# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2023 calendar year, or tax year beginning and	ending					
<b>B</b> c	heck if	C Name of organization		D Employer identific	cation number			
	Addre	Crime Stoppers of Houston, Inc.						
	Name chang			74-21377	44			
	Initial return Final return	D O Box 5/165/	Room/suite	E Telephone number 713-521-4600				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,303,044.			
	Ameno	Houston, IX //254-1654		H(a) Is this a group re				
	Applic tion pendir	F Name and address of principal officer: Kallia Malikalious		for subordinates	? Yes X No			
		Same as C above		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1	list. See instructions			
	Vebsit		1	H(c) Group exemptio				
	orm of art I	organization: X Corporation Trust Association Other  Summary	L Year	of formation: 1981 N	1 State of legal domicile: TX			
_	1	Briefly describe the organization's mission or most significant activities: ${ t To}$ ${ t sc}$	olve a	nd prevent o	crimes in			
Activities & Governance		<u>partnership with the community &amp; the crim</u>	inal j	ustice syst	em			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass				
ove	I			3	34			
ر م		Number of independent voting members of the governing body (Part VI, line 1b)			34			
es 8		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			25			
ΣĘ		Total number of volunteers (estimate if necessary)			882			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	· · · · · · · · · · · · · · · · · · ·		0.			
				Prior Year	Current Year			
ē	l	Contributions and grants (Part VIII, line 1h)		3,112,897.	2,883,982.			
/en	l	Program service revenue (Part VIII, line 2g)		0. 5,415.	0. 112,747.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,332.	61,556.			
	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,120,644.	3,058,285.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,120,044.	4,272.			
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	45	Benefits paid to or for members (Part IX, column (A), line 4)		1,554,747.	1,886,187.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
en	h	Professional fundraising fees (Part IX, column (A), line 11e)			•			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,444,067.	1,399,774.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,003,838.	3,290,233.			
		Revenue less expenses. Subtract line 18 from line 12		116,806.	-231,948.			
Z S		Tovolido loco oxperiodo. Cabalado into 10 non into 12	Be	ginning of Current Year	End of Year			
t Assets or	20	Total assets (Part X, line 16)		15,038,283.	14,820,343.			
ASS 1 Ba	21	Total liabilities (Part X, line 26)		1,158,761.	1,086,616.			
- Set		Net assets or fund balances. Subtract line 21 from line 20		13,879,522.	13,733,727.			
Pa	art II	Signature Block						
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
Sigi	n	Signature of officer		Date				
Her	е	Rania Mankarious, CEO						
		Type or print name and title	1 г	Doto In	DTIN			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid		Barbara Murphy Barbara Murphy	0	5/08/24 self-employ				
	arer	Firm's name Blazek & Vetterling		Firm's EIN 7	6-0269860			
Use	Only	Firm's address 2900 Weslayan, Suite 200		S. 71	2 420 5720			
		Houston, TX 77027		Phone no. 71	3-439-5739			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Crime Stoppers of Houston's mission is to solve and prevent crime in	
	the Greater Houston area in partnership with citizens, media and the	
	criminal justice system.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	<u>X</u> No
_	If "Yes," describe these new services on Schedule O.	₹7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<u>™</u> No
4	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 \$1,516,882 • including grants of \$) (Revenue \$	
	See Schedule O	—— <i>'</i>
4b	(Code: ) (Expenses \$ 595,327. including grants of \$ 4,272.) (Revenue \$	
40	(Code:) (Expenses \$ 595, 327 • including grants of \$ 4, 272 • ) (Revenue \$ See Schedule O	<i>'</i>
4-	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$	)
	bee benedate o	
41	Other rue was a suriant (December on Cabadula O.)	
4d	Other program services (Describe on Schedule O.)	
<b>4</b> e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 2 , 684 , 747 •	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a	Λ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		X
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	Α.
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	3	444		x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f		<u> </u>
ıza	,	12a	х	
<b>h</b>	Schedule D, Parts XI and XII	IZa	25	
Ŋ	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13				X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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			
	7 33 3	14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del> </del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		<del></del>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ <del>'</del> '		<del> </del>
10		18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
IJ	,	19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a 20b		<del>  ^</del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<b>4</b> 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	aomosto government entrartiz, column γy, interi il res, complete schedule I, Paπs I and II		L	_ 43

Form 990 (2023) Crime Stoppers of Houston, Inc.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai		-		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a		5		
b	Enter the number of Fermi W Ze moladed of time 1a. Enter of in not applicable	<u>)</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No

				162	140					
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 2									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country	. (50.0)								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				Х					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	0	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction file Form 2006 T2		5b							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
oa	and a stable with a stable way and they dealer the stable and stable and stable and stable and stable and of the stable		6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	ons or aifts	- Oa							
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).		0.0							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х						
	Tellor III II I		7b	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?	•	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		Х					
f										
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	,									
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
a			9a							
10			9b							
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1								
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c			v					
			14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule the explanation subject to the section 4060 tox on payment(s) of more than \$1,000,000 in remune		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		15		x					
	excess parachute payment(s) during the year?									
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investmen:	income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.	income?	-10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?									
	If "Yes," complete Form 6069.		17							
				200						

Form 990 (2023) Crime Stoppers of Houston, Inc. 74-2137744 Page Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sac	tion A. Governing Body and Management			Δ
<u> </u>	tion A. Governing body and Management		V	NI-
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
па	3 3 7 7	-		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 34	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This occided b requests information about policies not required by the internal nevertue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120		
С		12c	х	
40	on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	<i>1</i> 1	
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?	4=	v	
_	The organization's CEO, Executive Director, or top management official	15a	Х	X
b	Other officers or key employees of the organization	15b		Λ
	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			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	avaılal	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Stuart Hudson - 713-521-4600			
	PO Box 541654, Houston, TX 77254			

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# 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.

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

- 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.

(A)	(B)			C)		Jac	(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box, unless per officer and a di		erson is both an director/trustee)			compensation	compensation	amount of	
	week (list any	tor	to lo		from the	from related organizations	other compensation			
	hours for	r direc				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	com e		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Rania Mankarious	50.00									
CEO				Х				288,026.	0.	10,874.
(2) Cabell Wood	40.00									
Sr. Dev & Programs Mgmt Director						X		119,907.	0.	10,619.
(3) Lindsay Aronstein	4.00									
Chairman		Х		Х				0.	0.	0.
(4) Christopher Massey	1.50									
Vice Chair		Х		Х				0.	0.	0.
(5) Travis Dorroh	1.15									
Treasurer		Х		Х				0.	0.	0.
(6) John Crapitto	0.44									•
Secretary	2 42	Х		Х				0.	0.	0.
(7) Hazem Ahmed	0.40								,	0
Director	0.06	Х						0.	0.	0.
(8) Taseer Badar	0.06	3,7							0	0
Director	0 44	Х						0.	0.	0.
(9) Wendy Baimbridge	0.44	Х						0.	0.	0
Director (10) Wendy Craven	0.23	Λ						0.	0.	0.
Director	0.23	Х						0.	0.	0.
(11) Michelle Heinz	0.06	Λ						0.	0.	0.
Director	0.00	Х						0.	0.	0.
(12) Jennifer Hohman	0.31									
Director		Х						0.	0.	0.
(13) Shana Jones	0.40								-	
Director		Х						0.	0.	0.
(14) Brigitte Kalai	0.06									
Director		Х						0.	0.	0.
(15) Maha Khan	0.12									
Director		Х						0.	0.	0.
(16) Patricia King-Ritter	0.58									
Director		Х						0.	0.	0.
(17) Logan Leal	0.13									
Director		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Crime Stoppers of Houston, Inc. 74-2137744 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (F) (A) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for Highest compensated employee organization (W-2/1099-MISC/ from the related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) Linda Schaefer Levy 0.48 0. Director Х 0. 0. (19) Matt Mackey 0.06 X 0. 0. 0. Director (20) Oscar Martinez 0.46 Х Director 0. 0. 0. (21) Akash Patel 0.50 Director X 0. 0. 0.06 (22) Ryan Patrick Director Х 0. 0. 0. 0.21 (23) Ted Poe Director Х 0. 0. 0. (24) Cora Robinson 0.08 Х 0. 0. 0. Director 0.29 (25) Jordan Seff Director 0. 0. 0. (26) Alicia Smith 0.06 Director 0. 0. 0. 407,933. 0. 21,493. 1b Subtotal c Total from continuation sheets to Part VII, Section A О. 0. 407,933. 0. 21,493. d Total (add lines 1b and 1c) . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable

	compensation from the organization			
			Yes	No
3	Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
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? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes." complete Schedule J for such person	5		X
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

#### 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 NONE	(B) Description of services	(C) Compensation

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

Form 990 Crime Sto	oppers c	) Í	Ho	us	to	n,	I	inc.	74-213	7744		
Part VII   Section A. Officers, Directors, Tru									ees (continued)			
(A)	(B)				C)			(D) (E) (F)				
Name and title	Average				ition	1		Reportable	Reportable	Estimated		
	hours	(cl	(check all th				ly)	compensation	compensation	amount of		
	per	Ì				Ė	<u> </u>	from	from related	other		
	week	١.				yee		the	organizations	compensation		
	(list any	rector				em plc		organization	(W-2/1099-MISC)	from the		
	hours for related	ordi	99			sated		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or director	Institutional trustee		ee	u beu				and related organizations		
	below	dual t	rtiona	_	Key employee	stcor	<b>5</b>			organizations		
	line)	Indivi	Institu	Officer of the or	Key e	Highest compensated employee	Former					
(27) Jeff Stearns	0.19											
Director		Х						0.	0.	0.		
(28) Sean Stewart	0.27											
Director		Х						0.	0.	0.		
(29) Jill Talisman	0.27											
Director		Х						0.	0.	0.		
(30) Jeff Vaden	0.23											
Director		Х						0.	0.	0.		
(31) Justin Vickrey	0.54	l										
Director	0.05	Х						0.	0.	0.		
(32) Sheridan Williams Director	0.25	х							_	0		
(33) Don Woo	0.06	A						0.	0.	0.		
Director	0.08	х						0.	0.	0.		
(34) Len Wright	0.06	Λ						· ·	0.	0.		
Director	0.00	Х						0.	0.	0.		
(35) Jonathan Zadok	0.23								0.	0.		
Director	0.25	Х						0.	0.	0.		
										0.1		
			_			_						
		1										
						$\vdash$						
		1										
		•	•	•	•	•	•					
Total to Part VII, Section A, line 1c												
						_						

		Check if Schedule O co	ontains a	response	or note to any lin	e in this Part VIII			
					_	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							lunction revenue	business revenue	sections 512 - 514
ર છ	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b	2,266.				
		Fundraising events		1c	1,026,002.				
		Related organizations		1d					
		Government grants (contrib		1e	1,099,443.				
Sig		All other contributions, gifts, g							
ber it	-	similar amounts not included a		1f	756,271.				
Sontrik and Ot	g			1g \$	22,210.				
Spr	_	Total. Add lines 1a-1f		-9 I+	,	2,883,982.			
					Business Code	, ,			
	2 a								
Program Service Revenue	2 u b								
Ser	c								
E S	d								
gra Re	۰ م								
Pro	f	All other program service re	evenue						
	,	<b>-</b>							
	3	Investment income (includi							
	_					126,197.			126,197.
	4	Income from investment of				,			,
	5	Royalties		-					
	•			(i) Real	(ii) Personal				
	6 a	Gross rents	6a	.,	. ,				
	b		6b						
	c		6c						
	d	Net rental income or (loss)							
		Gross amount from sales of	(i) S	Securities	(ii) Other				
			7a 1,	012,945.	, ,				
	b	Less: cost or other basis		· ·					
ē			7b 1,	026,395.					
Revenue	С	Gain or (loss)		-13,450.					
Jev		Net gain or (loss)			•	-13,450.			-13,450.
ther		Gross income from fundraising				,			,
퉏	-	including \$1,0							
		contributions reported on li							
		Part IV, line 18	•	I	279,320.				
	b	Less: direct expenses							
		Net income or (loss) from fu				61,238.			61,238.
		Gross income from gaming							·
	_	Part IV, line 19							
	b	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le	_						
		and allowances			600.				
	b	Less: cost of goods sold							
		Net income or (loss) from s				318.	318.		
					Business Code				
Miscellaneous Revenue	11 a								
ane Dig	b								
eke	С								
Aisc	d	All other revenue							
		Total. Add lines 11a-11d							
	12	Total revenue. See instruction	ns			3,058,285.	318.	0.	173,985.

Crime Stoppers of Houston, Inc. 74-2137744 Page **10** Form 990 (2023) 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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 4,272. 4,272. and domestic governments. See Part IV, line 21 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 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 298,900. 254,065. 44,835. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,319,056. 1,045,723. 95,702. 177,631. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 122,248. 9,751. 152,869. 20,870. Other employee benefits 9 115,362. 92,640. 6,870. 15,852. 10 Payroll taxes 11 Fees for services (nonemployees): Management 6,305. 6,305. Legal 24,850. 24,850. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,474. 4,474. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 140,500. 139,586. 914. column (A), amount, list line 11g expenses on Sch O.) 75,397. 98,351. 6,168. 16,786. Advertising and promotion 12 254,646. 217,380. 32,433. 4,833. Office expenses 13 76,885. 67,874. 9,011. Information technology 14 15 Royalties 149,867. 120,348. 8,925. 20,594. 16 Occupancy 50,751. 50,721. 12. 18 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 11,965.30,480. 18,515. Conferences, conventions, and meetings ..... 19 20 21

interest				
Payments to affiliates				
	264,228.	212,190.	15,729.	36,309.
Insurance	54,820.	44,022.	3,265.	7,533.
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.)				
Anonymous cash rewards	209,700.	209,700.		
Event expenses	28,804.			28,804.
Dues & subscriptions	5,113.	3,761.	1,032.	320.
All other expenses				
Total functional expenses. Add lines 1 through 24e	3,290,233.	2,684,747.	231,101.	374,385.
Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combined				
	Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  Anonymous cash rewards  Event expenses  Dues & subscriptions  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	Payments to affiliates  Depreciation, depletion, and amortization  Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  Anonymous cash rewards  Event expenses  Dues & subscriptions  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  Anonymous cash rewards  Event expenses  Dues & subscriptions  All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	Payments to affiliates  Depreciation, depletion, and amortization Insurance  Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)  Anonymous cash rewards  Event expenses  Dues & subscriptions  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization

Check here

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

22 23 24

<u>25</u> 26 Form 990 (2023)
Part X Balance Sheet

	1 2 3 4	Check if Schedule O contains a response or note  Cash - non-interest-bearing	e to any	y line in this Part X	(A)		(B)
	2	Cash - non-interest-bearing					(B)
	2	Cash - non-interest-bearing			Beginning of year		End of year
	3		Cash - non-interest-bearing			1	908,865.
		Savings and temporary cash investments			2,224,212.	2	3,489,057.
	4	Pledges and grants receivable, net			586,915.	3	351,798.
		Accounts receivable, net			3,927.	4	3,448.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ied per				
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
tş.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			17,860.	9	2,826.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	10,119,717.			
	b			2,134,829.	8,249,116.	10c	7,984,888. 1,901,354.
	11	Investments - publicly traded securities			1,817,965.	11	1,901,354.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			101 062	14	170 107
	15	Other assets. See Part IV, line 11			181,263.	15	178,107.
-	16	Total assets. Add lines 1 through 15 (must equa			15,038,283.	16	14,820,343.
	17	Accounts payable and accrued expenses			80,419.	17	59,130.
	18	Grants payable				18	20,400.
	19	Deferred revenue				19	20,400.
	20	Tax-exempt bond liabilities			897,079.	20 21	828,979.
	21 22	Escrow or custodial account liability. Complete F			091,019.	21	020,919.
Liabilities	22	Loans and other payables to any current or former trustee, key employee, creator or founder, substa					
≣		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-	•	181,263.	25	178,107.
	26				1,158,761.	26	1,086,616.
		Organizations that follow FASB ASC 958, chec					
es		and complete lines 27, 28, 32, and 33.					
and	27	Net assets without donor restrictions			12,644,438.	27	12,668,032.
Bal	28	Net assets with donor restrictions			1,235,084.	28	1,065,695.
밀		Organizations that do not follow FASB ASC 95					
굨		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
Se	32	Total net assets or fund balances			13,879,522.	32	13,733,727.
	33	Total liabilities and net assets/fund balances			15,038,283.	33	14,820,343.

332012 12-21-23

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	- 5	3,29	0,2	33.
3	Revenue less expenses. Subtract line 2 from line 1	3		-23	1,9	48.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13	3,87	9,5	22.
5 Net unrealized gains (losses) on investments 5				3	2,9	53.
6						
7	Investment expenses	7				
8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5	3,2	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	3,73	3,7	27.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

**Employer identification number** Name of the organization Crime Stoppers of Houston, Inc. 74-2137744 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1780462.	1943556.	4116567.	3112897.	2883982.	13837464.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1823579.	1756177.	1500350.		1871428.	8548755.
4	Total. Add lines 1 through 3	3604041.	3699733.	5616917.	4710118.	4755410.	22386219.
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)						90,952.
6	Public support. Subtract line 5 from line 4.						22295267.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3604041.	3699733.	5616917.	4710118.	4755410.	22386219.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	46,917.	20,471.	16,328.	35,272.	126,197.	245,185.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				2,332.	61,238.	63,570.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						22694974.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I					14	98.24 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	98.17 %
16a	33 1/3% support test - 2023. If the o	-					
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	-	VI how the organiz	zation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu		-	•	• • •		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	3

# Schedule A (Form 990) 2023 Crime Stoppers of Houston, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

	Vaa	No
	Yes	NO
4		
1		
2		
3a		
Oh		
3b		
0-		
3c		
4-		
4a		
4b		
40		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion E	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	l ' I	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		apported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		nese activities constituted substantially all of its activities.	Za		
D		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		activities but for the organization's involvement. t of Supported Organizations. Answer lines 3a and 3b below.	20		
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h		e organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
D		supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2023 Crime Stoppers of Hous	ton, In	.C •	74-2137744 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complete S	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3	4		

\_\_\_ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2023

5

Income tax imposed in prior year

instructions).

**Distributable Amount.** Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

d Excess from 2022e 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

or gameation t	po (chock cho).				
Filers of:	Section:				
Form 990 or 99	D-EZ X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
	ganization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sectio contril	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under as 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one outor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; orm 990-EZ, line 1. Complete Parts I and II.				
contril literary	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
year, o is che purpo	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
answer "No" or	panization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify				

that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

# Crime Stoppers of Houston, Inc.

74-2137744

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		\$ 990,654.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 382,680.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>150,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZIF + 4	\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 74,750.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>108,789</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

# Crime Stoppers of Houston, Inc.

74-2137744

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

Name of organization Employer identification number

# Crime Stoppers of Houston, Inc.

74-2137744

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

**Employer identification number** 

Name of organization

Crime Stoppers of Houston, Inc. 74-2137744 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Crime Stoppers of Houston, Inc.

**Employer identification number** 74-2137744

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
_	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
b			
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included on line 2c acquir	• • •	
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year	annount in Innoted	
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the periodications and enforcement of the generalistic accompany it		
6	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landing of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easements during the year
-	3, 3,		
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservatio		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
			\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

	rt III   Organizations Maintaining C	collections of Ar	t, Histo	orical Tre	easures, or	Other	· Sim		ets (con		age <b>Z</b>
3	Using the organization's acquisition, accessi										
_	collection items (check all that apply).	,	-,	<b>,</b>	· · · · · · · · · · · · · · · · · · ·		J				
а	Public exhibition	C	, 🗀	l nan or exc	change progra	m					
b											
c											
4											
5											
Ŭ	to be sold to raise funds rather than to be ma				*				Yes		No
Par	rt IV Escrow and Custodial Arran									r	
	reported an amount on Form 990, Pa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organizatioi	Tunowordu T	00 0111	01111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•, 0, 0	•	
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for	contribution	ns or other ass	sets not	includ	ed			
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
									Amou	ınt	
С	Beginning balance							lc			
	Additions during the year							ld			
	Distributions during the year							le			
f	Ending balance							1f			
2a	Did the organization include an amount on F						ı		X Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in Pa	art XIII				X	]
Par	rt V Endowment Funds Complete if	the organization an	swered "	Yes" on Fo	rm 990, Part I\	V, line 10	0.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back	<b>(d)</b> Th	ree years ba	ick (e) Fo	our years	back
1a	Beginning of year balance										
b	Contributions										
С	c Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g	, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held ar	nd administere	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i	)	<del></del>
									3a(i	9	<del></del>
b	If "Yes" on line 3a(ii), are the related organization								3b		
<u>4</u>	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	rt VI Land, Buildings, and Equipm		D-+11/		) F 000	D-4V	P 47	_			
	Complete if the organization answere				i i						
	Description of property	(a) Cost or o		` '	t or other		ccumi		( <b>d)</b> Bo	ook valu	Э
		basis (investr	nent)		(other)	ae	precia	LIOTI	1 0	0 5 6	20
	Land	I			5,620.	1	100	604		05,6	
	Buildings			1,42	6,425.	1,4	±09	,604.	5,9	36,8	<u>41.</u>
	Leasehold improvements	<b>I</b>		70	7 672		. 1 E	225	1	12 1	47
	Equipment			18	7,672.		343	,225.	Τ,	42,4	± / •
	Other								7 0	84,8	00
ıotal	I. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. line 10	c. column	(B))			I	1,3	J#,0	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 Crime Stopp	ers of Houston	n, Inc. 7	4-2137744 Page
Part VII Investments - Other Securities			•
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-vear market value
(1) Financial derivatives	(a) Book value	(e) metrica er variation: eset er e	na or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>			
(2)	_		
(3)			
(5)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	<u>l</u>		
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, co	<i>l. (B))</i>		
Part X Other Liabilities	F 000 B+ IV II	4444. O F 000. B+-V. E 0	.e
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			178,107
(2) Lease liability			1/0,10/
(3) (4)			
(5)			
101			1

(6) (7) (8) (9) 178,107. 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

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme	nts Wit	h Revenue per Re	turn	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total re	evenue, gains, and other support per audited financial statements			1	5,008,120.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	. 2a	32,953.		
b	Donate	ed services and use of facilities	2b	1,871,428.		
С	Recov	eries of prior year grants	2c			
d	Other (	(Describe in Part XIII.)	2d	53,200.		
е	Add lin	nes <b>2a</b> through <b>2d</b>			2e	1,957,581.
3	Subtra	ct line 2e from line 1			3	3,050,539.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,474.		
b	Other (	(Describe in Part XIII.)	4b	4,272.		
С	Add lin	4c	7,746.			
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,058,285.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per R	eturi	n
Pa	rt XII	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi	th Expenses per R	Returi	n
Pai	rt XII	Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per F	leturi 1	5,153,915.
	Total e	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wi 	th Expenses per R		n
1	Total e	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements	ents Wi	th Expenses per F		n
1 2	Total e Amour Donate	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements	ents Wi	th Expenses per R		n
1 2 a	Total e Amour Donate Prior y	Reconciliation of Expenses per Audited Financial Statemers Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities	ents Wi	th Expenses per R		n
1 2 a b	Total e Amour Donate Prior y Other I	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments	2a 2b 2c	th Expenses per R		5,153,915.
1 2 a b	Total e Amour Donate Prior y Other I	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ead services and use of facilities ear adjustments	2a 2b 2c 2d	1,871,428.		1,871,428.
1 2 a b c	Total e Amour Donate Prior y Other I Other (	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements ents included on line 1 but not on Form 990, Part IX, line 25: ed services and use of facilities ear adjustments losses (Describe in Part XIII.)	2a 2b 2c 2d	1,871,428.	1	5,153,915.
1 2 a b c d	Total e Amour Donate Prior y Other I Other ( Add lir Subtra	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements interest included on line 1 but not on Form 990, Part IX, line 25: ead services and use of facilities ear adjustments losses  (Describe in Part XIII.)	2a 2b 2c 2d	1,871,428.	1 2e	1,871,428.
1 2 a b c d e 3	Total e Amour Donate Prior y Other I Other ( Add lir Subtra	Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: ead services and use of facilities ear adjustments losses (Describe in Part XIII.) ines 2a through 2d act line 2e from line 1	2a 2b 2c 2d	1,871,428.	1 2e	1,871,428.
1 2 a b c d e 3 4	Total e Amour Donate Prior y Other I Other ( Add lin Subtra Amour Investr	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements Into included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments alosses (Describe in Part XIII.) and 2a through 2d and time 2e from line 1 and sincluded on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	1,871,428.	1 2e	1,871,428. 3,282,487.
1 2 a b c d e 3 4 a b	Total e Amour Donate Prior y Other I Other ( Add lir Subtra Amour Investr Other (	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a expenses and losses per audited financial statements Into included on line 1 but not on Form 990, Part IX, line 25: and services and use of facilities are adjustments alosses (Describe in Part XIII.) and 2a through 2d and through 2	2a 2b 2c 2d 4a 4b	1,871,428.  3,474. 4,272.	1 2e	1,871,428.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part IV, line 2b:

Dedicated Funds - Money donated to supplement our \$5,000 reward is held in escrow because a donor can request a refund if the crime they donated to is not solved within one year. All of these donations stay in escrow because they cannot be used for anything but a supplemental reward and can be returned to the donor at their request at any point in time after one year.

Unclaimed Rewards - Each month, a committee meets, reviews the tips and approves the reward payout. Each tipster is given a number and goes to the bank to pick up an envelope with their cash reward in it. Each month there are rewards that are unclaimed, so if they are not picked up within

### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number Crime Stoppers of Houston, Inc. 74-2137744 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants Internet and email solicitations b f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	000 111001110 01111 01111	· ·	3	3
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
					None	(add col. (a) through
			Gala	Luncheon		1 ' ' '
			(event type)	(event type)	(total number)	- col. <b>(c)</b> )
Revenue						
Se	1	Gross receipts	1,073,677.	231,645.		1,305,322.
æ	-		, ,	,		, ,
	,	Less: Contributions	825,677.	200,325.		1,026,002.
	-		,	,		, , , , , , , , , , , , , , , , , , , ,
	3	Gross income (line 1 minus line 2)	248,000.	31,320.		279,320.
	Ť		, , , , , ,	,		
	4	Cash prizes				
	5	Noncash prizes				
S	ľ					
Direct Expenses	۱,	Rent/facility costs	81,206.	18,608.		99,814.
xbe	ľ	Tions recinity coole	02,2000	20,0001		33,0220
Ή	7	Food and beverages				
ie	<b>'</b>	1 ood and beverages				
		Entertainment	35,216.			35,216.
		Other direct expenses	70,857.			83,052.
		Direct expense summary. Add lines 4 through	,			218,082.
		Net income summary. Subtract line 10 from lines				61,238.
Pa	irt l			990 Part IV line 19 or r	reported more than	01,230.
•		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1 3 3 0, 1 &1 1 1 1 7 , 11 1 0 1 3 , 01 1	cported more than	
	Г	\$10,000 0111 01111 000 EE, 11110 0a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						( ) ( )
Re	ا ا					
		Gross revenue				
	1	Gross revenue				
ses		Cash prizes				
seuses	2	Cash prizes				
Expenses	2					
ect Expenses	2	Cash prizes  Noncash prizes				
Direct Expenses	2	Cash prizes				
Direct Expenses	3	Cash prizes  Noncash prizes  Rent/facility costs				
Direct Expenses	3	Cash prizes  Noncash prizes	Voc. 94	Voc. 94	Voc. 94	
Direct Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes%	Yes%		
Direct Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs		Yes% No	Yes % No	
Direct Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	No No	No No	No No	
Direct Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	No No		No No	
Direct Expenses	2 3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	No S in column (d)	No	No No	
Direct Expenses	2 3 4 5 6	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor	No S in column (d)	No	No No	
	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No  5 in column (d)  from line 1, column (d)	No	No No	
9	2 3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No  5 in column (d)  from line 1, column (d)  cts gaming activities:	No	No No	Vos. No.
9 a	2 3 4 5 6 7 8 Entre 1 1st	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condut the organization licensed to conduct gaming act	No  5 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these s	No States?	No No	Yes No
9 a	2 3 4 5 6 7 8 Entre 1 1st	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No  5 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these s	No States?	No No	Yes No
9 a	2 3 4 5 6 7 8 Entre 1 1st	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condut the organization licensed to conduct gaming act	No  5 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these s	No States?	No No	Yes No
9 a b	2 3 4 5 6 7 8 Entilisting	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condut the organization licensed to conduct gaming ac No," explain:	No  15 in column (d)  from line 1, column (d)  cts gaming activities: ctivities in each of these s	No states?	No	
9 a b	2 3 4 5 6 7 8 Ent I Ist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming act No," explain:  ere any of the organization's gaming licenses re	No  15 in column (d)	states?	No	
9 a b	2 3 4 5 6 7 8 Ent I Ist	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condut the organization licensed to conduct gaming ac No," explain:	No  15 in column (d)	states?	No	

Sch	edule G (Form 990) 2023 Crime Stoppers of Houston, Inc. 74-2	1377	44	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	es	O No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
17	Effici the hame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
	Address			
		,		<b></b>
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. L Y	es	No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	daming manager information.			
	Mana			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es	☐ No
Ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rrt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III line:	s 9 9	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	50,0	5, 105,
	100, 100, 10, and 170, an approach. Thos provide any additional information. Occ methodions.			

Schedule G	(Form 990) Supplemental Inform	Crime	Stoppers	of	Houston,	Inc.	74-2137744 Pag	ge <b>4</b>
Part IV	Supplemental Infori	mation (co	ontinued)					

### SCHEDULE J (Form 990)

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990.

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

Crime Stoppers of Houston, Inc.

Part I Questions Regarding Compensation

 $Employer\ identification\ number \\ 74-2137744$ 

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)?	۱۵		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) Rania Mankarious	(i)	241,026.	35,000.	12,000.	0.	10,874.	298,900.	0.	
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 7:
The CEO received a bonus of \$35,000 in 2023 based on personal and
organizational performance. The bonus amount was approved by the Board of
Directors.
The CEO also received a taxable stipend of \$12,000 to cover various
unreimbursed expenses incurred throughout the year.

### **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	Crime Stoppe:	rs of :	Houston, I	Inc.	'	74-2137	744	
Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determin contribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory  Drugs and medical supplies							
21								
22	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts Other ( Auction items )	X	2	15,000.	E'M\\7			
25	~ 1'	X	2	7,210.	EMZ2			
26	· · · · · · · · · · · · · · · · · ·			1,210.	L M A			
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part V, L	onee Acknowleag	ement <b>29</b>			.,	T
00-	Desired the control of the control o			and and the David I. Conser. A Manager	l- 00 4l4 '4		Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least 3 years from the date of the			·		00-		Х
	exempt purposes for the entire holding period?	'				30a		
	If "Yes," describe the arrangement in Part II.				:0			v
31	Does the organization have a gift acceptance p	•	•	•	ions?	31		X
32a	Does the organization hire or use third parties							_ v
	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	Crime Sto	oppers of	: Houston	n, Inc.		74-2137744	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Information. t I, column (b), the	Provide the info	rmation required ributions, the nu	d by Part I, line Imber of items	s 30b, 32b, and 33 received, or a coml	, and whether the organ pination of both. Also co	ization mplete

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Crime Stoppers of Houston, Inc.

Employer identification number 74-2137744

Form 990, Part III, Line 4a, Description of Program Service: The Safe Community Institute met and exceeded many goals in 2023. Throughout the year, the program, which includes the Safe Community Program, Victim Services Program, The Glenda Gordy Research Center, and The Balanced Voice Podcast, reached 2,045,955 community members through prevention education and reached a projected 2,755,822 community members through community outreach events. Specifically, we reached 209,024 community members and parents through our Safe Community Program, served 2,832 victims through our Victim Services Program, reached 1,727,725 people though our podcast The Balanced Voice, and provided 106,354 people with crime statistical data through The Glenda Gordy Research Center. We also expanded our volunteer program significantly to be able to better serve all communities across The Greater Houston Area in which we had 882 unique volunteers who spent 1,448 volunteer hours with us in 2023. Through our Victim Services Program we continued our Victim Impact Statement Video Project in which we provide victims of violent crime the opportunity to record their story of victimization to be submitted to their victim portal and viewed by the Texas Board of Pardons and Paroles regardless of their ability or willingness to attend parole board hearings for years to come. To date we have recorded 32 victim impact statement videos and used 4 videos in active parole hearings where parole was denied on all 4 occasions. Our Victim Services Team attended, and spoke at, multiple statewide and national conferences about this project and the program has received state and national accolades for its innovative approach

to post-conviction advocacy.

<u>Schedule O (Form 990) 2023</u> Page **2** 

Name of the organization Crime Stoppers of Houston, Inc. Employer identification number 74-2137744

Form 990, Part III, Line 4b, Description of Program Service:

Tip Line Program: CSOH operates 713-222-TIPS, a telephone tip line.

Information about criminal activity is received and transferred to law enforcement for immediate action. Callers are promised anonymity and cash rewards of up to \$5,000 in exchange for their accurate crime tips.

Our organization provides a safe forum for citizens to report crime in their neighborhoods and schools without the fear of retaliation. We are the eyes and ears of law enforcement in the community.

In 2023, the Tip Line received 11,812 tips which assisted law enforcement in solving 371 cases ranging from Capital Murder to

Fugitive Warrants that led to 189 suspects being charged and/or arrested. These tips resulted in 21 weapons and \$222,514 in illegal drugs seized plus \$69,302 in stolen property/cash recovered. The approved Reward payout to 182 men, women and students totaled \$191,500.

CSOH received \$61,024 of restricted cash from court fines to help pay tipster rewards and three area law enforcement agencies donated services valued at \$1,871,428 to process and investigate the anonymous tips.

Form 990, Part III, Line 4c, Description of Program Service:

The Crime Stoppers of Houston (CSOH) Safe School Institute met and

exceeded many goals in 2023. During the year, the Safe School team

reached 128,145 students and 10,807 educators/school law enforcement in

just Harris County. Statewide, the team reached 30,477 students and

8,257 educators/school law enforcement in just our first year of

statewide expansion. In conjunction with the Safe Community Institute,

<u>Schedule O (Form 990) 2023</u> Page **2** 

Crime Stoppers of Houston, Inc. 74-2137744

we created a sextortion and pornography guide for parents and their
children, designed topical safety posters for K-12 schools to be used
in tandem with prevention education, and created a "drugs in a snap"

resource guide for middle and high school students. On the state level,
we created a newsletter with over 300 school safety contacts from all
over Texas and reached 54 new schools. Our partnership with the Texas

Education Agency (TEA) has proven to be extremely helpful in building
partnerships and relationships with school safety personnel across

Texas. Program leads continue to attend monthly meetings on Human

Trafficking and Educator Resources. CSOH and SSI have continued to host
a virtual quarterly statewide training. The SAVE webinar series is
offered every Monday through the CSOH website to educate and provide
resources on school safety topics. Lastly, because of our partnership

with the TEA, we are creating strong partnerships with Education

Form 990, Part VI, Section A, line 1a:

Service Centers (ESCs) in all 20 regions.

The Board of Directors elects an Executive Committee from within its membership which has all powers of the Board of Directors between Board meetings. The Executive Committee consists of the officers of CSOH and seven Board members for a total of twelve members. Each non-officer member of the Executive Committee serves for a term of one year. The Nominating Committee prepares a slate of candidates for the seven non-officer members of the Executive Committee, and the Board of Directors votes on the slate at the first meeting of the Board of Directors following the Annual Meeting. The powers and duties of the Executive Committee are as follows:

Name of the organization

**Employer identification number** 

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** Crime Stoppers of Houston, Inc. 74-2137744 the meetings of the Board of Directors; B. The Chairperson of the Board is the Chairperson of the Executive Committee and presides over all meetings of the Executive Committee;

C. The CEO of CSOH is an ex-officio member of the Executive Committee; D. A quorum consists of 50% of the membership of the Executive Committee; E. The Executive Committee meets when called by the Chairperson, with notice. In lieu of meeting in person, the members of the Executive Committee may be polled by telephone or by email on items affecting CSOH as

Form 990, Part VI, Section A, line 6:

determined by the Chairperson.

Membership is available to those who meet the requirements as determined by the Board of Directors. Emeritus Membership consists of previously elected Directors or prominent members of the community who have exhibited extraordinary leadership in the community and dedication to the mission of CSOH.

Form 990, Part VI, Section B, line 11b:

The completed Form 990 is reviewed by the CEO and Board Treasurer. A copy of the Form is distributed to all Directors prior to filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The conflict of interest policy is stated in the bylaws and is distributed to each Director at every Board meeting. Directors are asked to disclose any potential conflicts of interest on a form at every meeting. Any forms received are reviewed by the Strategic Operations Director.

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

Name of the organization  Crime Stoppers of Houston, Inc.	Employer identification number 74-2137744
The CEO's compensation is reviewed annually by members of	the Board using
comparability data, and the deliberation and decision are	documented.
Form 990, Part VI, Section C, Line 19:	
Made available upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Reverted awards	53,200.

# Forms included in Electronic Filing

Form 990/990-EZ/990-PF	Form 990-T
Exported on 05/08/2024 12:41:08	
Form 990	