

Agency	Outsiders Anonymous
Program	Outsider Peer Program
San Marcos Service Address	324 Riverwalk Drive Suite 218
Requested	\$50,000
Recommended	\$0

Application Completeness Check for HSAB	Outsiders Anonymous Outsider Peer Program
Questions	
Are all questions answered?	Yes
Is the application signed? (this is a certification)	Yes
Does the program have measurable outcomes?	Yes
Is the agency a Human Services Agency?	Yes
Is the agency overseen by a Board of Directors?	Yes
Required Attachments	
BUDGETS	
1. Agency budget for current fiscal year	Yes
2. Agency budget proposed for next fiscal year	Yes
3. Program budget for current fiscal year	Yes
4. Program budget proposed for next fiscal year	Yes
5. Budget showing the exact uses of the HSAB funding	Yes
BOARD OF DIRECTORS INFORMATION	
6. Board of Directors membership roster	Yes
7. Board of Directors Meeting Attendance Record for current year	Yes
8. Board of Directors City of Residence	Yes
9. Board of Directors membership criteria	Yes
ORGANIZATION INFORMATION	
10. Organizational chart with names and titles of staff	Yes
11. Current IRS Form 990, pages 1 and 2 (not required for churches)	Yes
12. Non-discrimination policy statement	Yes
Preferred Attachments - 3 Letters of Support	
Letters of support from members of the San Marcos Community	Yes
Attachments if Applicable	
Latest audit or CPA signed review, if applicable	
Policies and Procedures for the proposed Program, if available	
Note: We are not requiring Texas Secretary of State registration	

City of San Marcos Human Services Grants
FY 2025 Application

I. SUMMARY INFORMATION

Please spell out organization name and program name completely, without acronyms.

Applicant Organization: Outsiders Anonymous

Contact Name: Adam Holt Telephone: 979-587-1443

Contact E-Mail Address: adam@outsidersanonymous.org Website: www.outsidersanonymous.org

Mailing Address: 324 Riverwalk Dr Suite 218, San Marcos, TX 78666

San Marcos Service Address for this Program: 324 Riverwalk Dr Suite 218, San Marcos, TX 78666

Who is authorized to execute program documents? (Name, Title) Adam Holt, Executive Director

Program Name: Outsider Peer Program

Amount of Funds Requested: \$50,000

What percentage of the cost of this program is requested as funding through this application? 32%

II. QUESTIONS

All questions must be answered. Please type your answers.

OVERVIEW

1. What is the agency's or organization's mission?
 - a. Outsiders Anonymous exists to provide free fitness training and an awesome sober community to help individuals run towards recovery and lift themselves into a life worth living.
2. Briefly summarize the program for which funding is being requested and the services it provides.
 - a. The Outsiders Peer Program provides access to recovery support services and other sober activities for underserved San Marcos residents. The program will provide free, certified, mental health and substance use peer counseling for any San Marcos resident. The funding will also provide free, sober activities each week to build a recovery community locally rather than relying on Austin or San Antonio for recovery support services. Additionally, the funding will enable increased access to physical fitness and other health services by supporting the only 100% free gym in Texas, right here in San Marcos

COMMUNITY NEED AND JUSTIFICATION - 20 POINTS

1. Describe in detail the need for this program in San Marcos.
 - a. The Hays County and San Marcos area has been decimated by the fentanyl epidemic; at one point in 2022, Hays County was in the top 10 per capita fentanyl related overdose deaths for individuals under the age of 18, nationwide. Additionally, due to the proximity to our southern border, Hays County was one of the first locations that multicolored fentanyl "candy" pills were introduced, and our community has paid the price dearly, losing too many of our residents, most of them just children.

Despite the growing prevalence of substance use and other related mental health issues, the San Marcos area has an extreme lack of recovery support services, especially for many underserved populations. While there are a handful of private, for-profit inpatient treatment centers in the area, Page 5 of 11 their costs are prohibitively expensive, even with health insurance (and they DO NOT take Medicaid). The area only has one small outpatient program, a handful of support groups (AA, NA, etc), and a small Cenikor presence. This lack of recovery support services leads to less than 10% of San Marcos residents receiving treatment (of any kind) that need it. Outsiders Anonymous is fighting to change that.

Peer based services have been shown to be effective in reducing relapse rates as well as reducing community costs associated with substance use. Rather than the power imbalance that is generally created from the provider/client relationship, peer counseling (fully licensed by the state) creates a partnership relationship that is more approachable and more accessible for most individuals. Additionally, the person-centered, peer-based approach allows for greater accessibility to services in a cost-effective way. Plus, we have one of the only mobile counseling busses in Texas, so we can effectively provide services to any resident wherever they are and whatever their situation.

Lastly, we understand that the family is at the center of any support system. By creating opportunities for families to workout together, or attend events together, we are facilitating the strengthening of the ultimate support system. When a high-school student has the opportunity to go bouldering or do a workout challenge with their parents, it begins to break down those walls that degrade communication within the family unit. There is certainly a need for community in our area, both for recovery support and families. We cannot, by ourselves, fight the fentanyl and substance use epidemic, but as a community, together, we have a fighting chance

2. Has the need for this program been increasing in recent years?
 - a. As was previously mentioned, fentanyl related overdoses and deaths have exploded in recent years. Our children are dying, and we don't have a real solution in place other than to rely on the fear-based mistakes that were popularized by the DARE program. It is easy as a reactive effort to give presentations and educate residents on the dangers of fentanyl and substance use but the harder, more effective interventions require individualized treatment along with community support. Until we are able to meet the individual where they are, while providing alternative activities to build a supportive sober community, we will not be able to tackle this problem. Individuals can learn all they want, but until they have alternatives to using, along with a partners
3. Client Information

Definitions:

Direct Client - individuals or families immediately affected or personally served by the helping agency.

Questions:

- a. Describe the direct clients for this program.
 - a. Direct clients for this program will include any individual and family living in the San Marcos area. Our peers are able to work with any population, and we do not have any restrictions on the types of clients we can work with. There does not have to be a relapse or any criminal justice intervention. Participation can be mandated or voluntary.
- b. How is the program marketed to direct clients? How do you find these clients?
 - a. We have many ways of finding and attracting clients. First, we have collaborative partnerships with organizations around town that provide referrals to our program. We will come and give talks or provide free pop-up fitness classes for their participants to create interest. Second, we extensively use social media and digital marketing. We have a Google Ad Grant and are a Facebook certified treatment center, which allows us to market directly to individuals in the area. Third, we have a mobile counseling bus that also doubles as a mobile gym, allowing us to host pop-up workouts in neighborhoods in the area. This brings individuals and families together with their local community while allowing us to interact with residents in hopes of providing

those who need services with a higher level of care. Lastly, we market our events in coordination with the hosting organization, expanding our reach to the local community and reaching individuals to which we wouldn't likely have access.

- c. Expected total annual unduplicated direct clients who are City of San Marcos residents:
 - a. Direct Peer Services – 200+
 - b. Events – 2500+

IMPLEMENTATION - 15 POINTS

1. How exactly will these funds be used?
 - a. Peer Specialist Services, \$18,000 – The bulk of the funding will be used towards the salaries of two Recovery Support Peer Specialists (RSPS). We have two RSPS peers that have completed training, along with a Peer Specialist Supervisor (PSS) on staff to supervise them, so they are trained and ready to provide services. The RSPS will be the individual providing the direct services either through one-on-one peer counseling or through the facilitation of recovery supportive community events. They will also staff our drop-in center where individuals in crisis can receive immediate help along with access to harm reduction items such as Narcan. This funding will provide 20% of the RSPS full-time salary.
 - b. Recovery-centered Community Events, \$12,000 – In order to recover, one has to learn how to do life without the need for substances. All the treatment and education is futile if there is not a supportive community which with the individual can do life. To this end, Outsiders Anonymous provides multiple community activities each week for any local resident. These activities range from bouldering at Armadillo Boulders, art classes, rage rooms and axe throwing, sober tubing on the river, comedy nights, Youth Nights at the Gym and so much more. This funding will support multiple events each month with a \$1,000 monthly budget.
 - c. Drop-in center and facility costs, \$18,000 – The Outsiders Peer Program is housed in and staffs the only recovery drop-in center in Hays County. At our location, we provide crisis response, harm reduction items, deliberate cold therapy and a variety of health and fitness options, all 100% free, all staffed by a trained and certified peer. This funding will provide for the sustainability of this location by funding a small portion of the rent and utility costs incurred each month.
 - d. Recovery on the Plaza, \$2,000 – Each year Outsiders Anonymous hosts Recovery on the Plaza, the only recovery festival and service provider gathering in Hays County. Along with free food, music and community activities, every mental health and substance use service provider in the area has the opportunity to set up a table to interact with community members and education residents about the available services. This funding will assist in the sustainability of this event.
2. What specific, measurable outcomes or results do you hope to achieve with this program?
 - a. At the very core of what we do is research. We understand that to create change, results have to be demonstrated. We have recently partnered with the University of Texas to develop a questionnaire that will be used to measure our results. It will measure multiple items such as percent days abstinent (relapse rates), social capital, physical fitness/health outcomes along with other outcomes. The questionnaire has been attached to this application, and will be given electronically through the REDCap software.

Specifically, we aim to increase percent days abstinent, social capital, and physical fitness/health outcomes by 50% over a six-month period in our participants

3. List the title of each position for which funding is requested and the activities associated with those positions.
 - a. Recovery Support Peer Specialist (RSPS) – These two positions will provide the bulk of the direct services offered by the Outsider Peer Program. They will provide direct peer counseling, where they will leverage their lived experience to partner with the individual to create a recovery plan and a safety plan while utilizing goal setting and motivational interviewing to help the individual create what they define as success in their recovery journey. Additionally, one of the two RSPS will be present at all

recoverycentered community events to ensure recovery principles are being upheld and to provide support as needed (while recruiting individuals for one-on-one counseling as needed). Lastly, the RSPS (along with the Executive Director) will staff the drop-in center in order to provide crisis response and recovery supportive services on demand.

4. If funding is not available at the requested amount, what is the minimum Human Services Grant funding needed to be able to run this program?
 - a. If funding is not available at the \$50,000 level, the program could be scaled down and completed for \$27,800. This would provide for 20% of one RSPS salary along with monthly community activities and a reduced allocation for facility rent.

IMPACT AND COST EFFECTIVENESS - 25 POINTS

1. Programs can provide value by deeply impacting the lives of a few, with effects that may ripple through generations, or by providing smaller but meaningful impact to a larger group. Describe in detail the impact this program will have on the identified need and on San Marcos residents.
 - a. Currently, most San Marcos residents find the need to travel to Austin or San Antonio in order to access recovery supportive services, as there is no recovery community in the area. Meetings, treatment, counseling, activities; although we are starting to create a recovery community here with the help of the City of San Marcos, they are all still done mostly outside of the community they live in. This might work for some, but those without transportation or means to travel, or those experiencing crisis are left without a support net, destined to suffer the full consequences of their substance use. This program will continue the work of establishing a recovery community in the area. For some, the impact might be minimal, allowing them to commune with others that are struggling with their same issues, but for many the impact will be great. Services can be provided anywhere, even virtually, but community cannot, it must be provided locally. Services are time limited, but community is not. While an organization can only do so much, the creation of a community can provide 24/7 support. At 2am when the cravings come, the community will be there, and could truly save a life.
2. Discuss the amount of overhead compared to program costs.
 - a. I believe the only overhead costs associated with this grant application is the \$18,000 dedicated to facility rental costs, but even that directly impacts the program viability. Outsiders Anonymous has external funding sources and will fully cover any additional overhead costs associated with this program (advertising and marketing, supplies, travel, etc.) so that the entirety of the San Marcos funding would support direct program activities.
3. Provide a brief description of other funding sources, volunteers, or in-kind donations that are expected to be used with this program.
 - a. Outsiders Anonymous has multiple funding sources as to not fully rely upon one source for sustainability. We have corporate donations as event sponsors as well as the creation of The Unbranded Fitness, a for-profit fitness equipment manufacturing company that was created specifically to provide operational funding for Outsiders Anonymous (100% of all profits support OA). We host The Runfield Texas Race Series, a five-race series in Buda, TX, and the Buda Turkey Trot that provides funding for the organization. We have received a handful of private foundation grants and receive the support of individual donors, and will leverage a recent Texas Veterans Commission grant to serve San Marcos area veterans. Additionally, program cost requirements will be reduced by the utilization of our strong network of volunteers (50+ total volunteers), and in-kind donations of food and beverages, event space and local activities.
4. What has your organization done in the past two years to raise different funding for this program?
 - a. As mentioned, the main way we have created funding for this program is through the formation of The Unbranded Fitness. This for-profit company manufactures fitness equipment that is then sold regionally to provide funding for the organization. We have also implemented The Runfield Texas Race Series, which raises funding from ticket sales and corporate sponsorships and expanded to purchase the Buda Turkey Trot. Prior to our physical location opening in 2022, we did not have large funding requirements. After the opening of our facility in 2022, we received our first large private foundation funding from the Burdine Johnson Foundation and have begun applying for additional grant funding to sustain and

expand our services. We received a substantial grant from the Texas Veterans Commission to provide services to Hays County Veterans, and have also added a paid, 24-hour access membership to our gym to increase revenue available for the Outsiders Peer Program.

COMMUNITY SUPPORT – 10 POINTS

1. Please submit 3-5 letters of reference that indicate strong local support for the program and the agency's ability to implement it as described in the application.
2. How is the Board of Directors selected?
 - a. Initially, there was a founding board of directors that consisted of individual known by the Executive Director. As OA has grown, we have begun to transition to an operating board of directors. Our board now consists of volunteer community members that have either been affected by substance use or have the desire to help create a recovery community in the Hays County area. We're currently recruiting and building our board – applicants have been and will continue to be chosen via voluntary applications and interviews with current board members. As a Recovery Community Organization (RCO) we require that 51% of our board members must be individuals in recovery, however they define that.
3. How often does the Board meet?
 - a. Historically they have met once a quarter, but currently will be meeting once a month.
4. What actions do Board members take to support the programs of the agency or organization?
 - a. Our board members determine the direction and priorities for the organization. From voting on new hires and salaries, to organizing events and participating in outreach, our board members are very involved as we grow and expand our capacity
5. How many volunteers does your agency or organization have and how many hours do they spend on the program requesting funding?
 - a. With the addition of 24-hour access to our facility, we launched the Outsiders Ambassadors program that provides additional benefits for individuals that volunteer their time with OA. This year, over 75 volunteers have engaged in activities on behalf of or for the organization. This could be volunteering at our events, assisting with clean up, staffing the facility when needed and teaching classes, or helping us host/facilitate monthly community events. We truly could not do what we do without the support of our volunteers. We have been able to keep overhead costs to a bare minimum because of our great volunteer and community support. Every event we host, there are multiple volunteers that have helped make it happen. Currently our volunteers are not involved with funding requests.

COUNCIL PRIORITIES - 30 POINTS

1. How long has this program served San Marcos residents? (10 points if at least 2 years)
 - a. We have been providing free fitness classes and recovery fitness events to the San Marcos area since 2020 (4 years), and opened our physical location for the gym and drop-in center in 2022. Outsiders Anonymous as an organization has been providing services since 2017 in the Greater Austin area, choosing to focus on the San Marcos/Hays County area during COVID
2. Does the agency have an office in San Marcos? (10 points if yes)
 - a. Yes!
3. Describe how this funding creates an increase in services or an increase in the number of people served. (10 points)
 - a. As an organization, we have created funding opportunities to keep the doors open and provide amazing services as it is. To this point, we have been focused on being able to pay rent and provide evidence-based recovery supportive services through physical activity to reduce relapse rates in early recovery, and we can continue to do this as our overhead costs are budgeted for and covered. In order to continue our mission, we need to start thinking outside of our facility and outside of just keeping the doors open. This funding will create additional services by allowing us to further build a recovery community in the San Marcos area while providing accessible and cost-effective one-on-one services to our most underserved residents.

II. FUNDING RESTRICTIONS

By signing this application I certify the following to be true:

1. All Human Services Grant funding will be spent on San Marcos residents, except for school-based programs, in which case it may be spent within the San Marcos Consolidated Independent School District boundary.
2. Funding requested is not more than 50% of the total funding for the agency.
3. Funding will not be used to fund more than 20% of a full time position.
4. Agency has been in existence for at least 2 years. (This can include serving communities other than San Marcos.)

SUBMITTED AND APPROVED BY:

Adam Holt

29 July 2024

Signature

Date

Adam Holt

Printed Name

Executive Director

Title



OUTSIDERS ANONYMOUS

Non-Discrimination Policy

Outsiders Anonymous does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities include, but are not limited to, the appointment to and termination from its Board of Directors, hiring and firing of staff or contractors, selection of volunteers, selection of vendors, and providing of services.

Outsiders Anonymous is an equal-opportunity employer. We shall not discriminate and will not discriminate in employment, recruitment, Board membership, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, or for any other discriminatory reason.



OUTSIDERS ANONYMOUS

Board of Directors Information

Membership Roster

President - Jillian Jaffe - San Marcos, TX

Vice President - Carl Myers - Buda, TX

Secretary - Jessica Holt - Buda, TX

Agustin Cervantes - San Marcos, TX

Andrea Wagner - San Antonio, TX

Note: Outsiders Anonymous is currently in the process of expanding the board and will have 3-4 new board members in 2024

Meeting Attendance Record

All board members have been present for the board meetings in the past year.

Membership Criteria

From the RCO guidelines:

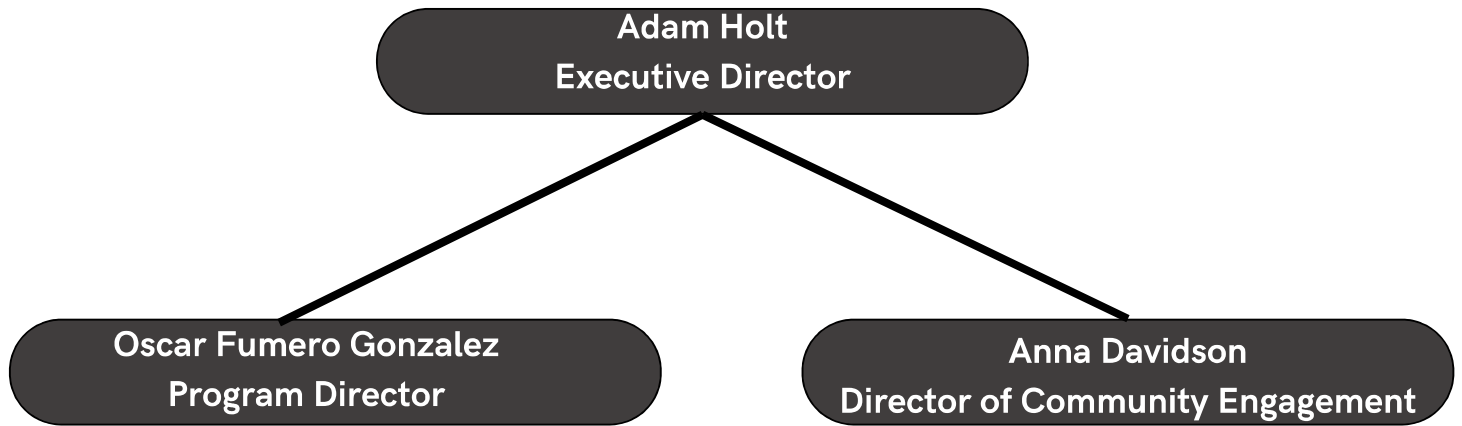
Led and Governed by the Recovery Community

The organization is peer-led. More than 50% of the Board of Directors or Advisory Board self-identify as people in personal recovery from their own substance use disorders. Additional board members may include family members of persons impacted by substance use disorders and recovery, allies, and persons with co-occurring mental health disorders.



OUTSIDERS ANONYMOUS

Organizational Chart



Outsiders Anonymous Budgets

	<u>2024</u>	<u>2025</u>	<u>Notes</u>
Revenue			
The Unbranded Fitness	\$50,000	\$50,000	100% of all profits go directly to OA
Individual Donation	\$60,000	\$75,000	Confirmed large individual donations of \$60,000 for 2024
Foundation Grant	\$20,000	\$20,000	
Non-Profit Income - Race	\$35,000	\$45,000	
Non-Profit Income - ROTP	\$10,000	\$10,000	
Local/State/Federal Grants	\$50,000	\$110,000	
Total Revenue	<u>\$225,000</u>	<u>\$310,000</u>	
Expenditures			
Advertising & Marketing	\$2,200	\$3,600	
Travel	\$4,000	\$6,000	
Certification	\$2,500	\$3,750	Each staff member can get 1 certification per year + Continuing Education
Dues & subscriptions	\$2,500	\$2,500	Gym Management Software, DEKA Affiliation
Event - Other	\$12,000	\$12,000	Community Activities/Events
Event - Race	\$7,500	\$7,500	The Runfield Texas Race Series
Event - ROTP	\$7,500	\$10,000	Recovery on the Plaza
Event - Spartan	\$2,000	\$2,000	
Fitness Equipment for Gym	\$12,000	\$12,000	New Equipment/Update Equipment
Harm Reduction	\$5,000	\$7,500	Free Narcan Stand
Insurance	\$3,500	\$3,500	
Legal & Professional Services	\$10,000	\$10,000	Accounting and other services
Supplies & Software	\$5,000	\$5,000	
Rent & Lease	\$43,000	\$43,000	
Repairs & Maintenance	\$3,000	\$3,000	
Salaries	\$90,000	\$155,000	2024 12 Months 1x RSPS Full Time, 1xRSPS Part-time 2025 - an additional fulltime RSPS
Utilities	\$7,500	\$7,501	
Total Expenditures	<u>\$219,200</u>	<u>\$293,851</u>	
Net Revenue	\$5,800	\$16,149	

Outsiders Anonymous
Outsider Peer Program Budgets

	2024	2025	Requested Funding	Minimum funding needed	Notes
Revenue					
Individual Donation/OA Overhead	\$50,000	\$50,000			
Foundation Grant	\$10,000	\$20,000			
Non-Profit Income - Races	\$35,000	\$35,000			
Local/State/Federal Grants	\$30,000	\$50,000	\$50,000	\$30,800	
Total Revenue	\$125,000	\$155,000	\$50,000	\$30,800	
Expenditures					
Advertising & Marketing	\$2,000	\$2,000			
Travel	\$3,000	\$3,000			
Event - Other	\$20,000	\$20,000	\$12,000	\$6,000	Community Activities/Events
Event - ROTP	\$10,000	\$10,000	\$2,000	\$800	Recovery on the Plaza
Insurance	\$3,500	\$3,500			
Supplies & Software	\$2,500	\$2,500			
Rent & Lease	\$24,000	\$24,000	\$18,000	\$9,000	
Salaries	\$60,000	\$90,000	\$18,000	\$12,000	2023 5 months 2x RSPS Part-Time, 2024 12 Months 2x RSPS Full Time (50% FTE on this program)
Total Expenditures	\$125,000	\$155,000	\$50,000	\$27,800	



City of San Marcos
Human Services Advisory Board

Dear Human Services Advisory Board Members,

It is my sincere pleasure to write this letter of support for Adam Holt, founder of Outsiders Anonymous. Adam has been an amazing supporter of Cenikor's youth programs over the last year. Adam with sincere humility has not only supported our programs by extending a professional partnership but he has welcomed our team members and most importantly the youth we serve to his facility. Continuously Adam has shown compassion to youth who often feel unseen and unheard. At Outsiders Anonymous youth are valued and shown skills that promote recovery. Outsiders Anonymous is a wonderful place to go and learn and enjoy a way of life that promotes health, wellness, and recovery. At Cenikor we are grateful for Adam and the service through his gym he provides along with his kindness and his partnership.

Sincerely,

Carla Merritt, LMSW, LCDC, CPS

Cenikor Prevention and Youth Recovery Community Director

cmerritt@cenikor.org



4-27-2024

To whom it may concern,

My name is Stephaine Pelletier. I founded The Vibe Sober Apartments in San Marcos, Texas. We are an intentional, sober community. Our program is for folks coming out of sober living and looking for permanent housing while in recovery. We work with Adam Holt often and truly believe we can collaborate with him to make his grants even more powerful. We receive many calls weekly from people in early recovery here in San Marcos. They do not qualify for our housing. Often, they have to go to San Antonio or Austin for sober living or peer support. I have learned firsthand that Hays County needs so many more resources if we are going to put a dent in anything addiction-related.

At The Vibe, we are committed to supporting Adam in any way we can. We are eager to share the resources and knowledge we have acquired through our own initiatives. Imagine the impact we could make in Hays County if we could offer more sober living options. We could then provide permanent housing for those ready to transition out of sober living, significantly enhancing their chances of maintaining sobriety and recovery. This collaborative effort could be a game-changer in our fight against addiction.

Thank you for your time
Stephanie Pelletier
www.liveinthevibe.com
512-934-1277



Adam Holt <adam@outsidersanonymous.org>

Thanks

1 message

Robin Steele <pastor@psmchurch.com>

Mon, Jul 31, 2023 at 3:45 PM

To: "adam@outsidersanonymous.org" <adam@outsidersanonymous.org>

I heard you guys were needing letters of support.

We are extremely thankful for Outsiders Anonymous. Our son is struggling with mental health issues and has found OA to be extremely helpful. Everyone at the facility has welcomed him and made him feel at home. He loves the ice bath option and takes advantage of it after each training session. Being physically active is vital to mental health. It is always challenging to find spaces where people can be accepted and find the right environment for healing. The fact that it does not cost to work out, is stunning and a huge catalyst to get him going. I'm not sure we could afford to send him to other places AND I don't think that they would be able to offer the same support for his complex needs. We really appreciate you.

+

Robin Steele

Senior Pastor

PromiseLand Church



Adam Holt <adam@outsidersanonymous.org>

(no subject)

Castillo <7cscastillo@gmail.com>

Mon, Jul 31, 2023 at 12:03 PM

To: Adam Holt <adam@outsidersanonymous.org>

Hello,

I am writing this to show support for Outsiders Anonymous. As a san marcos resident and gym member, I believe this gym/community is deserving of this grant because of the work they do with the drug and alcohol recovery.

In addition to being a place for "outsiders" to work out, this gym also holds intentional space for community. They host social events for holidays, super bowls, peer groups etc that are not focused around drugs or alcohol and are free. It's not just the social events either, it's the staff. The staff here has also struggled with recovery and they speak about their journeys openly.

Entering this gym for the first time wasn't like entering any other gym. There wasn't any sense of ego, or awkward introductions. Everyone there genuinely wanted to see you there, was excited that you made it, and was hoping to see you in the future.

I love this gym, what they do and what they stand for. I hope you see the impact they make and why they are deserving of this grant.

Castillo

[Quoted text hidden]



Adam Holt <adam@outsidersanonymous.org>

Letter of support for.outsiders anonymous

1 message

Alex Connors <Alexbconnors@outlook.com>

Mon, Jul 31, 2023 at 3:14 PM

To: "adam@outsidersanonymous.org" <adam@outsidersanonymous.org>

I am writing in support of Adam of outsiders anonymous candidacy for grant the applied for. I believe this gym is an exceptional candidate for this opportunity because they improve mental and physical health of members in community which means more productivity for texas and get chance to connect and build relationships with other members of different communities. It also allows people to maintain their sobriety in beneficial way to build positive coping mechanisms. Gives youth regardless of financial situation to have safe place to go and do conducive activities to build better versions of them selves for future when they take over from older generation. Adam demonstrates the quality of dedication to serve his community and always showing up , honors his fellow humans by supporting everyone who walks in and gives them advise that keeps them pushing forward even when a person like my self hits rock bottom, and integrity when he says he doing something he does it rain, tornado or shine.

Granting him the grant would not only benefit him and community but texas as a whole and to deny him the ability to growth and change mote people life would be discredit to america, texas and local community alike.



Adam Holt <adam@outsidersanonymous.org>

Letter of support Hayden Chavarria

zrkperk osrs <hayden.cougar@gmail.com>
To: adam@outsidersanonymous.org

Mon, Jul 31, 2023 at 11:33 AM

To whom it may concern:

As a local San Marcos resident on 20 years, I found myself lost in the fun city that San Marcos is. I've had my fair share of run-ins with substance abuse. At the turning point of my life we're I finally decided to change, Outsiders Anonymous gave me a place to go. Made me feel not as alone, gave me a chance to reconnect with my family, and jump started the health journey I'm on in my life. Nothing but wonderful things to say about the coaches there.

Sincerely Yours- Hayden Chavarria

Sent from my iPhone



Adam Holt <adam@outsidersanonymous.org>

Letter of Support

1 message

Craig Lalonde <craig.j.lalonde@gmail.com>

Mon, Jul 31, 2023 at 12:57 PM

To: "adam@outsidersanonymous.org" <adam@outsidersanonymous.org>

Hey Adam,
Here's my Letter of Support for the City of San Marcos
- Craig

To Whom it May Concern,

My name is Craig Lalonde, I am a resident of San Marcos, a professional firefighter/ EMT-Basic, and a life-long fitness enthusiast. I would like to express my strong support for Outsiders Anonymous.

Mental health and addition for veterans and first responders are an overlooked and underfunded aspect of the professions. Outsiders Anonymous offers a safe and supportive space of like-minded people. Being 100% free means there is no barrier to entry for people to join a community and get support they need. Outsiders Anonymous is a great integration of people from different backgrounds, with different goals, who can come together to support one another. All of these aspects of the organization mean that citizens of San Marcos, regardless of their status as a veteran, first responder, or civilian, can receive support and guidance in a way that is difficult to find.

Supporting Outsiders Anonymous with a grant will help foster this incredibly unique and impactful non-profit. The City of San Marcos should be proud to have an organization like Outsiders Anonymous as an asset to the community.

Thank you for the consideration,
Craig Lalonde
Outsiders Anonymous Member
Firefighter / EMT-Basic

Stephanie Nasr
1003 N LBJ Dr
San Marcos, TX 78666
713.857.8855
Stephanie.nasr@yahoo.com

July 31, 2023

To whom it may concern:

I hope this letter finds you in good health and spirits. I am writing today to express my wholehearted support of Outsiders Anonymous.

As a resident of San Marcos, I have personally experienced the positive impact of the free services that Outsider Anonymous offers our city. Outsiders Anonymous' service to our community has provided an invaluable resource for individuals from diverse socio-economic backgrounds, fostering inclusivity and promoting a healthier and more vibrant community.

Outsiders Anonymous is addressing several pressing issues within our city. By promoting physical fitness and well-being, it is actively helping to promote healthy lifestyles, while teaching invaluable life skills like patience, resilience, and developing good habits. Additionally, the gym serves as a hub for community members to come together, fostering social connections and a sense of camaraderie.

I firmly believe that Outsiders Anonymous' presence in our community will yield long-term benefits for the city. Not only will it lead to a healthier population, which will lead to reduced healthcare costs and increased productivity, ultimately benefiting our local economy. But perhaps more importantly, it offers a safe space for individuals who struggle with addiction or mental health disorders. Thus, creating hope in a notoriously hopeless population. This contribution alone seems to be immeasurable.

Thank you for considering my viewpoint. I am grateful for your dedication to our city, and I sincerely hope that you can see how essential Outsiders Anonymous is to the well-being of our community.

Sincerely,

Stephanie Nasr

Hi my name is Riley Adcox and I've been going to the outsiders anonymous gym since January. I can not express the levels of support I felt every time I went to a workout. Even my first workout I remember vividly, I had never really been to the gym before and the first workout was weighted squats, and I remember every time I'd hit a good weight not only would Adam motivate and push me to do more (I limit myself a lot) but everyone in the gym clapped for me, it made me feel very welcome. Furthermore, the trainers there are so nice and supportive and genuinely care for you. An example would be Jillian, I had an asthma attack one of the times I went and usually I just push through it but she was genuinely worried and cut me off for the day and just let me chill with her and the other people working out and assured me it was okay I didn't meet the full workout to the end. Furthermore since that day she has monitored my asthma and has asked me multiple times how I'm feeling to make sure I don't overdo it and cause another asthma attack. Also the gym stays stocked with free healthy energy drinks and waters, because they care and want you to stay hydrated for the duration of the workout and so that you feel good after the workout as well. Overall not only is the gym supportive and helpful but they are truly kind and doing more than most organizations I know about. If anyone deserves this grant it's this gym and these people.



Adam Holt <adam@outsidersanonymous.org>

Grant support

Tate Garman <tategarman@yahoo.com>
To: adam@outsidersanonymous.org

Mon, Jul 31, 2023 at 11:48 AM

To whom it may concern,

I wanted to take a moment and show my support for the Outsiders Anonymous grant through the city of San Marcos, I could seriously write an entire book on the positivity this organization brings, Adam and his organization are truly aspiring to change lives. In the world in which we live today with so much negativity I cannot think of a better motive for being positive through fitness and community, from their free gym access to group meetups this a been such a breathe of fresh air for not only myself but all members alike. With all the blood sweat and tears that have been poured into building this and only for the goal of being positive and changing lives I feel nowhere is more deserving of this, this has 100% of my support and would benefit so many in the community.

Thank you,
Tate Garman



Adam Holt <adam@outsidersanonymous.org>

Letter of Support

Veronica Lizarraga <vflizar@gmail.com>

Mon, Jul 31, 2023 at 4:02 PM

To: "adam@outsidersanonymous.org" <adam@outsidersanonymous.org>

Dear City of San Marcos,

I am writing to express my utmost gratitude and unwavering support for the incredible non-profit gym that has been enriching our community. Outsiders Anonymous has not only become a hub for fitness and well-being but has also fostered an invaluable positive support system that has touched the lives of many.

The presence of this gym has been a beacon of hope and positivity in our city. Its commitment to promoting a healthy lifestyle and providing accessible fitness opportunities has undoubtedly improved the overall well-being of countless individuals, including myself. The dedication of the staff in ensuring that the facility remains inclusive and welcoming to people of all backgrounds is commendable.

As a member of the community, I have personally experienced the transformative power of the gym's positive environment. The camaraderie and encouragement from fellow gym-goers have not only motivated me to strive for my fitness goals but have also contributed significantly to my mental and emotional well-being. It is truly heartwarming to witness the gym's positive impact on people from diverse walks of life, fostering a sense of unity and belonging.

Furthermore, the non-profit aspect of this gym has allowed it to reach out to those who might not have had the means to afford such opportunities elsewhere (especially to a graduate student such as myself!). This inclusivity ensures that everyone, regardless of their financial circumstances, can benefit from the facility's offerings, making it an indispensable asset to the community.

I firmly believe that a community's strength lies in its ability to support each other and foster an environment where individuals can thrive. Outsiders Anonymous epitomizes this principle, and it is something we should all cherish and protect.

In conclusion, I want to extend my sincere gratitude to the City of San Marcos for supporting and facilitating the existence of this non-profit gym. The positive lifestyle it encourages and the supportive community it has created are truly transformative. Please continue to provide the necessary resources and support to ensure that this invaluable facility continues to thrive and serve as a positive force in the lives of our residents.

With warmest regards,

Veronica Lizarraga
vflizar@gmail.com
210-325-7819

QUESTIONNAIRE

Effectiveness of Physical Activity on Treatment Outcomes Among Substance Users

A	GENERAL INFORMATION
A1	How old are you? years old <18 years old=> STOP
A2	Please select one the following that best represents your racial and/or ethnic background (Select ONE only): 1. Native American or Alaska Native 2. Asian 3. Native Hawaiian or Pacific Islander 4. Black/African-American 5. Hispanic/Latinx 6. White 7. Other (please specify):.....
A3	What best describes your gender identity? 1. Cisgender woman (female at birth and identify as female) 2. Cisgender male (male at birth and identify as male) 3. Other (please specify):.....
A4	What is your education level? 1. Less than primary education 2. Primary education 3. Secondary education 4. High school education 5. Some college, no degree 6. College education 7. Postgraduate
A5	What is your marital status? 1. Single (never married) 2. Married 3. Separated 4. Widowed 5. Divorced
A7	What is your current employment status? 1. Full time 2. Part time

	<ol style="list-style-type: none"> 3. Seeking opportunities currently 4. Retired
A8	<p>Which of the following best describes your current living situation? (Select ONE only)</p> <ol style="list-style-type: none"> 1. Live alone in my own home 2. Live in a renting apartment/condo 3. Live in a household with other people (relative, friend, etc.) 4. Live in a facility such as a nursing home 5. Temporarily staying in a shelter or homeless 6. Other (please specify):.....
A9	<p>Which of these categories describes your personal income last year?</p> <ol style="list-style-type: none"> 1. Less than \$10,000 2. \$10,000 – \$50,000 3. \$50,000 – \$100,000 4. \$100,000 – \$150,000 5. I prefer not so say
A10	<p>What is your total household income?</p> <ol style="list-style-type: none"> 1. Less than \$50,000 2. \$50,000 – \$100,000 3. \$100,000 – \$150,000 4. \$150,000 – \$200,000 5. I prefer not to say
B	SUBSTANCE USE HISTORY & TREATMENT
<p><i>We understand that discussing your substance use experience and history can be uncomfortable, and we want to assure you that we are here to support you. To help us better understand your situation, we will ask several questions that may be sensitive in nature. Please be aware that any information you share with us will be kept completely confidential.</i></p> <p><i>If you feel uncomfortable answering any questions, you may skip them. We want you to feel safe and supported throughout the process.</i></p>	
B1	<p>Which kinds of substance have you used? (Select all that apply)</p> <ol style="list-style-type: none"> 1. Tobacco 2. Alcohol 3. Cannabis (Marijuana/Pot/Weed) 4. Cocaine 5. Crack 6. Heroin 7. Hallucinogens 8. Inhalants 9. Methamphetamine 10. Over-the-counter medicines 11. Prescription Opioids 12. Prescription Stimulants 13. Other (Please specify):.....

B2	What is your age of first substance use? years old
B3	How long have you used substances? (Specify months and years. For example, 2 years and 3 months) yearsmonths
B4	What is your primary substance dependence which is being treated at the clinic? <ol style="list-style-type: none"> 1. Downers or Sedatives (Barbiturates, etc.) 2. Benzos (Valium, Xanax, etc.) 3. Hallucinogens (including ecstasy) 4. Alcohol 5. Heroin or other Opiates (Morphine, etc.) 6. Marijuana 7. Stimulants (cocaine, amphetamine) 8. Other (Please specify):

C	SUBSTANCE USE IN THE LAST 7 DAYS Timeline Followback (TFB) Method Assessment
----------	-----------------------------------------------------------------------------------------------

C1	Have you used any illicit substances or alcohol in the last 7 days? <ol style="list-style-type: none"> 1. Yes 2. No => move to section D
-----------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	State 'x' in each column if it is correct for you	Day 7	Day 6	Day 5	Day 4	Day 3	Day 2	Day 1
C2	Please specify the day use you used illicit substances or alcohol							
C3	Alcohol							
C4	Cannabinoids/ Marijuana							
C5	Cocaine							
C6	Crack							
C7	Amphetamine-type stimulants							
C8	Opioid analgesics, including methadone							
C9	Heroin							
C10	Hallucinogens, including MDMA/ecstasy							
C11	Sedatives and hypnotics, excluding Benzodiazepine							
C12	Benzodiazepines							
C13	Inhalants							
C14	Other (Please specify):.....							

D	PHYSICAL ACTIVITIES IN THE LAST 7 DAYS International Physical Activity Questionnaire (IPAQ)
----------	--------------------------------------------------------------------------------------------------------------

INSTRUCTIONS:

We are interested in finding out about the kinds of physical activities that you do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

Questions

D1 During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

____ days per week

99. No **vigorous** physical activity => **Skip to question 3**

D2 How much time did you usually spend doing vigorous physical activities on one of those days?

____ hours per day

____ minutes per day

99. Don't know/Not sure

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

D3 During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

____ days per week

99. No **moderate** physical activity => **Skip to question 5**

D4 How much time did you usually spend doing moderate physical activities on one of those days?

____ hours per day

____ minutes per day

99. Don't know/Not sure

Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

D5 During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

____ days per week

99. No **walking** => **Skip to question 7**

D6 How much time did you usually spend walking on one of those days?

____ hours per day

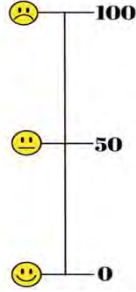
____ minutes per day

99. Don't know/Not sure

The last question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

D7	<p>During the last 7 days, how much time did you spend sitting on a week day?</p> <p>_____ hours per day _____ minutes per day 99. Don't know/Not sure</p>
E	<p>BARC-10 Brief Assessment of Recovery Capital (BARC-10)</p>
<p><i>Questions are on an 6-point scale. 1=Strongly Disagree, 2=Disagree, 3=Somewhat Disagree, 4=Somewhat Agree, 5=Agree, 6=Strongly Agree</i></p> <p><i>On a scale of 1 (Strongly disagree) to 6 (Strongly agree), please indicate your level of agreement with the following statements.</i></p>	
E1	<p>There are more important things to me in life than using substances.</p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E2	<p>In general I am happy with my life.</p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E3	<p>I have enough energy to complete the tasks I set myself.</p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E4	<p>I am proud of the community I live in and feel part of it.</p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E5	<p>I get lots of support from friends.</p> <ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree

	<ul style="list-style-type: none"> 4. Somewhat Agree 5. Agree 6. Strongly Agree
E6	<p>I regard my life as challenging and fulfilling without the need for using drugs or alcohol.</p> <ul style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E7	<p>My living space has helped to drive my recovery journey.</p> <ul style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E8	<p>I take full responsibility for my actions.</p> <ul style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E9	<p>I am happy dealing with a range of professional people.</p> <ul style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
E10	<p>I am making good progress on my recovery journey.</p> <ul style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Somewhat Disagree 4. Somewhat Agree 5. Agree 6. Strongly Agree
F	<p>QUALITY OF LIFE EQ-5D-5L</p>
	<p><i>Under each heading, please tick the ONE box that best describes your health in the last 7 days.</i></p>

F1	<p>MOBILITY</p> <ol style="list-style-type: none"> 1. I have no problems in walking about 2. I have slight problems in walking about 3. I have moderate problems in walking about 4. I have severe problems in walking about 5. I am unable to walk about 	
F2	<p>SELF-CARE</p> <ol style="list-style-type: none"> 1. I have no problems washing or dressing myself 2. I have slight problems washing or dressing myself 3. I have moderate problems washing or dressing myself 4. I have severe problems washing or dressing myself 5. I am unable to wash or dress myself 	
F3	<p>USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)</p> <ol style="list-style-type: none"> 1. I have no problems doing my usual activities 2. I have slight problems doing my usual activities 3. I have moderate problems doing my usual activities 4. I have severe problems doing my usual activities 5. I am unable to do my usual activities 	
F4	<p>PAIN / DISCOMFORT</p> <ol style="list-style-type: none"> 1. I have no pain or discomfort 2. I have slight pain or discomfort 3. I have moderate pain or discomfort 4. I have severe pain or discomfort 5. I have extreme pain or discomfort 	
F5	<p>ANXIETY / DEPRESSION</p> <ol style="list-style-type: none"> 1. I am not anxious or depressed 2. I am slightly anxious or depressed 3. I am moderately anxious or depressed 4. I am severely anxious or depressed 5. I am extremely anxious or depressed 	
F6	<p>We would like to know how good or bad your health is TODAY.</p> <ul style="list-style-type: none"> • This scale is numbered from 0 to 100. • 100 means the best health you can imagine. 0 means the worst health you can imagine. • Now, please write the number to indicate how your health is TODAY <p>Your score:</p>	
G	BODY METRICS	
G1	<p>What is your height?</p> <p>.....feet.....inches</p>	

G2	What is your weight?lbs
G3	Body fat?
G4	Strength testing
G5	1 mile run

Return of Organization Exempt From Income Tax

2023

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Header section containing organization name (OUTSIDERS ANONYMOUS), EIN (83-2915512), address (324 RIVERWALK DR, STE 218), and principal officer (ADAM HOLT).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue (204,614), expenses (181,807), and net assets (140,667).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block for Adam Holt, Executive Director, dated 08/05/2024.

Paid Preparer Use Only section with fields for preparer name, signature, date, and firm information.

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [] No

Part 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:

Outsiders Anonymous exists to provide free fitness training and an awesome sober community to help individuals run towards recovery and lift themselves into a life worth living.

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 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 services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 150,444 including grants of \$ 0) (Revenue \$ 0)

4b (Code:) (Expenses \$ 15,200 including grants of \$ 0) (Revenue \$ 0)

Outsiders Anonymous organized and hosted Recovery on the Plaza, a free recovery festival in Hays County. This event drew over 1000 individuals and brought together over a dozen organizations to further the awareness and understanding of substance use disorder and the resources available in the Hays County area.

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

Outsiders Anonymous operated the only Free Narcan Stand in Hays County as well as launched a mobile harm reduction outreach service, allowing local residents access to Narcan and other harm reduction items for free. OA was the only means for free access to these items in the county.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 165,644

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<input type="checkbox"/>	<input type="checkbox"/>
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input type="checkbox"/>	<input type="checkbox"/>

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes sections for employee reporting (2a-3a), foreign accounts (4a-5a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and 501(c)(7), (12), and (29) organizations (10-13c).

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10b	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?	<input type="checkbox"/>	<input type="checkbox"/>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15b	Other officers or key employees of the organization	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16b	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?	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TX
- 18** 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 Another's website Upon request Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.
 Rundle Bookkeeping,N/A, San Marcos, TX 78666 (512) 387-7055

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Oscar Fumero-Golzalez Program Director	20 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30,000	0	0
(2) Adam Holt Executive Director	40 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0
(3)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(4)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(5)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(6)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(7)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(8)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(9)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(10)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(11)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(12)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(13)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(14)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(16)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(17)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(18)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(19)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(20)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(21)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(22)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(23)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(24)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(25)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							30,000	0		0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	40,442	40,442	0	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	600	0	600	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	0	0	0	0
12 Advertising and promotion	2,813	2,813	0	0
13 Office expenses	9,028	0	9,028	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	46,038	46,038	0	0
17 Travel	4,182	4,182	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	952	0	952	0
21 Payments to affiliates	3,029	0	3,029	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	2,554	0	2,554	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Event Expenses	36,680	36,680	0	0
b Fitness Equipment and Repair	25,611	25,611	0	0
c Other Expenses - Licenses and Certifications, Shipping, Harm Reduction	9,878	9,878	0	0
d _____				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	181,807	165,644	16,163	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	45,860	1	60,667
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	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	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,000		
	b Less: accumulated depreciation	10b 0	72,000	10c 80,000
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)		117,860	16	140,667
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25		0	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	117,860	27	140,667
	28 Net assets with donor restrictions	0	28	0
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	117,860	32	140,667
33 Total liabilities and net assets/fund balances	117,860	33	140,667	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	204,614
2	Total expenses (must equal Part IX, column (A), line 25)	2	181,807
3	Revenue less expenses. Subtract line 2 from line 1	3	22,807
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,860
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
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 Part X, line 32, column (B))	10	140,667

Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? 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. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization OUTSIDERS ANONYMOUS	Employer identification number 83-2915512
--------------------------------------------------------	-----------------------------------------------------

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 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 university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)			<input type="checkbox"/>	<input type="checkbox"/>		
(B)			<input type="checkbox"/>	<input type="checkbox"/>		
(C)			<input type="checkbox"/>	<input type="checkbox"/>		
(D)			<input type="checkbox"/>	<input type="checkbox"/>		
(E)			<input type="checkbox"/>	<input type="checkbox"/>		
Total						

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.)

Section A. Public Support

Calendar 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.")			85,748	131,367	188,215	405,330
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3			85,748	131,367	188,215	405,330
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)						101,599
6 Public support. Subtract line 5 from line 4						303,731

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4			85,748	131,367	188,215	405,330
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					9	9
9 Net income from unrelated business activities, whether or not the business is regularly carried on					9	9
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						405,348
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 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))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 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 . . .

b 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 . . .

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<input type="checkbox"/>	<input type="checkbox"/>
b A family member of a person described on line 11a above?	<input type="checkbox"/>	<input type="checkbox"/>
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j 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 and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization OUTSIDERS ANONYMOUS

Employer identification number 83-2915512

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ [x] 501(c)(3) (enter number) organization
[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation
[] 527 political organization
Form 990-PF [] 501(c)(3) exempt private foundation
[] 4947(a)(1) nonexempt charitable trust treated as a private foundation
[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- [] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

Name of organization OUTSIDERS ANONYMOUS	Employer identification number 83-2915512
---------------------------------------------	----------------------------------------------

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Jean and Richard Holt ----- 39 Champions Way, ----- San Antonio, TX-78258 -----	\$ ----- 47,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Adam Holt ----- 232 Tangerine Dr, ----- Buda, TX-78610 -----	\$ ----- 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	University of Texas ----- 3001 Lake Austin Blvd, Suite 1.204, ----- Austin, TX-78703 -----	\$ ----- 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

Open to Public Inspection

Name of the organization: OUTSIDERS ANONYMOUS; Employer identification number: 83-2915512

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures, and revenue/assets included.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 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).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|-----------------------------------------|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____%
- b** Permanent endowment _____%
- c** Term endowment _____%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

	Yes	No
3a(i)	<input type="checkbox"/>	<input type="checkbox"/>
3a(ii)	<input type="checkbox"/>	<input type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		80,000		80,000
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				80,000

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization
OUTSIDERS ANONYMOUS

Employer identification number
83-2915512

#1: FormAndLineReferenceDesc: Part VI, Section B, Line 11b

All board members have access to review and approve this Form 990

#2: FormAndLineReferenceDesc: Part VI, Section B, Line 12c

ExplanationTxt:

Any conflict of interest will be brought to the attention of the board at which time the other members of the board will decide if this conflict of interest is severe enough to have that member sit out of voting for that issue

#3: FormAndLineReferenceDesc: Part VI, Section C, Line 19

ExplanationTxt:

All documents are made available online for any member of the public to reference.

Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2023, or tax year beginning JAN 01, 2023, and ending DEC 31, 2023

2023

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP
Go to www.irs.gov/Form8453TE for the latest information.

Name of filer

OUTSIDERS ANONYMOUS

EIN or SSN

83-2915512

Part I Type of Return and Return Information

Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	204,614
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) OUTSIDERS ANONYMOUS, (EIN) 83-2915512,

and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Adam Holt 08/05/2024 Executive Director
 Here Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.