Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 2023
Open to Public Inspection

<u>A</u>	For the	е 2023 с	alendar year, or tax year beginning , and ending			
В	Check if ap	opticable:	C Name of organization		D Employe	r identification number
_ /	Address ch	hange	Community Storehouse, Inc		ĺ	
	Name char	nge	Doing business as		75-1	929755
		_	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephon	431-3340
	nitial returr Final return		PO Box 13 City or town, state or province, country, and ZIP or foreign postal code		07./-	431-3340
	erminaled					0 107 000
-: /	Amended r	relum	Keller TX 76244 F Name and address of principal officer:	T .	G Gross rec	eipts 2,107,966
=	Application	n nendina	Kathryn Johnston	H(a) Is this a gro	oup return for s	ubordinales? Yes X No
'	трриссион	n penama	Kathryn bonnston	H(b) Are all sub		uded? Yes No
						See instructions
			Y	-	entaci) a non	OGO MISH DONONA
	Tax-exem		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	-		
	Website:		ww.communitystorehouse.org	H(c) Group exe		
		rganization:		Year of formation: 1	961	м State of legal domicile; ТХ
P	art I		mmary			
	1 B	-	scribe the organization's mission or most significant activities:			
e S		Assı	stance to children in crisis.			
пап						
Activities & Governance			nous			
Ő			s box if the organization discontinued its operations or disposed of more than 25%	of its net assets		46
රේ			of voting members of the governing body (Part VI, line 1a)		3	15
ties			of independent voting members of the governing body (Part VI, line 1b)		4	15
ξ			ber of individuals employed in calendar year 2023 (Part V, line 2a)		5	47
Ac			ber of volunteers (estimate if necessary)		6	0
			elated business revenue from Part VIII, column (C), line 12		7a	0
_	<u> b N</u>	let unrela	ated business taxable income from Form 990-T, Part I, line 11	Delay Va	7b	Current Year
		S = == 4 = 1 l= 4 l	in a red menta /Dad VIII line (b)	Prior Ye	9,833	893,092
an			ions and grants (Part VIII, line 1h)		2,033	000,000
Revenue		•	service revenue (Part VIII, line 2g)		1,127	2,033
Re			nt income (Part VIII, column (A), lines 3, 4, and 7d)		7,089	301,990
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,049	1,197,115
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,10	0,025	0
			id similar amounts paid (Part IX, column (A), lines 1–3)			0
		•	paid to or for members (Part IX, column (A), line 4)	1 24	5,017	680,772
S S			other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,42	3,011	000,772
eus			nal fundraising fees (Part IX, column (A), line 11e)			
Expenses			draising expenses (Part IX, column (D), line 25) 6,808	1,15	1,217	681,924
"		•	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,234	1,362,696
		•	enses. Add lines 13–17 (must equal Part IX, column (A). line 25)		8,185	-165,581
_ <u>(7</u>		Revenue	less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year
Net Assets or Fund Balances	20 T	"ntal acc	ets (Part X, line 16)		0,081	793,239
Asse	24 T		ilities (Part X, line 26)		3,756	12,495
Net/	22 N		s or fund balances. Subtract line 21 from line 20		6,325	780,744
	art II		gnature Block			The second secon
			perjury, I declare that I have examined this return, including accompanying schedules and statement	ints, and to the be	st of my kno	wledge and belief, it is
tru	e, correc	ct, and co	implete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any knowledge	e.	
Sig	n	Signature	of officer		Date	4000m.e-co-asses
Her		Kath	ryn Johnston / / Interim CE	Ю		
			rint name and title			
			e preparer's name Preparer's signature	Date	Check	il PTIN
Paid	s	Gil Vo	llmering	11/12	/24 self-en	ployed P00545524
Prep	oarer	Firm's nar	Tratage Walliams C Repositore TIT	' F	irm's EIN	75-2168901
Use	Only		990 N Walnut Creek Dr Ste 2000			
		Firm's add	Manuficial my 76062-9031		hone no	817-473-0228
May	the IRS		s this return with the preparer shown above? See instructions			Yes No
			ction Act Notice, see the separate instructions.			Form 990 (2023)

m 990 (2023) Community Storehouse, Inc	75-1929755	Page 2
Part III Statement of Program Service Accomplishm		<u> বিজে</u>
Check if Schedule O contains a response or not	e to any line in this Part III	<u>X</u>
Briefly describe the organization's mission: Assistance to children in crisis.		
ASSIStance to children in clisis.		
Did the organization undertake any significant program services during	the year which were not listed on the	
		Yes 🗓 No
If "Yes," describe these new services on Schedule O.		
Did the organization cease conducting, or make significant changes in	how it conducts, any program	
services?		Yes X No
If "Yes," describe these changes on Schedule O.		
Describe the organization's program service accomplishments for each		
expenses. Section 501(c)(3) and 501(c)(4) organizations are required		
the total expenses, and revenue, if any, for each program service repo	rted.	
(Code:) (Expenses \$ 1,282,608 including	grants of \$) (Revenue \$	
This organization is dedicated to in families in temporary crisis by prov supplies, household items, and emerg and dental needs. The organization s	riding food, clothing, shoes gency financial assistance fo	, school or medical
and Carroll independent school distr		
Code:) (Expenses \$ including	grants of \$) (Revenue \$	
N/A		
The second se		
and the second of the second o		
The second secon		
(Code:) (Expenses \$ including	grants of \$) (Revenue \$	
1/A		
and the second of the second o		
The state of the s		
1.00		
d Other program services (Describe on Schedule O.) (Expenses \$ 73,280 including grants of \$) (Revenue \$	١
(Expenses \$ 73,280 including grants of \$ Total program service expenses 1,355,888) (Iverside A	
- I Star program control on politica		

Pe	art IV Checklist of Required Schedules			
	1. (f		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ж	
-	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	<u> </u>	X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		42
v	and the formulation of the O. 15 (IV) and a granulate Calendaria C. Dord I	3		Ж
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	the state of the s	a	ľ	X
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		X
c	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		,	
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		Ж
	"Yes," complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7		7		Ж
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		ж
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	1		
·	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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
ы	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ų	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		-	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		Ж
40.	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		12a	Ж	
	Schedule D, Parts XI and XII			
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	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		X
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	7,15		
15		15		X
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1,0		
16		16		х
4	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
17		17		х
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
18		18	X	
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		ж
<i>-</i>	If "Yes," complete Schedule G, Part III.	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		4 1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
			i .	1
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

<u>P</u>	art IV Checklist of Required Schedules (continued)		T	Γ.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
£, 4,	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Ì	ж
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
2.0	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	omployage? If "Ves." complete Schedule I	23		Ж
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
23 7 64	\$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		Ж
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	The state of the s			
sva	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Ж
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	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
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
27	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L., Part III	27		X
00	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
28	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Ж
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Ж
b	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
С		28c		Ж
00	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30	1	Ж
n.1	Did the organization tiquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization riquidate, terminate, or dissolve and cease operations? If "Yes," complete constitution, and the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
32		32		X
	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33		33		Ж
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
34		34	l	x
47.	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	l	X
D-	art V Statements Regarding Other IRS Filings and Tax Compliance			
F 6	Check if Schedule O contains a response or note to any line in this Part V			
	Chook ii Corloadio C corraine a rosponer or riese to only line in the restriction of the correction of		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c		X
	M. Ida		99	12025

Form	990 (2023) Community Storehouse, Inc 75-1929755		Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Ж	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Ж
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		CONT.
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		00.000 W.W.
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		***************************************
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		***************************************
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
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.)	┨		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-	:	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	14a	J	Ж
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		42
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	170		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?			
	If "Yes," see instructions and file Form 4720, Schedule N.	16		ж
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	·•		
4 ~	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
	II TOO, COMPLETE TOTAL COOK	For	m 990	(2023)

Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a The governing body? X Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a X Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Ж 16a with a taxable entity during the year? If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 PO Box 13 Ken Goodgames 817-431-3340 TX 76244 Keller

Form 990 (20	23) Community Storehouse, Inc	75-1929755	Page
Part VII	Compensation of Officers, Directors, Truste	es, Key Employees, Highest Compensated E	
	Independent Contractors		, , , , , , , , , , , , , , , , , , , ,
	Check if Schedule O contains a response or no	ote to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Hig	hest Compensated Employees	
		the same and the s	

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 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.
- e 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.
- e 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.

Check this box if neither the orga	•					ion cc	mp	ensated any current officer	, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo:	x, unle icer ar	Pos heck ss pe	rson i	the structure of the st	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Kathryn Johnston			6			8				
Interim CEO	1.00 0.00	ж		ж				81,888	0	0
(2)Mike Ball	18.00									
Board Member	0.00	X						0	0	0
(3) Sherese Calvert						Contraction of the Contraction o	in it was the			
Daniel Manhau	25.00	x						o	0	o
Board Member (4) Caleb Cramer	0.00	42						V		
Board Member	25.00	X				- American		0	0	0
(5) Jenny S Earls										
Personnel Chair	40.00	x		X				0	0	0
(6) Cara Gentry										
Vice Chair	30.00	x		X				0	0	0
(7) Pattie McClean										
Board Member	18.00	x						o	0	О
(8) Rita McLean	0.00	42								
Finance Chair	40.00	x		Х				0	0	0
(9) John Milligan		-								
COO	20.00	x		х				0	0	0
(10)Lisa Schwab	20.00									
Board Member	30.00	ж						0	0	0
(11)Mark Sepulvador	20.00									
Operations/strategic	20.00	x		х				0	0	0
			_			-				Form 990 (2023)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)				-
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual Irustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from t ganizati	he	s
(12) Erin Spalla (12) Board Member	40.00	x						0	0				0
(13) Marilyn Towns (13) Board Member		ж						О	0				0
(14)											ovinensusonni	·	
(15)													
(16)													
(17)					والمراجعة								
(18)					~~~~								viracosi (vassima sociala
(19)												tacks of all and a	
1b Subtotal c Total from continuation shed d Total (add lines 1b and 1c)	ets to Part VII, S	ecti	ion A	١				81,888					
Total number of individuals (in reportable compensation from	cluding but not li	nite	d to t O	hose	list	ed at	ove	e) who received more than \$	5100,000 of				
3 Did the organization list any fo employee on line 1a? If "Yes,"	rmer officer, dire complete Sched	ule J	for :	such	indi	vidu	a/		•		3	Yes	No X
For any individual listed on line organization and related organ individual	izations greater	than	\$15	0,000)? <i>If</i>	"Yes	s," c	omplete Schedule J for such	<i>h</i>		4		X
5 Did any person listed on line 1 for services rendered to the or	ganization? <i>If</i> "Ye									<u> l</u>	5		Ж
Section B. Independent Contractor 1 Complete this table for your five	e highest compe	nsat	ed ir	ndep	ende	ent co	ontr	actors that received more th	an \$100,000 of				***************************************
compensation from the organiz	zation. Report co (A) business address	mpe	nsat	ion t	or th	e cai	end	ar year ending with or within Descrip	n the organization's tax yea (B) Iion of services	ır.	Co	(C) mpensal	ion
													ос марианеринерина
No. 2011		la dell'idell'i della											
					T-/								
Total number of independent of a contract of the contract	contractors (inclu	ding	but i	not li	mite	d to	thos	e listed above) who					
received more than \$100,000	of compensation	fron	the	orga	niza	ation		-	0		For	m 990	(2023)

Pa	irt V	III Stateme Check if	ent of Revenue Schedule O conta	ains a re	esponse or note	to anv line in this	s Part VIII		
		manufactura mende kanagaman menden pada ang	and the second s			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
रा रा	1a	Federated campa	aigns	1a	and the second s				
oun oun	b	Membership due	\$	16	COLOR TO THE SECOND SEC				
g, è	С	Fundraising ever	nts	1c					
ar /	d	Related organiza	itions	1d					
s, G			ntributions)	1e	111,678				
ution ier Si	f	All other contributions, quant similar amounts no	gilts, grants, t included above	1f	781,414				
Contributions, Gifts, Grants and Other Similar Amounts					1,190				
<u> </u>	<u>h</u>	Total. Add lines	1a-1f			893,092		++++++++++++++++++++++++++++++++++++++	
					Business Code			CONT. 1200-1200-1200-1200-1200-1200-1200-1200	
8	2a								
Program Service Revenue	b								
E E	C				, ,				
Reg	d				1 1			200	
2	е								
	f		n service revenue						A CONTRACTOR OF THE CONTRACTOR
	9	Total. Add lines	2a-2f						
	3		ne (including dividend			3,359	3,359		
		other similar amo	ounts)			3,339	3,339		
	4		estment of tax-exempt						
	5								
			(i) Real		(ii) Personal				
	6a	Gross rents	6a						
	b	Less: rental expenses	6b			}			}
		Rental inc. or (loss)	6c						
		Net rental income Gross amount from	e or (loss)						
	, ,	sales of assels	(i) Securities	-	(ii) Other				
		other than inventory	7a		1,500				
nne	b	Less; cost or other			2 926			•	
ver		basis and sales exps.	7b		2,826 -1,326				
Other Revenue		Gain or (loss)	7c			-1,326	-1,326		
her),,			1,320	2/020		
Ö	8a	Gross income from	lundraising events					1	
		(not including \$							
		of contributions rep		0-	224,925				
		1c). See Part IV, lin	, , , , , , , , , , , , , , , , , , , ,	8a 8b	218,939				
		Less: direct expe				5,986			
	1		oss) from fundraising o	events		3,200			
	9a	Gross income fro	-	00					
	} .	activities. See Pa		9a 9b	A STATE OF THE STA				
		Less; direct expe				***************************************		And the second s	
	l	•	oss) from gaming activ	/iles					
	10a	Gross sales of in	•	10a	985,090				
	١.		vances	10b	689,086				
		Less: cost of goo	oss) from sales of inve			296,004	296,004		
	 	Met income of (it	oss) nom sales of mye	Jinory	Business Code				
Miscellaneous Revenue	14-								
nec	11a								
ella	p		er general er en						
lisc Re	4	All other revenue							
2	A		11a-11d						
			See instructions		i i	1,197,115	298,037	(
									Form 990 (2023)

Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (A) Total expenses (B) Program service Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 668,688 668,688 Other salaries and wages Pension plan accruals and contributions (include 12,084 12,084 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 11 Management b Legal C Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 86,569 86,569 (A) amount, list line 11g expenses on Schedule O.) 4,562 4,562 12 Advertising and promotion 184,912 184,912 Office expenses 13 Information technology 14 Royalties 15 158,970 158,970 Occupancy 16 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 73,280 73,280 22 Depreciation, depletion, and amortization 97,477 97,477 Insurance 23 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 O.) 45,715 45,715 Bank Fees 20,504 20,504 Supplies b 6,808 6,808 Fund Raising Develop 1,446 1,446 Program Expenses 1,681 1,681 e All other expenses 6,808 1,355,888 1,362,696 Total functional expenses. Add lines 1 through 24e 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) Form 990 (2023)

Part 2				rage II
	Check if Schedule O contains a response or note to any line in this Part X	(A)	<u> </u>	(B)
<u> </u>		Beginning of year		End of year
1	Cash—non-interest-bearing	613,158	1	128,275
2	Savings and temporary cash investments		2	301,414
3	Pledges and grants receivable, net		3	E 020
4	Accounts receivable, net		4	5,020
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%		_	
	controlled entity or family member of any of these persons	5		
6	Loans and other receivables from other disqualified persons (as defined			
3	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net	150,000	7	150,000
1 0	Inventories for sale or use	130,000	8	730,000
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
ļ	basis. Complete Part VI of Schedule D 10a 597, 513 less: accumulated depreciation 10b 401, 183	272,436	40-	196,330
1	Less: accumulated depreciation	212,430		430,000
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	14,487	15	12,200
15	Other assets. See Part IV, line 11	1,050,081	16	793,239
16	Total assets. Add lines 1 through 15 (must equal line 33)	103,756	17	12,245
17	Accounts payable and accrued expenses	103,130	18	di Em 1 Em "E W
18	Grants payable		19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%		00	
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23 24	250
24	Unsecured notes and loans payable to unrelated third parties		24	Eng Self Vol
25	Other liabilities (including federal income tax, payables to related third			i
	parties, and other liabilities not included on lines 17-24). Complete Part X		0.0	1
İ	of Schedule D	103,756	25	12,495
26	Total liabilities. Add lines 17 through 25	400,100	20	J & V W
	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.	816,495		650,914
27	Net assets without donor restrictions	129,830		129,830
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here	123,030	20	260,000
	Organizations that do not follow FASB ASC 958, check here			
:	and complete lines 29 through 33.		29	
29	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund	A CONTRACTOR OF THE PARTY OF TH	31	
31	Retained earnings, endowment, accumulated income, or other funds	946,325	32	780,744
27 28 29 30 31 32	Total net assets or fund balances	1,050,081	33	793,239
33	Total liabilities and net assets/fund balances	2,000,002	رور	Form 990 (2023

Form	n 990 (2023) Community Storehouse, Inc	75-1929755			Pag	<u>je 12</u>	
Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this						
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,1			
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,3			
3	Revenue less expenses. Subtract line 2 from line 1		3		<u>-165,581</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (4	9,	46,:	325	
5	Net unrealized gains (losses) on investments		5				
6	Donated services and use of facilities		6			Transcent and make	
7	Investment expenses		7			Occupation and the	
8	Prior period adjustments		8			-	
9	Other changes in net assets or fund balances (explain on Schedule O)		9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pa						
			10	7	<u>80, '</u>	744	
Pa	art 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 "Oth						
	Schedule O.	·					
2a	Were the organization's financial statements compiled or reviewed by an independent	accountant?		2a	Ж		
244	If "Yes," check a box below to indicate whether the financial statements for the year we		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	reviewed on a separate basis, consolidated basis, or both.	·					
	Separate basis Consolidated basis Both consolidated and separate	rate basis					
h	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 w				.		
	separate basis, consolidated basis, or both.				. 1		
	Separate basis Consolidated basis Both consolidated and sepa	rate basis			.		
c	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes respon	sibility for oversight of			.		
•	the audit, review, or compilation of its financial statements and selection of an indeper	rdent accountant?		2c			
	If the organization changed either its oversight process or selection process during the						
	Schedule O.	• • •					
3.5	As a result of a federal award, was the organization required to undergo an audit or at	udits as set forth in the					
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Ж	
h	of f "Yes," did the organization undergo the required audit or audits? If the organization	did not undergo the					
D	required audit or audits, explain why on Schedule O and describe any steps taken to			3b			
	Toyunou apart of adming opposition mile of contoque of arts account any steps tartered			For	m 990	(2023)	

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047
2023

Open to Public Inspection

Schedule A (Form 990) 2023

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Community Storehouse, Inc

Employer identification number 75–1929755

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public X 7 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.) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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 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, 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). (vi) Amount of (iv) Is the organization (v) Amount of monetary (III) Type of organization (i) Name of supported (II) EIN other support (see (described on lines 1-10 listed in your governing support (see organization instructions) document? instructions) above (see instructions)) (A) (B) (C) (D) (E)

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

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	tion A. Public Support						
Caler	dar 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.")	2,592,436	3,006,761	3,107,905	599,833	893,092	10,200,027
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		Dr. Vi				Administration with the second different and the second se
3	The value of services or facilities furnished by a governmental unit to the organization without charge				AND DESCRIPTION OF THE PARTY OF		40,000,000
4	Total. Add lines 1 through 3	2,592,436	3,006,761	3,107,905	599,033	893,092	10,200,027
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)						
6	Public support. Subtract line 5 from line 4						10,200,027
Sec	tion B. Total Support						(10)
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2,592,436	3,006,761	3,107,905	599,833	893,092	10,200,027
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				A CONTROL OF THE PARTY OF THE P	1 40	10,200,027
12	Gross receipts from related activities, etc.	(see instructions)	وتعفو والمتندي			12	2,763,050
13	First 5 years. If the Form 990 is for the or						=
·	organization, check this box and stop her	9					
Sec	tion C. Computation of Public S			(0)		14	100.00%
14	Public support percentage for 2023 (line 6					4.5	100.00%
15	Public support percentage from 2022 Scho	edule A, Part II, line	14	40 15- 44 is 5	22 4/20/ or more o		100,0070
16a	33 1/3% support test — 2023. If the orga	nization did not che	ck the box on line	: 13, and line 14 is .	33 1/3% 01 111018, 0	meck this	K
	box and stop here. The organization qual	ifies as a publicly st	ipported organiza	tion	15 in 33 1/3% or m	ore check	
b	33 1/3% support test — 2022. If the orga	nization did not che	ck a box on line	o or roa, and me	10 15 55 17576 01 111	ore, oricon	
	this box and stop here. The organization 10%-facts-and-circumstances test — 2	qualities as a public	iy supported orga ion did not shock	o boy on line 13, 14	Sa or 16h and line		
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization meet	ozs, ir the organizat	umetances test c	hack this hav and s	top here. Explain	in	
	Part VI how the organization meets the fac-	cts-and-circumstand	es test. The organ	nization qualifles as	a publicly support	ted	
b	organization 10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the	022. If the organizal meets the facts-and	tion did not check d-circumstances t	a box on line 13, 1 est, check this box	6a, 16b, or 17a, ar and stop here. Ex	nd line kplain	
18	organization Private foundation. If the organization di						
	instructions						
				***************************************		Schedul	e A (Form 990) 2023

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (f) Total (d) 2022 (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (f) Total (d) 2022 (e) 2023 (b) 2020 (c) 2021 (a) 2019 Calendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 11 activities not included on line 10b, whether or not the business is regularly carried on . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 and 12.) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 % Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % Investment income percentage from 2022 Schedule A, Part III, line 17 18 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and co	omplete Part \	<u>V.)</u>	
Sect	ion A. All Supporting Organizations			r
			Yes	No
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.	1		
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).	2	7	
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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	1 1		İ
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			ĺ
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			1
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
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.	4a		
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.	4b		
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)	Ì		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		ļ	
	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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1	ļ	
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	1		
	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.	6		
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			1
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	1		
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		ļ
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.	9a		ļ
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.	9b		ļ
С	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.	9c		
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.	10a	ļ	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1		
	determine whether the organization had excess business holdings.)	10b	<u> </u>	<u></u>

Schedu	le A (Form 990) 2023 Community Storehouse, Inc	75-1929755		Page 5
Par	t IV Supporting Organizations (continued)			
		Processor Control Control	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1 1		
	11c below, the governing body of a supported organization?	11a		week and the second second second second second second second second second second second second second second
b	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c	MILLS CONTROL OF THE SECOND	
Secti	on B. Type I Supporting Organizations			
		patentiamo tires tires	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membersh			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization	í t		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than or			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated	I . I		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	. 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
ATT	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			No
	The Parker		Yes	No_
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
O A	the supported organization(s).	The second contract of the second contract of		
Secti	on D. All Type III Supporting Organizations		Yes	No
	the state of the s		100	110
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	· tov		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	(s). 2		
	how the organization maintained a close and continuous working relationship with the supported organization	3).	-	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Canti	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
STORY OF THE PARTY	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	een instructions)	***************************************	
1	The organization satisfied the Activities Test. Complete line 2 below.	de mon donome,		
a	The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organization. Complete into a solution of the organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	al entity (see instructions).		
C	Activities Test. Answer lines 2a and 2b below.	, , , , , , , , , , , , , , , , , , , ,	Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		ĺ	
	how the organization was responsive to those supported organizations, and how the organization determined		ĺ	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
~	involvement, one or more of the organization's supported organization(s) would have been engaged in? If		ĺ	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would		ĺ	
	have engaged in these activities but for the organization's involvement.	2b_		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
м	trustees of each of the supported organizations? If "Yes" or "No." provide details in Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea	ich	1	
•••	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u></u>
DAA		Schedule /	4 (Form	990) 2023

Schedi	lle A (Form 990) 2023 Community Storehouse, Inc		75-1929	755 Page 6
Pai		aniza	CONTRACTOR CONTRACTOR	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			e
	instructions. All other Type III non-functionally integrated supporting organizations must			
Cool	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
360	Total A - Adjusted Net Income		(A) Filot Teal	(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)
	A	7		(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
-	instructions for short tax year or assets held for part of year):	1a		
	Average monthly value of securities	1b		
	Average monthly cash balances	10		
-	Fair market value of other non-exempt-use assets	1d	4	
	I Total (add lines 1a, 1b, and 1c)	-ru		
E	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	2		
	Acquisition indebtedness applicable to non-exempt-use assets	3		
3	Subtract line 2 from line 1d.	<u> </u>		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4		
	see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<u>5</u>		6		
7	Multiply line 5 by 0.035. Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C - Distributable Amount			Current Year
	(f O o dia A fine D column A)	T 4		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	3		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	4		
4	Enter greater of line 2 or line 3.	+		
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	auppoding organization	
7	Check here if the current year is the organization's first as a non-functionally integrated T	уре ш	supporting organization	

(see instructions).

Schedule A (Form 990) 2023

a Excess from 2019 ...
b Excess from 2020 ...
c Excess from 2021 ...
d Excess from 2022 ...
e Excess from 2023 ...

Schedule A (Forr	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Part 3a, and 3b; Part V,	ormation. Provide Section A, lines 1 art IV, Section C, I line 1; Part V, Se	, 2, 3b, 3c, 4b, 4c, ine 1; Part IV, Sec ction B, line 1e; Pa	required by Part II, I 5a, 6, 9a, 9b, 9c, 17 tion D, lines 2 and 3	75-1929755 ine 10; Part II, line 17a or 1a, 11b, and 11c; Part IV, ; Part IV, Section E, lines s 5, 6, and 8; and Part V, e instructions.)	Section 1c, 2a, 2b,
	4.1.					
• • • • • • • •			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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						2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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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

Employer identification number

Name of the organization

Open to Public

C	ommunity Storehouse, Inc		75-1929755
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
	Complete if the organization answered "Yes" on f	Form 990. Part IV. line 6.	nocounts
-		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
_	Aggregate value of contributions to (during year)		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that	the spects hold in depart adulted	
5	The state of the s		Yes No
_	funds are the organization's property, subject to the organization's exclu- Did the organization inform all grantees, donors, and donor advisors in v		
6		· · · · · · · · · · · · · · · · · · ·	
	only for charitable purposes and not for the benefit of the donor or dono		Yes No
F)	conferring impermissible private benefit?	********************************	Yes , No
re	art II Conservation Easements Complete if the organization answered "Yes" on I	Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization (check		important land area
	Preservation of land for public use (for example, recreation or education of land for public use)	Preservation of a certified his	
	Protection of natural habitat	Preservation of a certified his	stone structure
_	Preservation of open space	untion contribution in the form of a copper	nuntian
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conser	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a			2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure inclu		. 2c
d	Number of conservation easements included on line 2c acquired after J	uly 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ext	nguished, or terminated by the organizati	ion during the
	tax year	and the state of t	
a	Number of states where property subject to conservation easement is to		
5	Does the organization have a written policy regarding the periodic month		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ea	asements during the year
			A first Daynes
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	itions, and enforcing conservation easem	ents during the year
		4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
8	Does each conservation easement reported on line 2d above satisfy the	requirements of section 170(h)(4)(B)(i)	Yes No
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement	t and balance
	sheet, and include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	ne
- F3	organization's accounting for conservation easements. art III Organizations Maintaining Collections of Art,	Historical Tractures or Other	Similar Accote
ra	organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on I	Form 990 Part IV line 8	dilling Maacta
	The state of the s		a choot works
1a	If the organization elected, as permitted under FASB ASC 958, not to re of art, historical treasures, or other similar assets held for public exhibition	port in its revenue statement and balance	of public
	service, provide in Part XIII the text of the footnote to its financial statem		or public
	TABLE TO A A A A STATE OF THE PROPERTY OF THE		ant works of
b	art, historical treasures, or other similar assets held for public exhibition.	advention or research in furtherance of	nublic service
		education, or research in futitierance of	Public Scivico,
	provide the following amounts relating to these items.		\$
	(i) Revenue included on Form 990, Part VIII, line 1		•
۸	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or or	other similar assets for financial gain, pro-	and the second of the second o
2			NIGO TITO
	following amounts required to be reported under FASB ASC 958 relating		. \$
	Revenue included on Form 990, Part VIII, line 1		' ♥
<u> </u>	Assets included in Form 990, Part X		Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 Communi	ty Storehouse	, Inc		75-19297	55		Page 2
	rt III Organizations Maintain			al Treasures, o	or Other Simi	lar Assets	(continu	ıed)
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	d [oan or exchange	e program				
b								
Ç	Preservation for future generations							
4	Provide a description of the organization's	collections and explain h	ow they further	the organization's	exempt purpose ir	n Part		
٠,	XIII.							
5	During the year, did the organization solic						_	i
	assets to be sold to raise funds rather tha		t of the organiza	ition's collection?			Ye	s No
Pa	rt IV Escrow and Custodial A						-	
	Complete if the organizat 990, Part X, line 21.					n amount	on Form	
1a	Is the organization an agent, trustee, custo	odian or other intermedia	y for contributio	ns or other assets	not			
	included on Form 990, Part X?						Ye	s No
b	If "Yes," explain the arrangement in Part X	III and complete the follo	wing table.					w/_witomorew
							Amount	
c	Beginning balance	.,				1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance					16		
2a	Did the organization include an amount or	Form 990, Part X, line 2	1, for escrow or	custodial account		***************************************	Ye	s No
	If "Yes," explain the arrangement in Part X							. []
THE REAL PROPERTY.	rt V Endowment Funds		egyptys a framework proportion of the proportion of the contract proportion	COLONIA COLONIA DE LA CONTRACTOR DE CONTRACT		<u> </u>		
	Complete if the organizat	ion answered "Yes"	on Form 990	, Part IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two yea	1	ree years back	(e) Four	years back
10	Beginning of year balance							
	Contributions							
						ACCORDING TO COMPANY OF THE PROPERTY OF THE PR		
C	Net investment earnings, gains, and			1				
	losses					NAME OF TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY.		
	Grants or scholarships							
е	Other expenditures for facilities and			1				
_	programs							
	Administrative expenses						 	
g	End of year balance		W	/->> t1-t		particular de la constitución de		
2	Provide the estimated percentage of the o		line 1g, column	(a)) nelo as:				
		%						
	Permanent endowment	%						
C	Term endowment %							
	The percentages on lines 2a, 2b, and 2c s	should equal 100%.			r 11			
3a	Are there endowment funds not in the pos	session of the organization	on that are held	and administered i	ror the		٢	Yes No
	organization by:						3a(i)	163 140
							1	
	(ii) Related organizations?	a grange og er og g					3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga			«?			3b	
4	Describe in Part XIII the intended uses of		ment funds.					
Pa	art VI Land, Buildings, and Ed Complete if the organizat	quipment	on Form 000) Dart IV line 1	Ida See Form	aan Dart	X line 1	n
				ľ	(c) Accumulate		(d) Book	
	Description of property	(a) Cost or other ba (investment)	313 (D) C	ost or other basis (other)	depreciation	ı	(4) 6000	
				/Autor)	approduction			
1a	Land							
	Buildings							
d	Equipment			597,513	401	,183	7 (96,330
	Other		/ line 10= ==!:::		- 4 U T	1200		96,330
Total	L. Add lines 1a through 1e. (Column (d) mu	st equal rorm 990, Part X	., iirie (VC, COlur	m (D))			-	

Part VII	Investments - Other Securities	Town 000 Dart IV Un	- 44h Can Farma 000 F	lord V line 12
	Complete if the organization answered "Yes" on I			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
44) 61			203(0) 010-01-700	a manor renev
(1) Financial d				
	ld equity interests			
			-	
			Control 2004-007 Control 2006-0000 Control 2006-	
(B)				
(c)				
(D)	eren eren eren eren eren eren eren eren			
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related			
	Complete if the organization answered "Yes" on I			
	(a) Description of investment	(b) Book value	(c) Melhod of	
			Cost or end-of-yea	rr warket value
(1)				
(2)				
(3)				
(4)				
(5)		erromanisconside de designation con consideration de la consideration de la consideration de la consideration	The second secon	
(6)				
(7)				
(8)				and the second s
(9)				
Total. (Column	o (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, line	e 11d. See Form 990, F	art X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)		- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
(4)				
(5)				
(6)				
(7)	The second secon			
(8)				
(9)	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
	n (b) must equal Form 990, Part X, line 15, col. (B))			
Part X	Other Liabilities			
	Complete if the organization answered "Yes" on I	Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
(6)				
(7)				
(8)				
(9)				
	n (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 footn	ote to the organization's fir	nancial statements that reports	the
organization's l	liability for uncertain tax positions under FASB ASC 740. Check	there if the text of the foot	note has been provided in Pa	t XIII

Sche	dule D (Form 990) 2023 Community Storehouse, Inc		75- <u>1929755</u>		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial St	atements With	Revenue per Retu	irn	
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,197,115
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				And the second s
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
4	Other (Describe in Part XIII.)				
				2e	
e	Add lines 2a through 2d			3	1,197,115
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4_			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b		.	
	Add tines 4a and 4b			4c	4 405 445
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,197,115
Pa	rt XII Reconciliation of Expenses per Audited Financial S			turn	
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1,362,696
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1		-
	Prior year adjustments				
	Other losses	.,,,,,,			
d	A the second sec			2e	
	Add lines 2a through 2d		.,		1,362,696
3	Subtract line 2e from line 1			3	1,302,030
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		}	
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,362,696
Pa	rt XIII Supplemental Information				
rov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and	2b; Part V, line 4; Part >	(, line	
	nt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				
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Schedule D (Form 990) 2023	Community	Storehouse,	Inc	75-1929755	Page 5
Part XIII	Suppleme	ntal Information	(continued)			
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SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

Inspection Name of the organization Employer identification number Community Storehouse, Inc. 75-1929755 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities, Check all that apply. e Solicitation of non-government grants ___ Mail solicitations Internet and email solicitations __ Solicitation of government grants Phone solicitations g _ Special fundraising events d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 fund-(v) Amount paid to (vI) Amount paid to raiser have (or retained by) (I) Name and address of individual (Iv) Gross receipts (or retained by) custody or (II) Activity from activity fundralser listed in organization or entity (fundraiser) control of contributions' col. (I) Yes No 2 5 6 7 8 9 10 Total 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. Control of the contro

75-1929755 Community Storehouse, Inc Schedule G (Form 990) 2023 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 Fund raising col. (c)) (event type) (total number) (event type) Revenue 224,925 224,925 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 224,925 224,925 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 218,939 218,939 9 Other direct expenses 218,939 10 Direct expense summary. Add lines 4 through 9 in column (d) 5,986 11 Net income summary, Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor 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) 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:

the state of the s

Sche	dule G (Form 990) 2023	Community Sto	rehouse, In	ic 7!	5-1929755		Page 3
11	Does the organization conduc						Yes No
12	Is the organization a grantor,	beneficiary or trustee of a	trust, or a member of a	partnership or other entity			(1)
	formed to administer charitab	ole gaming?					Yes 🗌 No
13	Indicate the percentage of ga						
а	The organization's facility				[13a	%
b	An outside facility					13b	%
14	Enter the name and address	of the person who prepare	s the organization's ga	iming/special events books ar	nd		
	records:						
	Name						
	,						
	Address						
	.,						
15a	Does the organization have a	a contract with a third party	from whom the organia	zation receives gaming		_	
	revenue?						Yes 🗌 No
b	If "Yes," enter the amount of	gaming revenue received l	y the organization	\$	and the		
	amount of gaming revenue re	etained by the third party	\$				
С	If "Yes," enter name and add						
	Name						
	Address						
	(
16	Gaming manager information	1:					
	Name						
		. , , , , , , , , , , , , , , , , , , ,					
	Gaming manager compensat	tion \$					
	Description of services provide	ded					
	Director/officer	Employee	Independent cor	ntractor			
17	Mandatory distributions:						
a	Is the organization required u	inder state law to make ch	aritable distributions fro	om the gaming proceeds to			.
	retain the state gaming licens					''	Yes 🗌 No
b	Enter the amount of distributi			other exempt organizations or			
	spent in the organization's ov	vn exempt activities during	the tax year \$	Prince Control of the	m. 1		
Pa	rt IV Supplemental	Information. Provide	e the explanations	required by Part I, line	2b, columns (III) al	nd (v); and	Ì
			6, and 17b, as app	olicable. Also provide an	iy additional inform	iation.	
	See instruction	S.					
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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Community Storehouse, Inc	75-1929755
Form 990, Part III, Line 4d - All Other Accomplishmen	ts
This organization is dedicated to improving the lives	of children and their
families in temporary crisis by providing food, cloth	ing, shoes, school
supplies, household items, and emergency financial as	sistance for medical
and dental needs. The organization serves children in	the Keller, Northwest
and Carroll independent school districts.	
Form 990, Part VI, Line 11b - Organization's Process	to Review Form 990
The Organization provides a copy of the Form 990 to a	ll members of its
governing body.	
Form 990, Part VI, Line 12c - Enforcement of Conflict	s Policy
The Organization's board continually monitors and enfo	orces all conflict of
interest policies.	
Form 990, Part VI, Line 19 - Governing Documents Disc.	losure Explanation
No documents available to the public	
	and the second s