Form	990
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# \*\* 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

Inspection

Department of the Treasury Internal Revenue Service

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Do not enter social security numbe	rs on this form as it may be made public.
Go to www.irs.gov/Form990 for i	nstructions and the latest information.
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Ar	or th	e 2023 calendar year, or tax year beginning and	enaing		
<b>B</b> c	Check if	e: C Name of organization		D Employer identific	ation number
	Addre	e The Malibox Club, the.			
	Name Chang			23-722944	45
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	404 Eager Road		229-244-6	5812
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	7,760,845.
	Amer returr	Valdosta, GA 51002		H(a) Is this a group re	turn
	Appli tion	F Name and address of principal officer: U O IIII Math Eager		for subordinates	? Yes X No
	pendi	<sup>ng</sup> same as C above		H(b) Are all subordinates in	cluded? Yes No
11	Tax-ex	empt status: 🗴 501(c)(3) 🗌 501(c) ( ) (insert no.) 🗌 4947(a)(1) c	or 🗌 527	lf "No," attach a	list. See instructions
	Nebsi			H(c) Group exemption	n number
		f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1965 N	State of legal domicile: GA
Pa	art I	Summary			
~	1	Briefly describe the organization's mission or most significant activities: Bible	e corr	espondance 1	essons
ů Š		courses and books.			
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			6
es é	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			26
vitie	6	Total number of volunteers (estimate if necessary)		6	27
Activities & Governance	7 a	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		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		7,323,941.	7,581,613.
nue	9	Program service revenue (Part VIII, line 2g)		46,266.	48,509.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		72,757.	112,589.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-123,851.	-120,530.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,319,113.	7,622,181.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		679,691.	766,183.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
x pe	b	Total fundraising expenses (Part IX, column (D), line 25) 501,19	97.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,951,650.	5,867,402.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,631,341.	6,633,585.
	19	Revenue less expenses. Subtract line 18 from line 12		1,687,772.	988,596.
s or			Be	ginning of Current Year	End of Year
Assets ( Balance	20	Total assets (Part X, line 16)		5,454,085.	6,530,149.
t As	21	Total liabilities (Part X, line 26)		24,824.	38,550.
ING		Net assets or fund balances. Subtract line 21 from line 20		5,429,261.	6,491,599.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer				Date	
Here	Joel Miller, Chief Financi	ial Officer				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN
Paid	Steven Foster			06/05	/24 self-employed	P01241491
Preparer	Firm's name Prager Metis CPAs	, PLLC			Firm's EIN 06-	1667465
Use Only	Firm's address 32 Orange Street					
	Asheville, NC 288	01			Phone no. ( 828	) 281-3161
May the II	RS discuss this return with the preparer shown abo	ve? See instructions				X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions.	332001 12-21-23			Form <b>990</b> (2023

		ilbox Clu			23-7229445	Page <b>2</b>
Pa	rt III Statement of Program S Check if Schedule O contains a	-		Ш		
1	Bible correspondance	ssion:				
2				r which were not listed on the	Yes	X No
3	If "Yes," describe these new services Did the organization cease conducting	g, or make significa	nt changes in how it c	onducts, any program services	?Yes 🗌	X No
4	If "Yes," describe these changes on S Describe the organization's program s	service accomplishr				
	Section 501(c)(3) and 501(c)(4) organizer revenue, if any, for each program servenue, if any for each progra	-	to report the amount	of grants and allocations to oth	ers, the total expenses, and	
4a	(Code:) (Expenses \$ Bible correspondence	5,981,490.	including grants of \$	) (Rev books and tract	enue\$ <u>92,4</u> 2 s distributed	<b>29.</b> )
	throughout the US a					
	and disciple indivi					
46				) (5	•	
4b	(Code:) (Expenses \$		including grants of \$	) (Rev	enue \$	)
4c	(Code: ) (Expenses \$		including grants of \$	) (Rev	renue \$	)
4d	Other program services (Describe on	Schedule O.)				
	(Expenses \$	including grants of \$		) (Revenue \$	)	
4e	Total program service expenses	5,98	1,490.		- 000	0 (0000)
20000	10 01 02				Form <b>99</b>	J (2023)
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<sup>2023.03050</sup> THE MAILBOX CLUB, INC. 03028.01

Form 990 (2023) The Mailbox Club, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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2023.03050 THE MAILBOX CLUB, INC.

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 The Mailbox Club, Inc.
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 Part IV
 Checklist of Required Schedules (continued)
 Page 4

1 4	Continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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? If			
	"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? <i>If</i>			
	"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? <i>If</i> "Yes," <i>complete</i>			
	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		х
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		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.		37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form	990 (2023) The Mailbox Club, Inc.	23-7229	445	Р	<sub>age</sub> 5
Par					<u> </u>
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	Х	
b	If "Yes," enter the name of the foreign country South Africa, South Sudan				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
b			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
-	an analysing experimentian have experted by since a heldings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
a	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:				
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against				
2	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		12a		
	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.		1		
	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.		Tou		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				[
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	Income?			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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<sup>6</sup> 2023.03050 THE MAILBOX CLUB, INC. 03028.01

Form 990	(2023)
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The	Mailbox	Club,	Inc
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 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 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 6							
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		Х				
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		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or 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		<u>X</u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
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.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b						
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b								
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?		v					
	The organization's CEO, Executive Director, or top management official	15a	X	v				
b	Other officers or key employees of the organization	15b		X				
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable aptity during the year?	16-		x				
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		<u>л</u>				
Ø								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b						
Sec	exempt status with respect to such arrangements?							
<u>17</u>	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)	availat					
.5	for public inspection. Indicate how you made these available. Check all that apply.	Siny)	avanak					
	Own website       Another's website       X       Upon request       Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	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								
	John Mark Eager - 229-244-6812							
	404 Eager Road, Valdosta, GA 31602							
332006	3 12-21-23	Form	990	(2023)				
	7			/				

2023.03050 THE MAILBOX CLUB, INC.

03028.01

Form 990 (202	3) The Mailbox Club, Inc.	23-7229445	Page 1				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Er	mployees, and Independent Contractors						
Ch	neck if Schedule O contains a response or note to any line in this Part VII						
Section A. O	officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar year e	nding with or within the organization's	s tax year.				
<ul> <li>List all of</li> </ul>	f the organization's current officers, directors, trustees (whether individuals or organization	ns), regardless of amount of compens	ation.				

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and title       Average hours per week       Position (do not check more than one box, unless person is both an officer and a director/trustee)       Reportable compensation from       Reportable compensation       Reportable compensation       Estimated amount of from         • </th <th>f on n d</th>	f on n d
hours per weekbox, unless person is both an officer and a director/trustee)compensationcompensationamount of officer(list anybbb </td <td>on n d</td>	on n d
(list any $\frac{3}{8}$ the organizations compensation	n d
(list any 日本語》) (list any 10 mm) (list any 10 m	n d
hours for ㅎ	b
I related I s I to I 2 I (W-2/1099-MISC/ I 1099-NEC) I ordanizatio	b
organizations	
related organizations below line) line) line) related line below l	
(1) John Mark Eager 40.00 40.00	
Director X X 149,252. 0. 4,45	5.
(2) Scott Toal 2.00	
President X X 0. 0.	0.
(3) Kevin King 2.00	
Secretary X X 0. 0.	0.
(4) Jonathan D Drew 1.00	
	0.
(5) Charles Johnson 1.00	
	0.
(6) Steve Everett 1.00	
	0.
(7) Charles M Harris 1.00	
	0.
(8) Joel Miller 35.00	
Chief Financial Offi X 0. 0.	0.
332007 12-21-23 Form <b>990</b> (20	000)

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Form 990 (2023)

~ . . .

	<u>1990 (2023)</u> The Mailb		23-7229	445 Page 8							
Par	t VII Section A. Officers, Directors, Trust		loye	ees,			ghes	t Co		, ,	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box,	not cl , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
	Subtotal Total from continuation sheets to Part VII,								149,252.	0.	4,455.
	Total (add lines 1b and 1c)								149,252.	0.	
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100,	000 of reportable	1
3	Did the organization list any <b>former</b> officer,			-	•	•		•	•		Yes No 3 X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the sur and related organizations greater than \$150,	n of reportable	e co	mpe	ensat	tion	and	oth	er compensation from t	he organization	4 X
5 Sec	Did any person listed on line 1a receive or ac rendered to the organization? <i>If</i> "Yes." comp tion B. Independent Contractors	-				-			-		5 X
1	Complete this table for your five highest con the organization. Report compensation for the										ation from
	(A) Name and business a	address	NC	ONE	2				(B) Description of s	ervices (	<b>(C)</b> Compensation
2	Total number of independent contractors (in	cludina but na	ot lin	nited	l to 1	thos	e lis	ted	above) who received me	pre than	
	\$100,000 of compensation from the organiz	•				C					Form <b>990</b> (2023)

332008 12-21-23

						C	lub, Inc.			23-7229	445 Page 9
Pa	rt \	/111									
			Check if Schedule O	conta	ains a respo	nse	or note to any line I	<u>e in this Part VIII</u> (A)	(B)	(C)	[] (D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
s o	1	•	Federated campaigns		1a						00010110 012 011
Contributions, Gifts, Grants and Other Similar Amounts											
٦ ق			Fundraising events								
fts,			<b>–</b>								
, Gi Dila			Government grants (contr								
Sin			All other contributions, gifts,								
her		•	similar amounts not included				7,581,613.				
ot		a	Noncash contributions included in			;	15,865.				
Con		-	<b>—</b>		·····			7,581,613.			
<u> </u>							Business Code	, ,			
Ø	2	а	Mail order				900099	48,509.	48,509.		
, vic		b						,	,		
Ser		c									
Program Service Revenue		d									
Bag		e									
Pro		f	All other program service	reve	nue						
			Total. Add lines 2a-2f					48,509.			
	3		Investment income (inclue								
		other similar amounts)						68,669.			68,669.
	4	<ul><li>4 Income from investment of tax-exempt bond pi</li></ul>									
	5		Royalties	<u></u>							
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a			19,644.				
		b	Less: rental expenses	6b			138,664.				
		с	Rental income or (loss)	6c			-119,020.				
		d	Net rental income or (loss	s)				-119,020.			-119,020.
	7		Gross amount from sales of		(i) Securiti		(ii) Other				
			assets other than inventory	7a	43,9	20.					
		b	Less: cost or other basis								
ne			and sales expenses	7b		0.					
venue		С	Gain or (loss)	7c	43,9	20.					
Be		d	Net gain or (loss)					43,920.	43,920.		
Other	8	а	Gross income from fundraisi	•	•						
ð			including \$		of						
			contributions reported on		,						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19			<u>9a</u>					
			Less: direct expenses			9b					
			Net income or (loss) from	-	-	°	·····				
	10	а	Gross sales of inventory,								
			and allowances			10a					
			Less: cost of goods sold			10b					
	-	С	Net income or (loss) from	sales	s of inventor	у					
sr			Ioga on stolen and	nm	+		Business Code	1 510			1 E10
eor	11		Loss on stolen equip				900099	-1,510.			-1,510.
scellaneo Revenue		b									
Miscellaneous Revenue		C									
Mis			All other revenue					-1,510.			
	L		Total. Add lines 11a-11d					7,622,181.	92,429.	0.	-51,861.
00000	12		Total revenue. See instruction	0115				,,022,101.	52,425.	J. J.	Form <b>990</b> (2023
33200	19 12	:-21-	-23								

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The Mailbox Club, Inc. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	149,252.	37,313.	52,238.	59,701
6	Compensation not included above to disqualified	145,252.	57,515.	52,250.	55,701
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		541,084.	412,177.	40,074.	88,833
7 8	Other salaries and wages Pension plan accruals and contributions (include	541,001.			00,000
0	section 401(k) and 403(b) employer contributions)	15,464.	10,438.	2,142.	2,884
^		7,572.	7,572.	2,172.	2,005
9 0	Other employee benefits	52,811.	34,386.	7,062.	11,363
0 1	Payroll taxes	J2,011.	54,500.	1,004.	±±,505
1	Fees for services (nonemployees):				
	Management				
		11,784.		11,784.	
	Accounting	11,704.		11,704.	
	, F				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	134,865.			134,865
~	column (A), amount, list line 11g expenses on Sch 0.)	1,098.	1,098.		134,005
2	Advertising and promotion	222,382.	77,058.	14,546.	130,778
3	Office expenses	222,302.	11,050.	14,540.	130,770
4	Information technology				
5	Royalties	13,728.	9,610.	3,432.	686
6 7		371,073.	344,816.	930.	25,327
7		571,075.	544,010.	950.	23,321
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials	3,421.	1,723.	849.	849
9	Conferences, conventions, and meetings	J,441•	т,/43•	049.	045
0					
1	Payments to affiliates	56,091.	47,197.	4,312.	4,582
2	Depreciation, depletion, and amortization	18,305.	12,320.	2,799.	3,186
3	Insurance	10,303.	14,340.	4,133.	5,100
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	Program materials	4,284,605.	4,284,605.		
a b	Contributions transmitt	651,809.	651,809.		
с С	Repairs and maintenance	41,007.	26,059.	7,474.	7,474
c d	Telephone	29,821.	23,309.	3,256.	3,256
	All other expenses	27,413.		5,250.	27,413
e 5	Total functional expenses. Add lines 1 through 24e	6,633,585.	5,981,490.	150,898.	501,197
) ;	Joint costs. Complete this line only if the organization		5,501,1500		501,191
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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332010 12-21-23

2023.03050 THE MAILBOX CLUB, INC.

03028.01

Form 990 (2023)

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The Mailbox Club, Inc.

23-7229445 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	74,512.	1	238,454.
	2	Savings and temporary cash investments	2,300,329.	2	1,515,279.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	92,911.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	18,794.
Ä	9	Prepaid expenses and deferred charges	1 1 7 1 1 1	9	21,413.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,821,37			
	b	Less: accumulated depreciation 10b 778,94	9. 948,572.	10c	1,042,423.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,014,520.	15	3,600,875.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	6,530,149.
	17	Accounts payable and accrued expenses	24,824.	17	38,550.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	20 550
	26	Total liabilities. Add lines 17 through 25	24,824.	26	38,550.
ŝ		Organizations that follow FASB ASC 958, check here X			
nce	07	and complete lines 27, 28, 32, and 33.	483,717.	07	1 956 133
alaı	27	Net assets without donor restrictions	4,945,544.		<u>1,856,133</u> . 4,635,466.
ЧB	28	Net assets with donor restrictions		28	4,035,400.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
or F	20	and complete lines 29 through 33.		20	
ŝţ	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋t A	31	Retained earnings, endowment, accumulated income, or other funds		31 32	6,491,599.
ž	32 33	Total net assets or fund balances Total liabilities and net assets/fund balances		32	6,530,149.
	33	ו טומו וומטווווודט מווט וודו מששבושיוט שמומוועדש	] 3/434,0030	33	Form <b>990</b> (2023)

Form 990 (2023)

Form 990 (2023)
Part X Balance Sheet

Form	990 (2023) The Mailbox Club, Inc.	23-	-7229445	Pag	<sub>ge</sub> 12						
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI										
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,622	2,18	81.						
2	2 Total expenses (must equal Part IX, column (A), line 25)										
3	Revenue less expenses. Subtract line 2 from line 1										
4											
5	Net unrealized gains (losses) on investments	5	73	3,74	42.						
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,										
	column (B))	10	6,491	.,5	99.						
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	О.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a									
	separate basis, consolidated basis, or both:										
	Separate basis Consolidated basis Both consolidated and separate basis										
b	Were the organization's financial statements audited by an independent accountant?		2b	Х							
	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	e audit,									
	review, or compilation of its financial statements and selection of an independent accountant?			X	<u> </u>						
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the										
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it 📔								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		I						

Form **990** (2023)

SCHEDULE A	
(Form 990)	

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. 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

Nomo	of the	organization
Name	or the	organization

Department of the Treasury Internal Revenue Service

Nan	ne of	f tr	he organization							identification number
			The	Mailbox Cl	ub, Inc.				2	3-7229445
Pa	art I		Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	orga	aniz	zation is not a private found							
1		-	A church, convention of ch					I)(A)(i)		
2		-	A school described in sec					·//~//·/·		
		-					/L_\/_A\/A\/::			
3		-	A hospital or a cooperative					•		41 I
4		_	A medical research organiz	zation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(III). Enter	the hospital's name,
		_	city, and state:							
5			An organization operated f		llege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		_	section 170(b)(1)(A)(iv).	Complete Part II.)						
6			A federal, state, or local go	overnment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7			An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in
			section 170(b)(1)(A)(vi). (0	Complete Part II.)						
8			A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		-	An agricultural research or				ed in coniu	inction with a	land-grant	colleae
			or university or a non-land-	-			-		-	-
			university:	grant conege of agrie			lanto, ony	, and state of	the conege	
40	X	-			than 22 1/20/ of its supp	art from a	ontribution		in face and	d areaa raasinta from
10			An organization that norma							
			activities related to its exer							
			income and unrelated busi		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.
		-	See section 509(a)(2). (Co	omplete Part III.)						
11		1	An organization organized	and operated exclus	ively to test for public saf	ety. See	section 50	09(a)(4).		
12			An organization organized	and operated exclus	ively for the benefit of, to	perform t	ne functior	ns of, or to ca	rry out the	purposes of one or
			more publicly supported of	rganizations describe	ed in section 509(a)(1) o	r section &	5 <b>09(a)(2)</b> .	See section	509(a)(3). (	Check the box on
			lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а	ı 🗆		] Type I. A supporting org	anization operated, s	upervised, or controlled l	oy its supp	orted orga	anization(s), t	pically by	giving
			the supported organizati	ion(s) the power to re	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	porting
			organization. You must							
b	<b>.</b> Г		<b>Type II.</b> A supporting or	-		ion with ite	s sunnorte	od organizatio	n(s) hy hay	vina
~			control or management of							
			-			ine perso	ns that coi		ye ine supp	Joned
	Г		organization(s). You mu							
C	; [		Type III functionally inte						ly integrate	a with,
	_		its supported organizatio							
C			<b>Type III non-functional</b>	y integrated. A supp	porting organization operation	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
			that is not functionally in	tegrated. The organiz	zation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	/eness
			requirement (see instruct	tions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .		
е	• L		Check this box if the org	anization received a	written determination from	n the IRS	that it is a	Туре I, Туре	II, Type III	
			functionally integrated, c	or Type III non-functio	nally integrated supportir	ng organiz	ation.			
f	En	iter	r the number of supported	organizations						
g	) Pro	ovi	ide the following informatio							
		(i)	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other
			organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Tota	al									

Schedule	A (Form 990) 2023
Part II	Support Sc

2	3-	7	2	2	9	4	4	5	Page 2	2
---	----	---	---	---	---	---	---	---	--------	---

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	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.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		(3) = 3 = 3	(0/ =0= )	(4) = = = =	(0) = 0 = 0	(.)
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					T T	
	Public support percentage for 2023 (I		•			14	%
	Public support percentage from 2022					15	. %
<b>1</b> 6a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the c						
47.	and <b>stop here.</b> The organization qual						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			•	•	vi now the organia	
F	meets the facts-and-circumstances test	-			•	17a and line 15 is	
C	<b>10% -facts-and-circumstances test</b> more, and if the organization meets th	-	-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•	-			s
		and ther official d			2, 511001, 1110 00/ 2		(Form 990) 2023

332022 12-21-23

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 gualify under the tests listed below, please complete Part II.)

#### Section A. Public Support (b) 2020 (c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 7581613.27144027. 3017141 3834761. 5386571. 7323941. 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 48,955. 43,142. 46,266. 48,509. 256,542. 69,670. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 7630122.27400569. 3086811. 3883716. 5429713. 7370207. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 430,509. 448,200. 272,127. 205,796. 415,550. 1772182. 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 Ο. c Add lines 7a and 7b 415,550. 430,509. 448,200. 272,127. 205,796. 1772182 25628387. Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 5429713 7370207. 7630122.27400569. 9 Amounts from line 6 3086811 3883716. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 10,139. 32,006. 51,175. 92,958. 68,669. 254,947. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 10,139. 32,006. 51,175. 92,958. 68,669. 254,947. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3096950. 3915722. 5480888. 7463165. 7698791.27655516. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.67 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .92 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % 17 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23

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### 08270605 130075 03028.000

<sup>2023.03050</sup> THE MAILBOX CLUB, INC.

1

2

Yes No

### Part IV Supporting Organizations

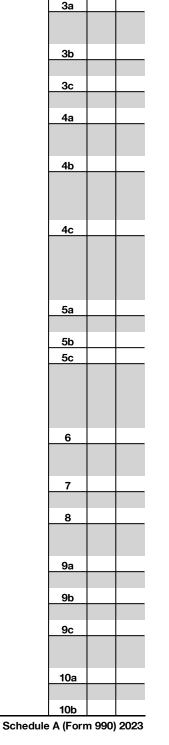
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

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332024 12-21-23



2023.03050 THE MAILBOX CLUB, INC.

chedule A (Form 990) 2023	The	Mailbox	Club,
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Yes No

Yes No

Yes No

З

2a

2b

3a

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1

Inc.

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

Section D. All Type III Supporting Organizations						
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax					
2	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-				
3	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2				

significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integra	ral Part Test during the year	<ul> <li>(see instructions).</li> </ul>
--	-------------------------------	---

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

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2023.03050 THE MAILBOX CLUB, INC.

03028.01

1	Check here if the organization satisfied the Integral Part Test as a qualifyir		lov 20 1970 ( ovoloin in	Part VI) See instructions
•	All other Type III non-functionally integrated supporting organizations mus			
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Section D - Distributions 1 Amounts paid to supported organizations to Amounts paid to perform activity that direc organizations, in excess of income from ac Administrative expenses paid to accomplis Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.

o accomplish exempt purposes	1	
tly furthers exempt purposes of supported		
tivity	2	
h exempt purposes of supported organizations	3	

Current Year

(iii)

Distributable

Amount for 2023

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

3 Excess distributions carryover, if any, to 2023

g Applied to underdistributions of prior years h Applied to 2023 distributable amount

a Applied to underdistributions of prior years b Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

4 Distributions for 2023 from Section D,

i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

2

3

4

6

7

8

9

1

a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

f Total of lines 3a through 3e

Part VI. See instructions.

The Mailbox Club, Inc. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A	(Form 990) 2023
Part VI	Supplemental Info

01

Section D, lines 5, 6, and 8; and Part V, Sec (See instructions.)	t IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V ction E, lines 2, 5, and 6. Also complete this part for any additional information.
(อยะ เกริสันติแอกร.)	
32028 12-21-23	Schedule A (Form 990)
	21

\*\* PUBLIC DISCLOSURE COPY \*\*

# **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

Employer identification number

Department of the Treasury
Internal Revenue Service

(Form 990)

Name of the organization

Schedule B

The	Mailbox	Club,	Inc.	
Organization type (check one):				

23-7229445
------------

Filers of:	Section:
Form 990 or 990-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

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

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

### **General Rule**

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

### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless

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

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

Part I

(a)

No.

1

Employer identification number

23 - 7229445

## The Mailbox Club, Inc.

		\$	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>496,503.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$8,320.	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
4		\$9,790.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$64,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-20	<sup>6-23</sup> <b>24</b>		Schedule B (Form 990) (2023)

08270605 130075 03028.000 2023.03050 THE MAILBOX CLUB, INC.

Employer identification number

### The Mailbox Club, Inc.

23 - 7229445Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 8,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 12,225. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 10,356. Noncash \$

> noncash contributions.) Schedule B (Form 990) (2023)

(Complete Part II for

Page 2

25 2023.03050 THE MAILBOX CLUB, INC.

323452 12-26-23

Name of organization

Employer identification number

23-7229445

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 12,300. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 14 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll 120,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 18 X Person Payroll 5,600. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 26

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Page 2

2023.03050 THE MAILBOX CLUB, INC.

Employer identification number

23-7229445

# The Mailbox Club, Inc.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19_		\$18,110.	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
20		\$18,061.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$320,600.	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
22		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$10,000.	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
24		\$5,000.	Person X Payroll (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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2023.03050 THE MAILBOX CLUB, INC. 03028.01

Employer identification number

23-7229445

### The Mailbox Club, Inc.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 26 X Person Payroll 214,830. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 27 X Person Payroll 20,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 28 X Person Payroll Noncash 50,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 30 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page **2** 

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2023.03050 THE MAILBOX CLUB, INC. 03028.01

Name of organization

Employer identification number

Page 2

23-7229445

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 32 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 33 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 X Person Payroll 52,400. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 36 X Person Payroll 10,400. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

08270605 130075 03028.000

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Employer identification number

The Mailbox Club, Inc.

23-7229445

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37_		\$9,000.	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
38		\$5,000.	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
39		\$5,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>40</u>		\$20,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$5,000.	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
<u>42</u> 323452 12-26-		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)
	30		

08270605 130075 03028.000

Name of organization

Employer identification number

23 - 7229445

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 44 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 46 X Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 48 X Person Payroll 5,500. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

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Employer identification number

The Mailbox Club, Inc.

23-7229445

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>49</u>		\$ <u>27,900.</u>	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
50		\$51,009.	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
51_		\$160,000.	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
52		\$26,000.	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
53		\$ <u>13,500.</u>	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
<u>54</u>		\$5,637.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26-	23		Schedule B (Form 990) (2023)

2023.03050 THE MAILBOX CLUB, INC. 03028.01

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Part I

(a)

No.

Page 2 Employer identification number

# The Mailbox Club, Inc.

23 - 7229445Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution

<u>    55  </u>		\$ <u>20,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    56                                </u>		\$5,000.	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
57_		\$ <u>15,000.</u>	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
<u>58</u>		\$ <u>1,000,000.</u>	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
<u>    59  </u>		\$ <u>100,000.</u>	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
60		\$ <u>13,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

B (Form 990) (2023)

2023.03050 THE MAILBOX CLUB, INC.

Part I

Employer identification number

# The Mailbox Club, Inc.

23 - 7229445Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (d) (b)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
61		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   62                                 </u>		\$2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   63                                 </u>		\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>64</u> 		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>   65                                 </u>		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>66</u> 323452 12-26-23	34	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

2023.03050 THE MAILBOX CLUB, INC.

Name of organization

Employer identification number

23 - 7229445

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 67 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 68 X Person Payroll 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 69 X Person Payroll 75,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 X Person Payroll Noncash 40,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 X Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 72 X Person Payroll 45,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 35

2023.03050 THE MAILBOX CLUB, INC.

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Name of organization

Employer identification number

23-7229445

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 73 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 74 X Person Payroll <u>5,25</u>0. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 75 X Person Payroll 6,050. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 X Person Payroll 5,606. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 78 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 36

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Page 2 Employer identification number

The Mailbox Club, Inc.

23-7229445

(a)     (b)     (c)     (c)     (c)       79	Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.		
image: second				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       80	<u>79</u>		\$7,200.	Payroll Noncash (Complete Part II for
a       S       30,000.       Payoil Noncash (Complete Part II for noncash contributions,)         (a)       (b)       (c)       (d)         No.       Name, address, and ZIP + 4       Total contributions       Type of contribution         81				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       81	80		\$30,000.	Payroll Noncash (Complete Part II for
a       b       a       b       a       b       c				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       82	81_		\$40,000.	Payroll Noncash (Complete Part II for
Image: second				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       83	82		\$ <u> </u>	Payroll Noncash (Complete Part II for
Image: second				
No.     Name, address, and ZIP + 4     Total contributions     Type of contribution       84	83		\$ <u>9,953.</u>	Payroll Noncash (Complete Part II for
\$ 200,082.       Payroll         Moncash       (Complete Part II for noncash contributions.)				
323452 12-26-23 Schedule B (Form 990) (2023			\$200,082.	Payroll Noncash (Complete Part II for

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08270605 130075 03028.000

Name of organization

Employer identification number

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 85 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 86 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 87 X Person Payroll 23,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 88 X Person Payroll Noncash 22,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 89 X Person Payroll 11,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 90 X Person Payroll 10,500. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

2023.03050 THE MAILBOX CLUB, INC. 03028.01

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23-7229445

The Mailbox Club, Inc.

Name of organization

Employer identification number

23-7229445

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 91 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 92 X Person Payroll 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 93 X Person Payroll 9,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 94 X Person Payroll 8,900. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 X Person Payroll 7,800. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 96 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023) 39

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Name of organization

Employer identification number

The Mailbox Club, Inc.

23-7229445

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
97		- \$\$7,000.	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
98		- \$6,900.	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
99		\$6,000.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_100		- \$\$5,960.	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
_101		\$5,880 	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
<u>102</u> 323452 12-26		\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Name of organization

Employer identification number

The Mailbox Club, Inc.

23-7229445

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ <u>5,200.</u>	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
104		\$5,000.	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
105		\$5,000.	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
106		\$5,000.	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
107		\$5,000.	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
108		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26-	23		Schedule B (Form 990) (2023)

08270605 130075 03028.000

Name of organization

Part I

(a) No.

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Employer identification number

23-7229445

## The Mailbox Club, Inc.

Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(b)	(c)	(d)
Name, address, and ZIP + 4	Total contributions	Type of contribution
		Person X Payroll

		\$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$11,675.	Person Payroll Noncash X (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.)

Schedule B (Form 990) (2023)

323452 12-26-23

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	80sh P&G stock		
110			
		\$11,675.	12/13/23
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)	<i>I</i> L. )	(c)	1.0
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of honcash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d) Data received
Part I	Description of noncash property given	(See instructions.)	Date received
		—	
		¢	
3453 12-26-	-23	\$	Schedule B (Form 990) (2

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Schedule B (Form 990) (2023) Name of organization

The Mailbox Club, Inc.

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Name of o	rganization		Employer identification number			
Dho Ma	ailbox Club, Inc.		23-7229445			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	through (e) and the following line entry. charitable, etc., contributions of <b>\$1,000 or les</b>	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(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, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
23454 12-26	3-23	44	Schedule B (Form 990) (202			

2023.03050 THE MAILBOX CLUB, INC. 03028.01

		Sunnlement	al Financial Statements	OMB No. 1545-0047
	HEDULE D	2023		
•		Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 1, ttach to Form 990.	Open to Public
	nent of the Treasury Revenue Service		0 for instructions and the latest information.	Inspection
Nam	e of the organizati	on The Mailbox Club, 1	Inc.	Employer identification number $23 - 7229445$
Par		ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	b) Funds and other accounts
1 2		nd of year		
2		f contributions to (during year) f grants from (during year)		
4		t end of year		
5			writing that the assets held in donor advised func	ls
			exclusive legal control?	
6			dvisors in writing that grant funds can be used or	
	for charitable purp impermissible priv		r donor advisor, or for any other purpose conferri	
Par			ganization answered "Yes" on Form 990, Part IV,	
1		servation easements held by the organization		
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	rically important land area
	Protection o	f natural habitat	Preservation of a certi	fied historic structure
•		n of open space		
2	day of the tax year	<b>c c</b> .	fied conservation contribution in the form of a cor	Held at the End of the Tax Year
а				2a
b				2b
с	Number of conser	vation easements on a certified historic stru		2c
d		vation easements included on line 2c acqu		
•				2d
3	Number of conser year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation during the tax
4		where property subject to conservation eas		
5	-	tion have a written policy regarding the per		
6	,	orcement of the conservation easements it or hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation eas	sements during the year
8		-	satisfy the requirements of section 170(h)(4)(B)(i)	
9			on easements in its revenue and expense statem	
5	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements that	
Par		ounting for conservation easements. ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar Assets.
		f the organization answered "Yes" on Form		
<b>1</b> a	•		8, not to report in its revenue statement and bala	
		· ·	blic exhibition, education, or research in furtheran ncial statements that describes these items.	ce or pulduc
b	· •		8, to report in its revenue statement and balance	sheet works of
	-		exhibition, education, or research in furtherance	
		ing amounts relating to these items.		
~				
2	•		asures, or other similar assets for financial gain, p	provide
а	-	unts required to be reported under FASB A on Form 990. Part VIII. line 1	SC 958 relating to these items:	\$
-		eduction Act Notice, see the Instructions		Schedule D (Form 990) 2023
332051	09-28-23		45	
			4:)	

08270605 130075 03028.000

10					
2023.03050	THE	MAILBOX	CLUB,	INC.	03028.01

Sche	dule D (Form 990) 2023 The Mai	lbox Club,	Inc.				23-72			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, o	r Othe	r Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	t make s	ignificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	c	Loan or e	xchange progra	am					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further	the organization	on's exei	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical tre	easures, or othe	ər similaı	r assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	ete if the organizati	ion answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contributi	ons or other as	sets not	included		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Ending balance							7		1
	Did the organization include an amount on F					lity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.									<u> </u>
T ai	t V   Endowment Funds Complete if	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	vaare hack	(e) Fou	Veare	hack
4.			100,000		0,000.		00,000.	(e) i oui	100,	
1a	Beginning of year balance		100,000	J. 10	0,000.		00,000.		100,	000.
D	Contributions									
C	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities		100,000							
	and programs		100,000	· ·						
	Administrative expenses			1.0	0,000.	1	00,000.		100,	000
g	End of year balance		l a (lina 1 a aalumn		0,000.	-	00,000.		100,	
2	Provide the estimated percentage of the curr			(a)) held as.						
a h	Board designated or quasi-endowment Permanent endowment	%	_%							
0		% %								
C	The percentages on lines 2a, 2b, and 2c sho	· -								
30	Are there endowment funds not in the posse		ation that are held	and administer	red for th					
Ja	organization by:							1	Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a.	. See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or c	. ,	ost or other		ccumulate		( <b>d</b> ) Boo	k value	ə
		basis (investr	·	is (other)	de	preciation		4.0	0 0	<u></u>
	Land			07,825.		E 2 7 0	76		8,82	
	Buildings		, U	75,153.		537,9	/0.	53	7,1'	//•
	Leasehold improvements			27 204		240 0	72	^	<u> </u>	01
	Equipment		3	37,394.		240,9	/ 3 •	9	6,42	<u>4</u> .
	Other		I					1 0/	2 1	<u>,,</u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X, line 10c, colum</u>	n <u>n (B))</u>			<u>  </u>	1,04	4,44	<u>43.</u>

Schedule D (Form 990) 2023

332052 09-28-23

(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
<u>(G)</u>			
(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	" on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	e 11d. See Form 990. Part X. line 15.	
	a) Description	,,,	(b) Book value
			3,600,875.
			3,000,873.
(2)			
(3)			
(4)			
(+)			
( <del>1)</del> (5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)			
(5) (6) (7) (8) (9)			3 600 875
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, o	col. (B))		3,600,875.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, o Part X Other Liabilities			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, o Part X Other Liabilities			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yest 1. (a) Description of liability (1) Federal income taxes (2) (3)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yes 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yest 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, or Part X Other Liabilities Complete if the organization answered "Yest 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	" on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	(b) Book value

(c) Method of valuation: Cost or end-of-year market value

Schedule D (Form 990) 2023

# Schedule D (Form 990) 2023 The Mailb Part VII Investments - Other Securities

(a) Description of security or category (including name of security)

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

(b) Book value

		01027		
chedule D (Form 990) 2023	The Mailbox	Club.	Inc.	

Sche	dule D (Form 990) 2023 The Mailbox Club, Inc.			23-	7229445 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,834,587.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	73,742.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	73,742. 7,760,845.
3	Subtract line 2e from line 1			3	7,760,845.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-138,664.		
с	Add lines 4a and 4b			4c	-138,664.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>,)</u>		5	7,622,181.
Pa	t XII Reconciliation of Expenses per Audited Financial St		Expenses per F	Retur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total expenses and losses per audited financial statements			1	6,772,249.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	138,664.		
е	Add lines 2a through 2d			2e	138,664.
3	Subtract line 2e from line 1			3	6,633,585.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18.)		5	6,633,585.
Pa	rt 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 X, Line 2:

FASB ASC 740, "Accounting for Uncertainty in Income Taxes", clarifies the
accounting for the recognition and measurement of uncertainties in income
taxes recognized in an entity's financial statements and prescribes a
threshold of more-likely-than-not for recognition of tax positions taken
or expected to be taken in a tax return. The Organization's policy is to
evaluate the likelihood that its uncertain tax positions will prevail upon
examination based on the extent to which those positions have substantial
support within the Internal Revenue Code and Regulations, Revenue Rulings,
court decisions and other evidence.

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Part XI, Line 4b - Other Adjustments:

332054 09-28-23

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023         The Mailbox Club, Inc.           Part XIII         Supplemental Information (continued)	23-7229445 Page 5
Rental expenses included on revenue schedule	-138,664.
Part XII, Line 2d - Other Adjustments:	
Rental expenses on revenue schedule	138,664.
	Schedule D (Form 990) 2023
332055 09-28-23 <b>49</b>	

49 2023.03050 THE MAILBOX CLUB, INC. 03028.01

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	OMB No. 1545-0047
(Form 990)	Complete if the	organization a	nswered "Yes" on Form 990, Part IV,	line 14b, 15, o	or 16. <b>2023</b>	
Department of the Treasury	Go to		Attach to Form 990. 1990 for instructions and the latest i	nformation		Open to Public Inspection
Internal Revenue Service Name of the organization	GO TO W	ww.irs.gov/Form		mormation.	Employer i	dentification number
mha Mailhan Gla	<b>Ъ</b> Т					0445
The Mailbox Clu Part I General Info	mation on A	ctivities Out	side the United States. Compl	ete if the organ	23-722	
Form 990, Part I'						
•	0		ds to substantiate the amount of its gra the selection criteria used to award the		,	X Yes No
2 For grantmakers. Desc United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance	e outside the
			an be duplicated if additional space is r			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (o gram service, e specific type (s) in the regio	expenditures for and investments
Africa	6	38	Missionary	Christian I	essons	1,530,574.
Central Asia	1	11	Missionary	Christian I	essons	151,786.
Europe	2	3	Missionary	Christian I	essons	96,459.
Latin America	2	16	Missionary	Christian I	essons	341,674.
Midde East/N Africa	2	28	Missionary	Christian I	essons	1,731,417.
Asia	1	10	Missionary	Christian I	essons	1,798,370.
	1 4	100				5 650 200
<b>3 a</b> Subtotal <b>b</b> Total from continuation	14	106				5,650,280.
sheets to Part I	0	0				٥.
c Totals (add lines 3a and 3b)	14	106				5,650,280.

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

Schedule F (Form 990) 2023

LHA 332071 11-29-23

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

Page 2

The Mailbox Club, Inc.

23-7229445

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

32075 11-29-23	Schedule F (Form 990) 202
	54 2023.03050 THE MAILBOX CLUB, INC. 0302

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	<b>7</b> 2	)		
		Compensated Employees		20	Ľ٦	)		
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organization	1		identificatio		mber		
_		The Mailbox Club, Inc.	23-1	722944	5			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use					
	Travel for com	panions Payments for business use of personal re	sidence					
		ation and gross-up payments Health or social club dues or initiation fee	s					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)					
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or						
_	•	rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>				
2	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>		
•								
3		ny, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Fuer with a Directory but available in Dect III)	on to					
	·	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation							
		ompensation consultant	ommittee					
		ther organizations Approval by the board or compensation c	ommittee					
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 re							
а	•	e payment or change-of-control payment?		4a		X		
b		eive payment from a supplemental nonqualified retirement plan?				x		
		eive payment from an equity-based compensation arrangement?				x		
-	-	es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
а	The organization?					X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
	If "Yes" on line 6a c	r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		es 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 th	ne			x		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III							
9		d the organization also follow the rebuttable presumption procedure described in						
		53.4958-6(c)?						
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n <b>990</b> )	) 2023		

LHA 332111 11-06-23

23-7229445

#### 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	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) John Mark Eager	(i)	149,252.	0.	0.	0.	4,455.	153,707.	0.
Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

#### 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.

Schedule J (Form 990) 2023

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



Employer identification number 23-7229445

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

The Mailbox Club, Inc.

The tax return is reviewed by the governing body and the executive director

prior to filing.

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

The board or duly constituted committee shall determine whether a conflict

exists and in the case of an existing conflict, whether the contemplated

transaction may be authorized as just, fair, and reasonble to The Mailbox

The decision of the board or duly constituted committee on these Club.

matters will rest in their sole discretion, and their concern must be the

welfare of The Mailbox Club and the advancement of its purpose.

Form 990, Part VI, Section B, Line 15a:

The board reviewed compensation packages for organizations of similar size

to determine Executive Director salary.

Form 990, Part VI, Section C, Line 19:

Governing documents are made available upon written request to the

organization.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 11-14-23

Schedule O (Form 990) 2023

LHA

58 2023.03050 THE MAILBOX CLUB, INC. 03028.01

#### 2023 DEPRECIATION AND AMORTIZATION REPORT

Form 99	n 990 Page 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Land	01/01/01	L				107,250.				107,250.			0.	
2	Buildings	01/01/04	VAR	.000	НУ	16	947,648.				947,648.	517,677.		25,233.	542,910.
3	Equipment and autos	01/01/04	VAR	.000	нү	16	325,635.				325,635.	240,804.		19,643.	260,447.
4	South Sudan Building	09/01/23	SL	10.00		16	93,250.				93,250.			3,108.	3,108.
5	404 - Remodel	09/01/23	SL	10.00		16	34,255.				34,255.			1,142.	1,142.
6	MAC PC - Beth Schoot	06/30/23	SL	5.00		16	3,185.				3,185.			319.	319.
7	2019 Dodge Caravan	07/01/23	SL	5.00		16	18,340.				18,340.			1,834.	1,834.
8	Building 406 WIFI	07/01/23	SL	5.00		16	2,562.				2,562.			256.	256.
9	Carel – iPhone	07/01/23	SL	5.00		16	1,456.				1,456.			146.	146.
10	Office phone system	06/30/23	SL	5.00		16	10,786.				10,786.			1,079.	1,079.
11	Marvin White PC	06/30/23	SL	5.00		16	10,583.				10,583.			1,058.	1,058.
12	Francois PC	06/30/23	SL	5.00		16	1,495.				1,495.			150.	150.
	* Total 990 Page 10 Depr						.,556,445.				1,556,445.	758,481.		53,968.	812,449.
	Current Year Activity														
	Beginning balance						.,380,533.			0.	1,380,533.	758,481.			803,357.
	Acquisitions						175,912.			0.	175,912.	0.			9,092.
	Dispositions/Retired						٥.			0.	٥.	0.			0.
	Ending balance						.,556,445.			0.	1,556,445.	758,481.			812,449.

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

### 2023 DEPRECIATION AND AMORTIZATION REPORT

Form 99	00 Page 10			-	-			990	-		-	-	-		
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Ending accum depr											812,449.			
	Ending book value											743,996.			

328111 04-01-23

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>4562</b>		<b>Depreciation and Amortization</b> (Including Information on Listed Property) 990										
		(	Attach to your tax		,		ZUZJ					
Department of the Treasury Internal Revenue Service	Go to	www.irs.gov/Fo	orm4562 for instructi		nformation.		Attachment Sequence No. 179					
Name(s) shown on return				Business or activity to whic		3	Identifying number					
<u>The Mailbox</u>				Form 990 Pa			23-7229445					
Part I Election To Ex	(pense Certain Prope	rty Under Section 17	79 Note: If you have a	iny listed property, c	omplete Part	V before y	ou complete Part I.					
1 Maximum amount (	see instructions)					1	1,160,000.					
2 Total cost of section	n 179 property plac	ed in service (see	instructions)			2						
3 Threshold cost of s							2,890,000.					
4 Reduction in limitat												
			-0 If married filing separately									
6	(a) Description of pr			(business use only)	(c) Elected							
7 Listed property. Ent	or the amount from	lino 20		7								
			in column (c) lince 6			8						
8 Total elected cost of												
9 Tentative deduction												
10 Carryover of disallo												
11 Business income lir			•	,								
12 Section 179 expense						12						
13 Carryover of disallo				13								
Note: Don't use Part II												
	-		epreciation (Don't in				1					
14 Special depreciation	n allowance for qua	lified property (oth	ner than listed propert	y) placed in service o	during							
the tax year						14						
15 Property subject to	section 168(f)(1) ele	ection				15						
16 Other depreciation	(including ACRS)					16	56,091.					
Part III MACRS D	epreciation (Don't	include listed pro	operty. See instruction	is.)								
			Section A									
17 MACRS deductions	for assets placed i	n service in tax ye	ars beginning before	2023		17						
18 If you are electing to group	any assets placed in serv	ice during the tax year ir	nto one or more general asse	accounts, check here								
	Section B - Assets	Placed in Servic	e During 2023 Tax Y	ear Using the Gene	ral Deprecia	tion Syste	m					
(a) Classification	n of property	(b) Month and year placed in service	(c) Basis for depreciati (business/investment u only - see instructions	se (a) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction					
19a 3-year property												
<b>b</b> 5-year property												
c 7-year property												
d 10-year propert	v											
e 15-year propert	•											
f 20-year propert	•											
05	•			25 yrs.		S/L						
g 25-year propert	y	/		27.5 yrs.	MM	S/L						
h Residential rent	al property					S/L S/L						
		/		27.5 yrs.	MM							
i Nonresidential	real property	/		39 yrs.	MM	S/L						
		/	Durrin a 0000 Tour Va		MM	S/L						
	ection C - Assets F	Placed in Service	During 2023 Tax Ye	ar Using the Alterna	ative Deprec		iem					
20a Class life					_	S/L						
<b>b</b> 12-year				12 yrs.		S/L						
<b>c</b> 30-year		/		30 yrs.	MM	S/L						
d 40-year		/		40 yrs.	MM	S/L						
Part IV Summary	(See instructions.)											
21 Listed property. En	ter amount from line	28				21						
22 Total. Add amounts	s from line 12, lines	14 through 17, lin	nes 19 and 20 in colur	nn (g), and line 21.								
Enter here and on t	he appropriate lines	of your return. Pa	artnerships and S cor	porations - s <u>ee ins</u> tr.	<u></u>	22	56,091.					
23 For assets shown a		•	-									
portion of the basis	•	•	- /	23								

Form 4562 (2023) The Mailbox Club, Inc.												23-7229445 Page				
P	art V Listed Proper				ner vehic	cles, cer	tain aircr	aft, an	d property	used ·	for					
	entertainment, <b>Note:</b> For any 24b, columns (	vehicle for w	hich you are i	, using the						e expei	nse, comp	olete <b>o</b> r	<b>nly</b> 24a,			
			on and Other							mits fo	r passeng	er autor	nobiles.	)		
24a	a Do you have evidence to s	support the bus	ent use cla	imed?	Y	Yes No				the evide	he evidence written?		Yes	No		
	(a) (b) (c)			(d)			(e)		(f)		(g)		(h)		(i)	
	Type of property Date Busine		Business investmen	Cost or		(bi	Basis for depreciation (business/investment						eciation		cted on 179	
	(list vehicles first) placed in investme service use percen					;	use only)		period	Co	Convention		deduction		ost	
25	Special depreciation allo	wance for q	ualified listed	property	placed	in servic	e during	the ta	ix year and	k						
	used more than 50% in	a qualified bu	usiness use	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>		25					
<u>26</u>	Property used more that	n 50% in a qu	ualified busin	ess use:												
		: :		%												
		: :		%												
		: :		%												
27	Property used 50% or le	ied business	use:						1							
				%					S/L -							
				%					S/L -							
				%						S/L -						
	Add amounts in column															
<u>29</u>	Add amounts in column	(i), line 26. E											. 29			
~	Section B - Information on Use of Vehicles															
	Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.															
το	your employees, first ans	wer the ques	tions in Secti	on C to s	ee if you	u meet a	in except	lion to	completir	ig this	section to	r those	venicies.			
		(a) (b) (c) (d) (e)												F)		
30	Total business/investment miles driven during the				Vehicle 1		(b) Vehicle 2 \		(c) Tehicle 3 V		(d) /ebicle / V/		icle 5	<b>(f)</b> Vehicle 6		
30	year ( <b>don't</b> include commuting miles)			Ven							Vehicle 4					
31	Total commuting miles driven during the year															
	Total other personal (no															
52		-	-													
33	driven Total miles driven during the year.															
00	Add lines 30 through 32															
34	Was the vehicle available for personal use			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?															
35	5 Was the vehicle used primarily by a more															
	than 5% owner or related person?															
36	6 Is another vehicle available for personal															
	use?															
		Section C	- Questions	for Empl	oyers W	Vho Pro	vide Veh	icles	for Use by	/ Their	Employe	es				
Ans	swer these questions to a	determine if y	vou meet an e	exception	to com	pleting S	Section E	s for ve	hicles use	ed by e	mployees	who a	ren't			
mo	ore than 5% owners or rela	ated persons														
37	Do you maintain a writte													Yes	No	
	employees?															
38	Do you maintain a writte		•				,			0, 1	,					
	employees? See the ins															
	Do you treat all use of v															
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?															
41	Do you meet the require															
D	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Y	es," don'i	t comple	ete Sect	ion B for	the co	overed veh	icles.						
Part VI Amortization					(b) (			(c)		(d)			(f)			
(a) Description of costs Da					(c) Amortiza	(C) mortizable amount		Code		(e) Amortization		A	(f) nortization			
40	Amortization of agate th	at begins du		begins 3 tax yoa		amoun	ι		section		period or per	centage	to	or this year		
42	Amortization of costs th	at Degins du	ing your 202		u.											
				<u> </u>												
42	Amortization of costs th	at hegan hof		: : 3 tax vea	1 r							43				
	Total. Add amounts in c											44				
TT		<u>, , , , , , , , , , , , , , , , , , , </u>					<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>					