3)s	only)	availal	ble				
	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)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic	t of interest policy, and	finan	cial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books a	and records							
	MAGGIE TRENDELL - 832-701-0679				_				
	PO BOX 540693, HOUSTON, TX 77254								

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 no	organization compensate					sate	ed any current officer, di			
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more) than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week					1		from the	from related organizations	other
	(list any hours for	direct				_		organization	(W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Itrust	nal tr.		oyee	ed mos		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	pul	lus	JJ0	Ke	e Hig	For			
(1) ALISTAIR BARNES	10.00	37		7,7				•	_	0
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) CHRIS LAPORTE	1.00	37		7,7				•	0.	0
SECRETARY (3) JESSICA COOK	1.00	Х		Х				0.	0.	0.
TREASURER	1.00	Х		х				0.	0.	0.
(4) ARNAUD DASPREZ	1.00	Λ		^				0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(5) NOOR IQBAL	1.00	Λ						0.	0.	0.
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(6) STUART MCGEOCH	1.00							•	•	•
DIRECTOR	1.00	Х						0.	0.	0.
(7) CHARLIE NEUHAUS	1.00									
DIRECTOR		х						0.	0.	0.
(8) ROBERT OVERBEY	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(9) YASMIN SHARMA	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ANDREW SPRAGUE	1.00									
DIRECTOR		Х						0.	0.	0.
(11) GEORGE STRAKE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CAROL SUGIMOTO	1.00									
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332007 12-21-23 Form **990** (2023)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued). Average hours provided in the prov		90 (2023) MISSION S	SQUASH C	F	HC	US	то	N			45-45	562'	711	P	age 8
Name and stite Average Position Position Position Compensation Position P	Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
The subtotal compensation from the organization of the organization from the organization from the organization from the organization from the organization from the organization from the organization of the		(A)	(B)							(D)	(E)			(F)	
Week (list and property) Week (list and prop		Name and title	1	(do					one	•	•	- 1			
Compensation from the organization sheets to Part VII, Section A										1	•	- 1			
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				ot lin	nited	d to	_		ted	above) who received mo	ore than				

		Check if Schedule O contains a response	or note to any lin	a in this Part VIII			
		Officer if Gericadic G Contains a response	or riote to arry iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
		Т Т					sections 512 - 514
nts ts	1 a	Federated campaigns 1a					
irai our	b	Membership dues1b					
Ĕ,	С	Fundraising events1c					
##	d	Related organizations 1d					
nig.	е	Government grants (contributions) 1e					
Sig	f	All other contributions, gifts, grants, and					
e ti	·		134,461.				
등문	~	Noncash contributions included in lines 1a-1f	239.				
Contributions, Gifts, Grants and Other Similar Amounts	9			1,134,461.			
O a	n	Total. Add lines 1a-1f		1,134,401.			
		3.63.5-10. 6.50.0-5. 63.0-5.33	Business Code	10 500	10 570		
Se	2 a	ACADEMY SUMMER CAMP AN	900099	12,570.	12,570.		
ΘŽ	b	REGISTRATION FEES	900099	2,913.	2,913.		
S Z	С						
am	d	L					
P. B.	е						
Program Service Revenue	f	All other program service revenue					
		Total. Add lines 2a-2f		15,483.			
\neg	3	Investment income (including dividends, intere		23,1331			
	3		11,547.			11,547.	
		other similar amounts)		11,54/			11,54/
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
		Net rental income or (loss)	•				
		Gross amount from sales of (i) Securities	(ii) Other				
	, a	assets other than inventory 7a 5,420.	(-,				
		-					
	D	Less: cost or other basis					
mu		and sales expenses 76 5,156.					
Revenue		Gain or (loss) 7c 264.		0.5.4			254
	d	Net gain or (loss)		264.			264.
Je	8 a	Gross income from fundraising events (not					
ᅗ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	•				
		Gross income from gaming activities. See					
	g d	0 0					
	-	Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	T				
	10 a	Gross sales of inventory, less returns					
		and allowances10a	1				
	b	Less: cost of goods sold10k	<u> </u>				
	с	Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a	OTHER REVENUE	900099	1,525.	1,525.		
ne Tue	b			, - , -	,		
Miscellaneous Revenue	C						
Sce	ن						
Ξ	a	All other revenue		1 525			
	<u>e</u>	Total revenue See instructions		1,525. 1 163 280.	17 008.	0.	11 811.
	7.7	Intal revenue See instructions					

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ipiete colultili (A).	
	· 1		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	358,518.	264,648.	49,350.	44,520.
8	Pension plan accruals and contributions (include	•	,	,	•
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,995.	5,995.		
10	Payroll taxes	28,637.	21,525.	3,748.	3,364.
11	Fees for services (nonemployees):	.,	,	- ,	- , ·
a	Management				
b	Legal				
c	Accounting	15,846.		15,846.	
q	Lobbying				
e	Professional fundraising services. See Part IV, line 17	77,200.			77,200.
f	Investment management fees	,=			,
g g					
9	column (A), amount, list line 11g expenses on Sch O.)	5,056.	2,693.	1,881.	482.
12	Advertising and promotion	6,418.			482. 6,418.
13	Office expenses	3,042.	983.		2,059.
14	Information technology	8,199.	1,363.	3,792.	3,044.
15	Royalties	- ,	,	- , -	- , -
16	Occupancy	782.	782.		
17	Travel	14,317.	13,650.	667.	
18	Payments of travel or entertainment expenses	, -	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,242.	459.	914.	2,869.
20	Interest	, -			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,090.	30,090.		
23	Insurance	4,273.	3,034.	1,239.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FEES AND DUES	17,016.	17,016.		
b	SUPPLIES	14,381.	13,728.	653.	
С	ACADEMIC ASSISTANCE	3,948.	3,948.		
d	EQUIPMENT	3,250.	3,250.		
	All other expenses	3,325.	-	1,084.	2,241.
25	Total functional expenses. Add lines 1 through 24e	604,535.	383,164.	79,174.	142,197.
26	Joint costs. Complete this line only if the organization	-	-	-	-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				L.	Earm 990 (2022)

Form 990 (2023)
Part X Balance Sheet

Pai	<u> t X</u>	Balance Sheet					
		Check if Schedule O contains a response or I	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			136,929.	1	119,600.
	2	Savings and temporary cash investments				2	591,095.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
		controlled entity or family member of any of the	ns		5		
	6	Loans and other receivables from other disqu	alified perso				
		under section 4958(f)(1)), and persons describ	oed in section	on 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	6,878.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		282,419.			
	b	Less: accumulated depreciation			112,887.	10c	82,797.
	11	Investments - publicly traded securities			-	11	-
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e		249,816.	16	800,370.	
	17	Accounts payable and accrued expenses			14,509.	17	6,318.
	18	Grants payable		•	18	•	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Comple				21	
"	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
ij		controlled entity or family member of any of the				22	
E.	23	Secured mortgages and notes payable to uni	-			23	
	24	Unsecured notes and loans payable to unrela		·		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	•	·		25	
	26				14,509.	26	6,318.
		Organizations that follow FASB ASC 958, o			,		,
es		and complete lines 27, 28, 32, and 33.					
anc anc	27	Net assets without donor restrictions			235,307.	27	331,365.
3als	28	Net assets with donor restrictions				28	462,687.
٦		Organizations that do not follow FASB ASC					, , , , , , , , , , , , , , , , , , , ,
Ē		and complete lines 29 through 33.	<i>5</i> 000, 01100				
ō	29	Capital stock or trust principal, or current fun	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			235,307.	32	794,052.
Z	33	Total liabilities and net assets/fund balances		249,816.	33	800,370.	
	JJ	Total liabilities and fiet assets/fully balances			237,010.	33	5000,570°

Pai	T XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>1,16</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>4,5</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3		8,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23	5,3	<u>07.</u>		
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						
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x		
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b				
			Form	990	(2023)		

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number Name of the organization MISSION SQUASH OF HOUSTON 45-4562711 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	167,112.	469,371.	439,301.	481,775.	1164461.	2722020.					
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	167,112.	469,371.	439,301.	481,775.	1164461.	2722020.					
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)						333,743.					
6	Public support. Subtract line 5 from line 4.						2388277.					
Sec	Section B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
7	Amounts from line 4	167,112.	469,371.	439,301.	481,775.	1164461.	2722020.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources		185.	179.	3,962.	11,547.	15,873.					
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.)				146.	1,525.	1,671.					
11	Total support. Add lines 7 through 10						2739564.					
12	Gross receipts from related activities,	etc. (see instruction	ns)			12						
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 50	01(c)(3)						
	organization, check this box and stop											
	tion C. Computation of Publi											
	Public support percentage for 2023 (li					14	87.18 %					
	Public support percentage from 2022					15	85.64 %					
16a	33 1/3% support test - 2023. If the o											
_	stop here. The organization qualifies											
b	33 1/3% support test - 2022. If the o											
	and stop here. The organization qual											
17a	10% -facts-and-circumstances test	_										
	and if the organization meets the facts					_						
	meets the facts-and-circumstances te	•	•			7 II 4F i						
b	10% -facts-and-circumstances test	_					ı∪% Or					
	more, and if the organization meets the				-							
40	organization meets the facts-and-circu				•							
18	Private foundation. If the organization	n aid not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	na see instructions	<u> </u>					

Schedule A (Form 990) 2023 MISSION SQUASH OF HOUSTON | 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	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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.)						
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 s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		le organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	sagus	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	<u>s).</u>	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported 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 ti	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	11 the reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. Answer lines 3a and 3b below.			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did th	e 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.	3b		

	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	10 10 01 / 11 rage t
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exer		1	Jan Jan Jan		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity	- pp		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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 (describe in Part VI). 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 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
<u> </u>	From 2020					
<u>d</u>	From 2021					
<u>e</u>	From 2022					
f	Total of lines 3a through 3e					
<u>g</u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2023 distributable amount					
i_	Carryover from 2018 not applied (see instructions)					
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020 Excess from 2021					
	Excess from 2022					
	Excess from 2023					
_	LAGGGG HOTH EUEU					

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
_						

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization Employer identification number

MISSION SQUASH OF HOUSTON 45-4562711

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-	EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	panization is covered by the General Rule or a Special Rule . tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections contribu	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.					
contribu literary,	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.					
year, co is check purpose	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
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).						

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

Schedule B (Form 990) (2023)

MISSION SQUASH OF HOUSTON

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		\$\$	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		\$86,241.	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		
3		\$	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4	Name, address, and ZIP + 4	\$ 64,075.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$35,000.	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		
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

MISSION SQUASH OF HOUSTON

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 10	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

MISSION SQUASH OF HOUSTON

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

TSSTO	N SQUASH OF HOUSTON			45-4562711
art III	Exclusively religious, charitable, etc., contributor any one contributor. Complete columns completing Part III, enter the total of exclusively religious	(a) through (e) and the following charitable, etc., contributions of	na line entry. For o	1(c)(7), (8), or (10) that total more than \$1,000 for the yea
a) No.	Use duplicate copies of Part III if additiona	al space is needed.		
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address,		fer of gift	delationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address,		fer of gift	delationship of transferor to transferee
a) No.				I
rom Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
		(e) Trans	fer of gift	
	Transferee's name, address,	and ZIP + 4	R	delationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
-		(e) Trans	fer of gift	
-	Transferee's name, address,	and ZIP + 4	R	delationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MISSION SQUASH OF HOUSTON

Employer identification number 45-4562711

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)			
	Preservation of land for public use (for example, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	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 stru	ucture included on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	•	•		•
b	If the organization elected, as permitted under FASB ASC 95				t works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	Assets	(contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply).										
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	m					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explair	n how th	ey further th	ne organizatio	n's exemp	t purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be mai	intained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	jements Comple	te if the	organizatior	n answered "Y	es" on Fo	orm 990, F	Part IV, li	ne 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other ass	sets not in	cluded				
	on Form 990, Part X?							\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount	:	
С	Beginning balance						1c				
	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo						?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in Pa	art XIII					
Par	t V Endowment Funds Complete if	the organization ans	swered "	Yes" on For	m 990, Part I\	V, line 10.					
		(a) Current year	(b) P	rior year	(c) Two years	s back (d	d) Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1c	ı, column (a))) held as:	•			•		
а	Board designated or quasi-endowment		%	,, , , ,							
b	Permanent endowment	%									
С		 .									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	•	ation that	t are held ar	nd administere	ed for the					
	organization by:	J							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(m) D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat										
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	ee Form 990,	Part X, lir	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulated		(d) Bool	k value	
		basis (investr		. ,	(other)		eciation		. ,		
1a	Land										
b	Buildings										
	Leasehold improvements			19	9,312.	1.	50,35	3.	48	3,95	<u>59.</u>
d	Equipment				9,140.		9,14			•	0.
	Other				3,967.		40,12		3:	3,83	
	. Add lines 1a through 1e. (Column (d) must ed		X line 11							2,79	

	SH OF HOUSTON	N 45	-4562711 Pag
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o			
(a) Description 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 held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	on Form 990 Part IV line 1	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
·	(b) DOOK Value	(c) Wethod of Valuation. Cost of end	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" or	on Form 990. Part IV. line 1	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			(5) 2551. (6.65
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	(5),		
Complete if the organization answered "Yes" o	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(=)			

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

(6) (7) (8) (9)

Pa	rt XI	Reconciliation of Revenue per Audited Financial	Statements With F	Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements			1	1,193,280.
2	Amou	unts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net u	unrealized gains (losses) on investments	2a			
b	Dona	ated services and use of facilities	2b	30,000.		
С		overies of prior year grants				
d		r (Describe in Part XIII.)				
е		lines 2a through 2d			2e	30,000. 1,163,280.
3	Subtr	ract line 2e from line 1			3	1,163,280.
4		unts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	r (Describe in Part XIII.)	4b			
С	Add I	lines 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line	e 12.)	<u></u>	5	1,163,280.
Pa	rt XII	. .		Expenses per F	leturn	
		Complete if the organization answered "Yes" on Form 990, Part I				
1	Total	expenses and losses per audited financial statements			1	634,535.
2	Amou	unts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Dona	ated services and use of facilities	2a	30,000.		
b	Prior	year adjustments	2b			
С	Other	r losses	2c			
d		r (Describe in Part XIII.)				
е		lines 2a through 2d			2e	30,000.
3	Subtr	ract line 2e from line 1			3	604,535.
4		unts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		stment expenses not included on Form 990, Part VIII, line 7b				
b	Other	r (Describe in Part XIII.)	4b			•
С		lines 4a and 4b			4c	0.
<u>5</u>	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, li	<u>ne 18.) </u>		5	604,535.
		Supplemental Information				
		e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a			; Part X,	line 2; Part XI,
ines	2d and	d 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	de any additional inform	ation.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number MISSION SQUASH OF HOUSTON 45-4562711 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations е Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants f X Phone solicitations Special fundraising events g X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) DOUGLAS H. KLEINER - 1312 CONSULTING RELATING TO Yes No NORTHWOOD ST, HOUSTON , TX CAPITAL CAMPAIGN Х 0 62,500 -62,500. 62,500, -62 500. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023 MISSION SQUASH OF HOUSTON 45-4	1004/	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es/	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es/	No
13	Indicate the percentage of gaming activity conducted in:			
а	n The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L Y	es/	No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	e If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandaton, distributions			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a	retain the state gaming license?	v	es	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. — ·		
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. line	s 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,
<u>SC</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>}: </u>		
(I) NAME OF FUNDRAISER: DOUGLAS H. KLEINER			
(I) ADDRESS OF FUNDRAISER: 1312 NORTHWOOD ST, HOUSTON , TX 77009	•		
	•			

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	(Form 990)	MISSION	SQUASH O	F HOUSTON		45-4562711	Page 4
Part IV	(Form 990) Supplemental Info	rmation _{(continu}	ued)				
					_		

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MISSION SOUASH OF HOUSTON

Employer identification number 45-4562711

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

POTENTIAL THROUGH INTENSIVE, YEAR-ROUND ACADEMIC, WELLNESS AND

ENRICHMENT PROGRAMS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT FOR MANAGEMENT

REVIEW. ONCE COMPLETED, THE RETURN IS DISTRIBUTED TO ALL BOARD MEMBERS,

AND APPROVED BY THE OPERATING COMMITTEE IN ADVANCE OF FILING.

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

EACH DIRECTOR, PRINCIPAL OFFICE AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMETN 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 FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES
WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT PURPOSES.

ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST IS

AN INTERESTED PERSON. A FINANCIAL INTEREST IS NOT NECESSARILY A CONFLICT

OF INTEREST. A PERSON WHO HAS A FINANCIAL INTEREST MAY HAVE A CONFLICT OF

INTEREST ONLY IF THE APPROPRIATE GOVERNING BOARD OR COMMITTEE DECIDES THAT

A CONFLICT OF INTEREST EXISTS.

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

Schedule O (Form 990) 2023 Page 2

Name of the organization MISSION SQUASH OF HOUSTON

Employer identification number 45-4562711

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL 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 DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSIONS WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF ITNEREST IS DISCUSSED AND VOTED UPON, THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE TEH MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMETN INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISTINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMETN FROM A PERSON OR ENTITY THAT WOULD NTO GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE WHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHEHTER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IN CONFORMITY WITH THE ABOVE DETERMINATION, IT IS FAIR AND REASONABLE. SHALL MAKE IT'S DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR

ARRANGEMENT.

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

Name of the organization MISSION SQUASH OF HOUSTON	Employer identification number 45-4562711
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 DOCUMETNS ARE AVAILABLE AT WWW.MISSIONSUCCE	SSHOUSTON.ORG