### Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

, 20

D Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2024 calendar year, or tax year beginning

С

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2024, and ending

В	Check if	applicable:	С								D Empl	oyer ide	ntification nun	ıber		
	Add	dress change	TEAM	PARKE	R FOR	LIFE					46	-368	8609			
	Name change P.O. BOX 376										E Telep	hone nur	mber			
	Init	ial return	LAKES	SIDE,	CA 920	40					(6	19)	884-696	2		
	Fina	al return/terminated														
	Am	nended return									<b>G</b> Gross receipts \$ 767,397.					
	App	plication pending	<b>F</b> Name	and addre	ss of principa	al officer: MIS	TV MCHI	MDV		H(a) Is th	is a group re	turn for s		Yes	X <sub>No</sub>	
	Ш	. , ,	SAME	AS C	ABOVE	МТО	II MCIII	21/11/1		H(b) Are	all subordinat	tes includ	led?	Yes	No	
$\overline{}$	Tax-e	exempt status:	X 501(c		501(c) (	) (ir	nsert no.)	4947(a)(1) o	or 527	If "N	lo," attach a l	ist. See ii	nstructions.			
J		site: N/		/(-/	(-/ (	, (	,	(-)(.)		H(c) Grou	up exemption	number				
K		of organization:	X Corpo	oration	Trust	Association	Other	L	Year of format				f legal domicile	: CA		
Pa		Summar						<u> </u>			10		. 5			
	1	Briefly descri		rganizati	on's miss	ion or most s	significant	activities:WH	ITLE BOO	TTNG	MORALE	FOR	KTDS B	ATTT	TNG	
•	·	CANCER,														
ũ		CHILDRÉN														
Governance	•															
Š	2	Check this bo	ox X	if the o	rganizatio	n discontinu	ed its oper	ations or dis	posed of mo	ore than	25% of it	s net a	ssets.			
Ğ	-	Number of vo													4	
တ္		Number of in		-		-		•							0	
jŧ		Total number													0	
Activities &		Total number													0	
A		Total unrelate Net unrelated													0.	
	IJ	ivet uniterated	ı busines	ss taxabi	e income	11011111 011111 3	790-1, Fait	1, 11110 11		<u> </u>	Prior Yea	-		ent Ye	0.	
	8 (	Contributions	and ara	ints (Par	t VIII line	1h)						955.	Curr		812.	
ne		Program serv									01,	768.			652.	
Revenue		Investment ir										961.			$\frac{032.}{111.}$	
Be		Other revenu									737	376.		589,		
		Total revenue						•				060.			420.	
		Grants and si										000.			000.	
		Benefits paid to or for members (Part IX, column (A), line 4)									020,			011,	<del></del>	
		•	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)													
ses	16a		onal fundraising fees (Part IX, column (A), line 11e)													
Expenses	h		raising expenses (Part IX, column (D), line 25)													
$\overline{\Sigma}$	17		ses (Part IX, column (A), lines 11a-11d, 11f-24e)								2	723.		5,566.		
		Total expense					-					723.			566.	
		Revenue less			-							337.			854.	
- S		1.0001140 1000	опропо	00. 000	1401 11110	0 110111 11110				_	ning of Curr			of Yea		
a è	20	Total assets	(Part X.	line 16)						Degiiii	921,			998,		
Asse	21	Total liabilitie									<i>J</i> 21,	0.		<i>JJ</i> 0,	0.	
Net Asse Fund Bal	22	Net assets or	· · fund ha	lances	Subtract I	ine 21 from l	ine 20				021	914.		998,		
	rt II	Signatur				2	20			<u>. I</u>	JZ1,	J14.		<i>JJ</i> 0,	700.	
					nined this ret	urn including acc	romnanving so	hedules and stat	tements and to	the hest of	f my knowled	ne and h	elief it is true	correct	and	
com	plete. De	ies of perjury, I de claration of prepa	rer (other t	han officer)	is based on	all information o	f which prepar	er has any know	ledge.	5000 0.		go ana b	5.101, 1t 10 truo,	0011001,	arra	
Sig	ŋn	Signature of	officer							Date						
Hè	re	MISTY							I	REASU	JRER					
		Type or print	t name and	title												
		Preparer's r	name			Preparer's sign	nature		Date		Check	if	PTIN			
Pa	id	CHRISTO	PHER D	. TAGAW	IA, CPA	CHRISTOPE	HER D. TA	GAWA, CPA			self-empl	oyed	P002332	18		
Pre	epare	Firm's name	= <u>T</u>	AGAWA,	HO & SO	BOL										
Us	e Onl	ly Firm's addre	ess 8	63 BOWS	PRIT RO	AD					Firm's Elf	N 86	-2045250			
					STA, CA						Phone no			000		
May	y the IF	RS discuss th					e? See ins	structions					X Yes		No	
						_										

Par	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	WHILE BOOTING MORALE FOR KIDS BATTLING CANCER, OUR MISSION IS TO RAISE A	WARENESS FOR
	THE DISEAASE AND BE A VOICE FOR THE CHILDREN IN THEIR FIGHT.	MINIMUNDO TOR
	THE DIGHTAGE THE DE IT VOICE FOR THE CHIEDREN IN THEIR FROM	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
	Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses,
	and revenue, if any, for each program service reported.	·
		_
4a	(Code:) (Expenses \$547,000. including grants of \$) (Revenue \$	)
	TO ASSIST CHILDREN WITH CANCER. TO DONATE TO CANCER REAEARCH AND IMPROVE	QUIALITY OF
	LIFE.	
	<del>-</del>	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
<b>1</b> 4	Other program services (Describe on Schedule O.)	
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	١
<b>4</b> e	Total program service expenses 547 . 000	

# Form 990 (2024) TEAM PARKER FOR LIFE 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		Χ
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		Х
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
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		Х
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		Х
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		Х
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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	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		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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		Х
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		Х
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.			
18	column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	17	Х	X
19	lines 1c and 8a? If "Yes," complete Schedule G, Part II		Λ	7.7
20a	Complete Schedule G, Part III.  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		<u>Х</u> Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		21
		-00		
۷۱	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

# Form 990 (2024) TEAM PARKER FOR LIFE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	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		Х
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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Χ
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? <i>If "Yes," complete Schedule M.</i>	30		Χ
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 "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I.</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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O.	38	X	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	7.0
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	TFFA0104L 09/05/24	Form	oon /	(2024)

Form 990 (2024) TEAM PARKER FOR LIFE

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

			res	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Λ
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	ıJa		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			•-
	excess parachute payment(s) during the year?	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 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 Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?..... 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 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ **14** Did the organization have a written document retention and destruction policy?..... 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? X a The organization's CEO, Executive Director, or top management official...... 15a **b** Other officers or key employees of the organization..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?..... 16a **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records.

MISTY MCHENRY 1913 ESTELA DRIVE EL CAJON CA 92020 (619) 884-6962

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

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

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

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

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

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

	(C)									
(A)	(B)	(do i	Position (do not check more box, unless person i			than o	ne	(D)	(E)	(F)
Name and title	Average hours	0.661.0	~~ ~~	dad	irecto	r/truste	ee)	Reportable compensation from	Reportable compensation from related organizations	Estimated amount of other
	per week (list any	Individual t or director	instit	Officer	Key employee	High High	Former	the organization (W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related
	hours for related	idua recto	utior	er	empl	est c oyee	ष्	,	,	organizations
	organiza- tions below	)r I trus	nal tı		oye	dtuo				
	dotted line)	Individual trustee or director	uste		10	Highest compensated employee				
			Ò			ited				
(1) DAVID SHAW	1									
BOARD MEMBER	0	Χ						0.	0.	0.
(2) CRYSTAL SHAW	$-\frac{10}{0}$			v				0	0	0
PRESIDENT & CEO  (3) BROOKE LOUGH	3			Χ				0.	0.	0.
SECRETARY	- 3 -			Χ				0.	0.	0.
(4) MISTY MCHENRY	3			21				· ·	· ·	
TREASURER	0			Χ				0.	0.	0.
(5)										
_(6)										
(8)										
- <del></del>										
(9)										
(10)										
(11)										
(11)										
(12)										
<u>^-</u>										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tru	istees, i	\ey	Em		oye C)	es, a	anc	a Highest Con	ipensated Emp	loyees	<b>S</b> (conti	nued)
(A) Name and title	(B)  Average hours per week (list any hours for	box, office	unles er and	Posi neck i	ition more rson is irecto	than o s both r/truste emplo	an ee)	Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	ons compensation from		from ion
	related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	31.	Key employee	Highest compensated employee	er			org	ariizatioi	15
<u>(15)</u>												
(16)												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
<u>(23)</u>												
<u>(24)</u>												
(25)												
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Part VII, Section								0.	0.			0.
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited								0. more than \$100,00	0. 0 of reportable comp	oensatio	n	0.
from the organization 0											Yes	No
3 Did the organization list any <b>former</b> officer, direction line 1a? If "Yes,"complete Schedule J for such	tor, truste h <i>individu</i>	e, ke al	ey er	mple	oyee	e, or l	high	nest compensated	employee	. 3		X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportab er than \$1	le co 50,00	mpe 00?	ensa If "	ition Yes,	and " con	oth nple	er compensation ete Schedule J for	from	4		Х
5 Did any person listed on line 1a receive or accrumate for services rendered to the organization? If "Yes	e compen	satio	n fr	om	anv	unre	late	d organization or	individual			X
Section B. Independent Contractors	s, compre	<i></i> 0	CITC	uurc	. 5 10	71 340	on p	0013011		·   •	1	Λ
1 Complete this table for your five highest compensation from the organization. Report compen	sated indessation for	epen the ca	dent alen	t cor dar <u>y</u>	ntrad year	ctors endir	tha ng w	t received more to vith or within the or	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business address							Description (B)	of services	Compe	<b>C)</b> ensatio	n	
Total number of independent contractors (including b \$100,000 of compensation from the organization)	out not limi 0	ted to	o tha	se I	ısted	i abov	ve) v	who received more	than			

FUIIII 990 (	· /			40-3000009	raye
Part VIII	Statement of Revenue				_
	Check if Schedule O contains a response or note to ar	y line in this Part V	TIL		
		(A) Total revenue	<b>(B)</b> Related or exempt	<b>(C)</b> Unrelated business	(D) Revenue excluded from ta

						( <b>A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns		1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues		1b					
s, G Am	С	Fundraising events	L.	1c					
a Figure	d	Related organizations	L.	1d					
ıs,	e	Government grants (contribution		1e					
ig ig	T	All other contributions, gifts, g similar amounts not included	above	1f	38,812.				
ᅙᇶᇴ	g	Noncash contributions include	d in		30,012.				
	h	Total. Add lines 1a-1f		1g		20.010			
	- ''	Total. Add lines 1a-11			Business Code	38,812.			
Program Service Revenue	2a	BELMONT PARK 5	Κ	-		652.	652.		
æ	b		· <u>·</u>			002.	002.		
<u>e</u>	С								
Ser.	d								
Ĕ	е								
ğ	f	All other program service		<u> </u>					
مَّة	g	Total. Add lines 2a-2f				652.			
	3	Investment income (include other similar amounts).	ding divide	nds, in	terest, and	111.	111.		
	4	Income from investmen				111.	111.		
	5	Royalties			•				
			(i) Re	al	(ii) Personal				
	6a	Gross rents 6a							
		Less: rental expenses 6b							
		Rental income or (loss) 6c							
	d	Net rental income or (lo							
	7a	Gross amount from	(i) Secui	rities	(ii) Other				
		sales of assets other than inventory 7a							
	b	Less: cost or other basis and sales expenses 7b							
	С	Gain or (loss) 7c							
		Net gain or (loss)							
enne	8a	Gross income from fundraising (not including \$	g events						
726		of contributions reported on lin	ne 1c).	_					
Re		See Part IV, line 18		8a	727,822.				
Other	b	Less: direct expenses		8b					
ठ	С	Net income or (loss) fro	om fundrai	sing e	vents	589,845.			
	9a	Gross income from gaming act See Part IV, line 19	tivities.	9a					
		Less: direct expenses		9b					
	С	Net income or (loss) fro	om gamino	activi	ties				
		Gross sales of inventory, less returns and allowances		10a					
		Less: cost of goods sold		10b	1				
	С	Net income or (loss) fro	m sales o	t inver	ntory				
Miscellaneous Revenue	112				business Code				
질	11a b c d								
<u>₹</u> ₩	c								
Sc. Re	d	All other revenue							
Σ		Total. Add lines 11a-11	<u>d</u>	<b>-</b> - <u></u>					
	12	Total revenue. See inst	ructions			629,420.	763.	0.	0.

Par	t IX	Statement of Functional Expens	ses			
Sect	ion 50	1(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must co	omplete column (A).	
		Check if Schedule O contains a	response or note to any	line in this Part IX		
Do i 6b, i	not inc 7b, 8b,	lude amounts reported on lines 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	orgar See F	ts and other assistance to domestic nizations and domestic governments. Part IV, line 21	500,000.	500,000.		
2	Grant indivi	ts and other assistance to domestic duals. See Part IV, line 22	47,000.	47,000.		
3	Grant organ eign i	is and other assistance to foreign izations, foreign governments, and for- individuals. See Part IV, lines 15 and 16	2.,,	2.,,000.		
4		fits paid to or for members				
5	Comp	pensation of current officers, directors, ees, and key employees	0.	0.	0.	0.
6	Comp disqu section	pensation not included above to alified persons (as defined under on 4958(f)(1)) and persons described ction 4958(c)(3)(B)	0.	0.	0.	0.
7	Other	salaries and wages				
8	(inclu	ion plan accruals and contributions ide section 401(k) and 403(b) byer contributions)				
9	Other	employee benefits				
10	Payro	oll taxes				
11	Fees	for services (nonemployees):				
		gement				
b	Legal					
С	Acco	unting	600.		600.	
	-	ying				
		sional fundraising services. See Part IV, line 17				
		tment management fees				
	(A), an	(If line 11g amount exceeds 10% of line 25, column nount, list line 11g expenses on Schedule 0.) rtising and promotion	200.		200.	
13	Office	e expenses	555.		555.	
14	Inforr	mation technology				
15	Royal	lties				
16	Occu	pancy				
17		:1	2,607.		2,607.	
18	exper public	nents of travel or entertainment nses for any federal, state, or local c officials				
19		erences, conventions, and meetings				
20		est				
21	-	nents to affiliates				
22	•	eciation, depletion, and amortization	705		705	
23 24	Other covere on line of line	ance r expenses. Itemize expenses not ed above. (List miscellaneous expenses e 24e. If line 24e amount exceeds 10% e 25, column (A), amount, list line 24e ases on Schedule O.)	705.		705.	
а	•	TNECC MEDITIOC	276.		276.	
	<u>Б03</u> РО		256.		256.	
c		TE_REGISTRATION_FEES			175.	
d		CHANT FEES	141.		141.	
		her expenses	51.		51.	
		functional expenses. Add lines 1 through 24e	552,566.	547,000.	5,566.	0.
26	the or joint of camp	costs. Complete this line only if reganization reported in column (B) costs from a combined educational aign and fundraising solicitation.  k here  if following 98-2 (ASC 958-720)	,	,		

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	112,980.	1	31,367.
	2	Savings and temporary cash investments.	808,934.	2	967,401.
	3	Pledges and grants receivable, net.		3	
	4	Accounts receivable, net		4	
	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	
	7	Notes and loans receivable, net		7	
\$	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
As	10a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	921,914.	16	998,768.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ē	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
<u>=</u>	27	Net assets without donor restrictions		27	
m	28	Net assets with donor restrictions		28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds	921,914.	31	998,768.
17	32	Total net assets or fund balances	,	32	998,768.
ž	33	Total liabilities and net assets/fund balances.	921,914.	33	998,768.
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Pai	t 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	6	29,4	120.			
2	Total expenses (must equal Part IX, column (A), line 25).	2	5	52,5	66.			
3	Revenue less expenses. Subtract line 2 from line 1	3			354.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			914.			
5	Net unrealized gains (losses) on investments.	5						
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	٥	98,7	168			
Pai	t XII Financial Statements and Reporting	10		90,	00.			
ı aı								
	Check if Schedule O contains a response or note to any line in this Part XII							
_	A 15 H 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1			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 O.							
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 review separate basis, consolidated basis, or both.  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a						
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Χ			
	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.							
	Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	. 2c					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
BAA				aan .	(2024)			
DAA			1.0111	1 220	(4)20)			