Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

Department of the Treasury

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

Open to Public Inspection

			023 calend	ar year, or tax	vear beginni			, 2023,	and endi	ng		, 20)	_
			olicable:	C Name of organ			ITY ASSISTANC	E MINISTE	RIES		D Emplo	yer identifica	ition number	
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Ш	Appli	cation	pending	F Name and add			RAMBOUSEK					or subordinates?	= =	
					CYPRESS 1	HOUSTON Cy	press TX 7742			H(b) Are all			∐ Yes ∐ N	D
	Tax-9	exempt	status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527		1		See instructi	ions	
J	Webs	site:	www	.cypressa	ssistance	e.org_		_		H(c) Group			5353	_
K	Form	af arg	anization X	Corporation	Trust Asso	ciation Other		L Year of forma	tion: 199	90 M	State of lega	al domicile:	TX	_
Pa	ırt l		Summar	y										_
	Т	1 8	Briefly descri	ibe the organiza	ation's missio	n or most significa	nt activities: AS	SISTANCE	- PROV	IDES FI	NANCIA	AL ASSI	STANCE FO	R
e e	1	1	RENT. UT	ILITIES.	FOOD AND	CLOTHING TO	INDIVIDUALS	IN NEED.						_
ž		7	OPERATIO	N JOBS -	PROVIDE S	SERVICES IN	RESUME PREPAR	RATION, JO	DB TRA	INING,	INTERVIEW METHODS, GED			D
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රේ (0							ody (Part VI, line 1b)				4		9	
Activities & Governance		5	Total numbe	r of individuals	employed in o	alendar vear 2023	(Part V, line 2a)		. Æ.		5		23	
ξį				r of volunteers				·			6		622	
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2	1		-	rvice revenue (I		300	78/3				6,329		263	_
Revenue						, lines 3, 4, and 70					6,884		820,33	_
K	- 11					s 5, 6d, 8c, 9c, 10					8,059		1,625,454	_
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ģ	1						column (A), lines 5-1	0)	`	60	6,221			0
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_	_	19	Revenue les	ss expenses. S	ubtract line 18	from line 12	*** ***** * ***				7,748		126,85	9_
5	Ces			407	W	I			Beg	inning of Cur		En	d of Year	_
200	Fund Balances	20	Total assets	ssets (Part X, line 16)									3,835,22	10.00
A	8			es (Part X, line	700000		** * * * * * * * * * * * * * * * * * * *		٠ إ		3,754		2,164,91	
2	Ē.	22			s, Subtract lin	e 21 from line 20	4, N \$1000 X \$200	N	•	1,54	3,451		1,670,31	<u>o</u> _
	art			ure Block	b									_
Un	der pe	enaltie:	s of penury , I de	eclare that I have ex	amined this return	n, including accompany	ng schedules and stateme mation of which preparer h	nts, and to the bes ias anv knowledge	t of my knov	viedge and bei	iet, it is			
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Si	зn	ı	Signature of off	licer							Da	ite		
He	те		MAR!	THA BURNES	, EXECUT	IVE MANAGER								_
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			Print/Type pr	reparer's name		Preparer's signature		Date		Check	⟨ ☐ if	PTIN		
Pa	id		Susan	Barney		Susan Barne	y	04-30-2	2024	self-er	mployed	P007	06027	
		агег	Firm's name			y CPA, Inc.				Firm's EIN				
		Only				nes Road				Phone no.				
		_				TX 77070					281-	894-868		
Ma	v the	e IRS	discuss this	return with the		wn above? See in	structions	una a presu				x	Yes No)

-o.m	990 (2023) CYPRESS COMMUNITY ASSISTANCE MINISTRIES 76-0313478 Page 2
	t III 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:
	ASSISTANCE - PROVIDES FINANCIAL ASSISTANCE FOR RENT, UTILITIES, FOOD AND CLOTHING TO INDIVIDUALS
	IN NEED.
	OPERATION JOBS - PROVIDE SERVICES IN RESUME PREPARATION, JOB TRAINING, INTERVIEW METHODS, GED AND
	ESL CLASSES.
2	Did the organization undertake any significant program services during the year which were not listed on the
-	prior Form 990 or 990-EZ? Yes X No
	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
3	services? Yes X No
	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.
	(Code:) (Expenses \$ 1 244 995 including grants of \$) (Revenue \$ 804,854)
4a	(Code.) (Cxpcrises + 1,211,333 mortalis 3
	PROVIDE FINANCIAL ASSISTANCE FOR RENT, UTILITIES, FOOD AND CLOTHING TO INDIVIDUALS IN NEED.
	PROVIDE SERVICES AND ASSISTANCE IN RESUME PREPARATION, JOB TRAINING, INERVIEW METHODS, GED AND
	ESL CLASSES.
	Control of
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	ate. Vielle
	* W 1
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-2	Others program convince (Deposition on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) X election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 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 6 Х 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 or in quasi-endowments? If "Yes," complete Schedule D, Part V X If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI. 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 192 if "Yes," 11a complete Schedule D. Part VI 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 x c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d x e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 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 x Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII X Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X_ 13 x b 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 x Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 for any foreign organization? If "Yes:" complete Schedule F, Parts II and IV 15 X 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 X 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 x Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a x 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 x domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 employees? If "Yes," complete Schedule J 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 24a X through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II 26 X 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 27 persons? If "Yes," complete Schedule L, Part III x 28 Was the organization a party to a business transaction with one of the following parties (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a "Yes." complete Schedule L, Part IV 28b x A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c x 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 х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X Did the organization have a controlled entity within the meaning of section 512(b)(13)? X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI х Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a 12 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c reportable gaming (gambling) winnings to prize winners?

76-0313478

CYPRESS COMMUNITY ASSISTANCE MINISTRIES

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 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 in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? X 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? X 5 Did the organization have members or stockholders? X 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, 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: Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? x 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 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 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O) Another's website X Upon request Own website 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. GREG ENTZENBERGER (281) 955-7684, 12930 CYPRESS N HOUSTON, Cypress, TX 77429

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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.

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

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

Check this box if fiction the organization had only relate	3	and the second	A CONTRACTOR	And Decision	A 7 7 7 1 1 1 1		-			
				(C)		3	D _c		
(A)	(B)	Position (do not check more than one box, unless person is both an						(0)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours	hours officer and a director/frustee)						compensation	compensation from related	of other compensation
	per week	1 %					<u>M</u>	from the organization (W-2/	organizations (W-2/	from the
	(list any hours for	or in	ᇙ	Officer	8	B H	Fomer	1099-MISC/	1099-MISC/	organization and
	related	ividu	턃	ice	em (ploy	100	1099-NEC)	1099-NEC)	related organizations
	organizations	or a	욻		Key employe	8 8	h.			
	below	Individual trustee or director	nstitutional Irustoo		8	Highest compensated employee	dib.			
	dotted line)	O CO	00		A	15a(
	No.	le?	-46		9	2				
	- 11		1							
(1)MARTY WEIDEMANN	6.00		3							Versi
MEMBER-BOARD OF DIRECTORS	6.00		Ŋ.					0	0	0_
(2) CAM COUNTRYMAN	6.00	*conggalac-*								040
MEMBER-BOARD OF DIRECTORS	6.00	-	Ш				_	0	0	0_
(3) PASTOR RYAN DOCKERY	6.00								200	527
MEMBER-BOARD OF DIRECTORS	6.00							0	0	0_
(4) BRITTANY LOLLIS	6.00									
MEMBER-BOARD OF DIRECTORS	6.00	_			_			0	0	0_
(5) DR. VALERIE JONES	6.00									
MEMBER-BOARD OF DIRECTORS	6.00	x			Ш			0	0	0_
(6) FRANK ANGELLE	16.00									
TREASURER	16.00			Х				0	0	00
(7) JAMES RAMBOUSEK	30.00									
PRESIDENT	30.00			X				0	0	0_
(8)MANDIE SHOOK	6.00									
SECRETARY	6.00			x				0	0	00
(9)WILLIAM ROSE	12.00									
VICE-PRESIDENT	12.00			X				0	0	0_
(10)										
			_							
(11)										
<u>(12)</u>										-
		-	_	-	_					
(13)										
(14)										
	1									

	90 (2023) CYPRESS COMMUNITY	ASSISTA	NCE	MIN	IST	RI	ES			76-0313	478	Page 8
Part	VII Section A. Officers, Directors, T	rustees, k	Key E	mp			s, an	d H	lighest Comp	ensated Emplo	oyees (continued)
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	son is	nan one s both ar ftrustee)	- 1	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	Estimate of comp	(F) ed amount f other pensation m the
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organiz	zation and organizations
<u>(15)</u>												
(16)												
(17)												
(18)								4				
<u>(19)</u>							40		W			
(20)						d		6.				
(21)					(N.	lie-					
(22)				(hand	P)	1				
(23)			i i i	A		g d	7					
(24)				Y								
(25)_			tand	9								
1b c d	Total from continuation sheets to Part VII, Sect	. Which			• •	• •	 	•	0	0		0
2	Total number of individuals (including but n reportable compensation from the organiza		o thos	e lis	ited	abo	ove) v	vho	received more to	nan \$100,000 of		
	reportable compensation from the digaritize											Yes No
3	Did the organization list any former officer, director				or h	ighe	st com	ipen	sated	enant a entra e e	3	x
4	employee on line 1a? If "Yes," complete Schedule. For any individual listed on line 1a, is the sum of reorganization and related organizations greater than	eportable cor	npensa	ation	and	othe	er com	ipen:	sation from the	ned e Rinair n		
	individual Did any person listed on line 1a receive or accrue				6.			• •			4	x
5 Cont	for services rendered to the organization? If "Yes," on B. Independent Contractors										5	x
Sect.	Complete this table for your five highest co	mpensated	d inde	pend	den	t co	ntract	tors	that received m	ore than \$100,00	0 of	
	compensation from the organization. Repo	rt compens	sation	for t	the	cale	endar	yea	r ending with or	within the organi	zation's t	ax year.
	(A) Name and business addre	ss							(B) Description of servi	ces	(C) Compensa	tion
				_								
	Total number of independent contractors (i	noludina bi	ıt not	linei+	- od +	0 th	nes I	iete	d ahove) who			
	received more than \$100,000 of compensations	ation from t	he org	ganiz	zatio	on	.035		2 220 40) 44110		Easter	990 (2023

Form 990 (2023) CYPRESS COMMUNITY ASSISTANCE MINISTRIES

Part VIII Statement of Revenue

		Check if Schedule O contains a res	pons	e or	note to any li	ne in this Part V		. <u> </u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns	1a	T -					
	b	Membership dues	1b						
nts nts		Fundraising events	1c	1					
Gra	C	_	1d	1					1
fts,	d	Related organizations	1e	-					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	ie	-					
	f	All other contributions, gifts, grants,	4.5					-	
		and similar amounts not included above	1f	-	804,854				
g ţ	9	Noncash contributions included in	48						
Con		lines 1a-1f	1g	-					
	h	Total. Add lines 1a-1f	* * (*)	_		804,854			
				B	usiness Code			N	
çe	2a		_	_					-
e Z	b			_					
Se	С			_					
eve	d			_		- 1			
Program Service Revenue	е						<u> </u>		
P	f	All other program service revenue	* *			A Die	W.		
	g	Total. Add lines 2a-2f		• •		-000	Manager Land		
	3	Investment income (including dividends, inte	rest, a	and		the state of the s	29		
		other similar amounts)			• • • • • • • • •	263	263		
	4	Income from investment of tax-exempt bond				S 9			
	5	Royalties							
		(i) Rea	1		(ii) Personal		Salva Salva		
	6a	Gross rents 6a		-46		A STATE OF BUILDING	110540-516	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	b	Less: rental expenses 6b		1	-				
	c	Rental income or (loss) 6c			10				
	d	Net rental income or (loss)		b. •	👸				
	7a	Gross amount from	es	100	(#) Other				
	'-	sales of assets							THE PART OF
		other than inventory 7a	Dr.						
	b	Less: cost or other basis	b.			The State of the Land			
e		and sales expenses 7b	de	S				100	The state of
еП	l c	Gain or (loss) 7c	is.	450					
Şe,		Net gain or (loss)	Mb.						
ther Revenue	1	Gross income from fundraising		1			Sunt ever und		
Oth		events (not including \$		i					
•		of contributions reported on line	-						
		1c). See Part IV, line 18	8a	,		Charles A			
	Ь	Less: direct expenses	81	-			1000		
		Net income or (loss) from fundraising events	_						
		Gross income from gaming		T			S TOTAL STATE	The Park Hall	GIATO ENE
	"	activities. See Part IV, line 19	9a						
		Less: direct expenses	91	_					
			1		5 10 to 10 t				
	ı	Net income or (loss) from gaming activities	Ė	Ť.				A I STATE OF THE	A STANFORD
	10a	Gross sales of inventory, less	40.				1,0414		
	١.	returns and allowances	10:	-	820,337				Strike and
	1	Less: cost of goods sold	101			200 000	200 227		
-	C	Net income or (loss) from sales of inventory	••	_		820,337	820,337	200	
				B	usiness Code				
Miscellanous Revenue	11a			-				-	+
lan inu	b		_	-		-			+
cel	C	-		-					-
ĕis R		All other revenue		_					-
		Total. Add lines 11a-11d							1120
	12	Total revenue. See instructions	• • •	* *	*** * ****	1,625,454	820,600	1	0

Part	v Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	Zations (continue	<u>~/</u>	
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		1	
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets	Constanting and the second		_	
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part \	/1)	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 organization is resp	onsive	ا ا	
	(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	/mts
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023		V		
	(reasonable cause required - explain in Part VI). See		M		
	instructions.		18)		
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020			100	
d	From 2021				
e	From 2022	981007mm 42707			
f_	Total of lines 3a through 3e				
	Applied to underdistributions of prior years		T	1/07	
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)	<i>M</i>			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	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		Mary Hillery		
	and 4b from line 1. For result greater than zero, explain in		182		
	Part VI. See instructions.		31.011		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:			1504	
а	Excess from 2019				
b	Excess from 2020 /				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Form 990 (2023) CYPRESS COMMUNITY ASSISTANCE MINISTRIES

Part IX Statement of Functional Expenses

Do not include a 8b, 9b, and 10b o 1 Grants and	neck if Schedule O contains a response or no mounts reported on lines 6b, 7b, of Part VIII. other assistance to domestic organizations stic governments. See Part IV, line 21	ote to any line in thi (A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9b, and 10b of 1 Grants and	of Part VIII. other assistance to domestic organizations		Program service		
1 Grants and	other assistance to domestic organizations	Total expenses			
	_		expenses	general expenses	expenses
and domes	tic governments. See Part IV. line 21				
and domes					
	other assistance to domestic				
	See Part IV, line 22	255,085	255,085		
	other assistance to foreign				
	ns, foreign governments, and				
-	viduals. See Part IV, lines 15 and 16				.,
	aid to or for members				
	tion of current officers, directors,				
	nd key employees				
	tion not included above to disqualified				
	s defined under section 4958(f)(1)) and				
	escribed in section 4958(c)(3)(B)				
	ries and wages	687,126	536,464	83,623	67,039
	an accruals and contributions (include				
•	1(k) and 403(b) employer contributions)				
	loyee benefits		Aller W		
	es				
	ervices (nonemployees):	- B	A 10		
	ent · · · · · · · · · · · · · · · · · · ·	An-	10 40		
		7			
]		The same of the sa		
		a T			
	al fundraising services. See Part IV, line 17	antino di J			
	t management fees				
	ne 11g amount exceeds 10% of line 25, column				
	nt, list line 11g expenses on Schedule O.)	54,674	54,674		
	g and promotion				
	enses	23,107	19,641	1,155	2,311
	n technology	22,160	18,836	1,108	2,216
	y	Tr.			
	of travel or entertainment expenses				
•	leral, state, or local public officials				
	es, conventions, and meetings				
		107,043	96,339	5,352	5,352
	to affiliates				
	on, depletion, and amortization	84,786	76,310	4,238	4,238
	enses. Itemize expenses not covered	الإنساء بالرار			
	t miscellaneous expenses on line 24e. If			BALL A KHI H	
	mount exceeds 10% of line 25, column		10-11-11		
	nt, list line 24e expenses on Schedule O.)				
	REDIT CARD FEES	16,413	13,130	821	2,462
b EQUIPM		5,227	4,705	261	261
	S/MAINTENANCE	60,083			
	IES/TELEPHONE	54,374		4,627	2,719
e All other e		128,517		19,122	46,695
	ctional expenses. Add lines 1 through 24e	1,498,595		120,307	133,293
	ts. Complete this line only if the	2,150,555		/	
organizatio	on reported in column (B) joint costs				
	mbined educational campaign and				
	g solicitation. Check here if SOP 98-2 (ASC 958-720)				

76-0313478

Part X Ba

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 381,622 419,763 Cash - non-interest-bearing 1 2 100,000 2 3 3 4 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 9 1,310 1,310 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis, Complete Part VI of Schedule D 10a 3.489.929 10c 3,416,132 3,352,296 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 3,837,205 3,835,228 16 6,285 17 Accounts payable and accrued expenses 7,572 17 18 18 Deferred revenue 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 2,287,469 23 2,157,346 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 2,164,918 2,293,754 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 1,583,601 1,516,054 27 28 86,709 Net assets with donor restrictions 27,397 П 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 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 32 1,543,451 1,670,310 32 33 Total fiabilities and net assets/fund balances 3,837,205 3,835,228

Form 990 (2023)

Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	2 2000			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,	625,	454
2	Total expenses (must equal Part IX, column (A), line 25)		1,	498,	595
3	Revenue less expenses. Subtract line 2 from line 1			126,	859
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1,	543,	451
5	Net unrealized gains (losses) on investments	<u> </u>			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)))	1,	670,	310
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				x
		9		Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIED CASH	5.			
	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		х
	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.				1
	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.				9
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			2.5	1/150
	Schedule O.			12.5	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	(#)(#)(#	3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	0.1010101	3b		

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Form **990** (2023)