

Badger & Badger LLC

18402 US Hwy 281 North Ste 281
San Antonio, TX 78259
shannon.badger@badgercpa.com
Phone: (210)951-5577 | Fax:

May 25, 2025

Discovery Camps, Inc.
PO Box 692153
San Antonio, TX 78269

Discovery Camps, Inc.:

Enclosed is the 2024 federal return for a tax-exempt organization, prepared for Discovery Camps, Inc. from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The organization's federal return reflects a balance due of \$208.

The payment was due on May 15, 2025. To minimize penalties and interest, make the payment as soon as possible. If the organization uses the Electronic Federal Tax Payment System (EFTPS) to make federal tax deposits, it must use EFTPS to make this tax payment. Do not send payments directly to an IRS office; otherwise, Discovery Camps, Inc. may have to pay a penalty.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (210)951-5577.

Sincerely,

Shannon Badger
Badger & Badger LLC

Badger & Badger LLC

18402 US Hwy 281 North Ste 281
San Antonio, TX 78259
shannon.badger@badgercpa.com
Phone: (210)951-5577 | Fax:

May 25, 2025

Discovery Camps, Inc.
PO Box 692153
San Antonio, TX 78269

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (210)951-5577.

Sincerely,

Shannon Badger
Badger & Badger LLC

Badger & Badger LLC

18402 US Hwy 281 North Ste 281
 San Antonio, TX 78259
 shannon.badger@badgerepa.com
 Phone: (210)951-5577 | Fax:

| Customer Name | Customer Information | |
|---|----------------------|---------------|
| Discovery Camps, Inc. PO Box 692153 San Antonio, TX 78269 | Invoice #: | |
| | Date: | May 25, 2025 |
| | Phone: | (210)683-9594 |
| | E-mail: | |

Your 2024 tax return was prepared by Shannon Badger.

| Description | Fee |
|---------------------------------------|---|
| Federal And Supplemental Forms | |
| Form 990PF | Return of Private Foundation, page 1 |
| Form 990PF pg 2 | Return of Private Foundation, page 2 |
| Form 990PF pg 3 | Return of Private Foundation, page 3 |
| Form 990PF pg 4 | Return of Private Foundation, page 4 |
| Form 990PF pg 5 | Return of Private Foundation, page 5 |
| Form 990PF pg 6 | Return of Private Foundation, page 6 |
| Form 990PF pg 7 | Return of Private Foundation, page 7 |
| Form 990PF pg 8 | Return of Private Foundation, page 8 |
| Form 990PF pg 9 | Return of Private Foundation, page 9 |
| Form 990PF pg 10 | Return of Private Foundation, page 10 |
| Form 990PF pg 11 | Return of Private Foundation, page 11 |
| Form 990PF pg 12 | Return of Private Foundation, page 12 |
| Form 990PF pg 13 | Return of Private Foundation, page 13 |
| Form 990 OfOv | Information about Officers, Directors, etc. |
| Schedule B | Schedule of Contributors, page 1 |
| Schedule B pg 2 | Schedule of Contributors, page 2 |
| Schedule B pg 2 | Schedule of Contributors, page 2 |
| Schedule B pg 2 | Schedule of Contributors, page 2 |
| Schedule B pg 3 | Schedule of Contributors, page 3 |
| Schedule B pg 4 | Schedule of Contributors, page 4 |
| Form 4562 | Depreciation and Amortization |
| Form 8868 | Application for Extension |
| Form 8879-TE | E-file Signature Authorization for Tax Exempt |
| Form 8879-TE | E-file Signature Authorization for Tax Exempt |
| DEPR - Fed Schedule | Federal Depreciation Schedule |
| DEPR - Next Year | Next Year Depreciation Schedule |
| Statement 990PF | Other Expenses Schedule |
| Statement 990PF | Other Income Schedule |
| Statement 990PF | Accounting Fees Schedule |
| Statement 990PF | Other Professional Fees Schedule |
| Statement 990PF | Taxes Schedule |
| Statement 990PF | Other Decreases Schedule |
| Statement 990PF | Land etc. Schedule |
| Statement 990PF | Other Assets Schedule |
| Statement 990PF | Other Liabilities Schedule |
| Statement 990PF | Depreciation Schedule |

| | | |
|-----------|---|--|
| EF Notice | General Information for Electronic Filing | |
|-----------|---|--|

| | | | |
|--------------------|-----------|--------------------------|-------------|
| Total Forms | 37 | Forms Subtotal | 0.00 |
| | | Total Balance Due | 0.00 |

Payment due upon receipt. Thank you for your business!

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2024

Name(s) as shown on return

DISCOVERY CAMPS, INC.

Tax ID Number

**** - ***4336**

Entity address

PO BOX 692153

SAN ANTONIO, TX 78269

Thank you for participating in IRS e-file.

1. 2024 **8868-04** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **Badger & Badger LLC**.
2. **8868-04** income tax return was accepted on **05-16-2025** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **70432120251365b1mz0w**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Client Copy

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2024 or tax year beginning , 2024, and ending , 20

Name of foundation: DISCOVERY CAMPS, INC. A Employer identification number: 74-2924336. B Telephone number: (210) 683-9594. G Check all that apply: Initial return, Final return, Address change, etc. H Check type of organization: Section 501(c)(3) exempt private foundation. I Fair market value of all assets at end of year: \$750,881. J Accounting method: Cash.

Table with 5 columns: (a) Revenue and expenses per books, (b) Net investment income, (c) Adjusted net income, (d) Disbursements for charitable purposes. Rows include Revenue (1-12) and Operating and Administrative Expenses (13-26), ending with 27 Subtract line 26 from line 12.

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.) | | | |
|-----------------------------|---|---|----------------|-----------------------|---------|
| | | Beginning of year | End of year | | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| Assets | 1 | Cash - non-interest-bearing | 403,936 | 187,703 | 187,703 |
| | 2 | Savings and temporary cash investments | 536,263 | 563,178 | 563,178 |
| | 3 | Accounts receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | | | |
| | | Less: allowance for doubtful accounts | | | |
| | 8 | Inventories for sale or use | | | |
| | 9 | Prepaid expenses and deferred charges | 10,571 | 8,340 | |
| | 10a | Investments - U.S. and state government obligations (attach schedule) | | | |
| | b | Investments - corporate stock (attach schedule) | | | |
| | c | Investments - corporate bonds (attach schedule) | | | |
| | 11 | Investments - land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation (attach schedule) | | | | |
| 12 | Investments - mortgage loans | | | | |
| 13 | Investments - other (attach schedule) | | | | |
| 14 | Land, buildings, and equipment: basis | 23,824 | | | |
| | Less: accumulated depreciation (attach schedule) | 17,295 | 10,881 | 6,529 | |
| 15 | Other assets (describe STM120) | | | 216 | |
| 16 | Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 961,651 | 765,966 | 750,881 | |
| Liabilities | 17 | Accounts payable and accrued expenses | (300) | | |
| | 18 | Grants payable | | | |
| | 19 | Deferred revenue | | | |
| | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 | Mortgages and other notes payable (attach schedule) | | | |
| | 22 | Other liabilities (describe STM121) | 3,002 | 11,683 | |
| | 23 | Total liabilities (add lines 17 through 22) | 2,702 | 11,683 | |
| Net Assets or Fund Balances | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30 <input checked="" type="checkbox"/> | | | | |
| | 24 | Net assets without donor restrictions | 958,949 | 754,283 | |
| | 25 | Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30 <input type="checkbox"/> | | | | |
| | 26 | Capital stock, trust principal, or current funds | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| 28 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| 29 | Total net assets or fund balances (see instructions) | 958,949 | 754,283 | | |
| 30 | Total liabilities and net assets/fund balances (see instructions) | 961,651 | 765,966 | | |

| Part III Analysis of Changes in Net Assets or Fund Balances | | | |
|---|--|---|-----------|
| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 958,949 |
| 2 | Enter amount from Part I, line 27a | 2 | (204,366) |
| 3 | Other increases not included in line 2 (itemize) | 3 | |
| 4 | Add lines 1, 2, and 3 | 4 | 754,583 |
| 5 | Decreases not included in line 2 (itemize) STM116 | 5 | 300 |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 | 6 | 754,283 |

Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|---|---|---|--|---|
| 1a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | | (i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h)) |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | |
| a | | | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| 2 | Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | | 2 |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 | { | | 3 |

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

| | | | |
|----|---|----|-----|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions) | 1 | 208 |
| b | All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b) | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | 0 |
| 3 | Add lines 1 and 2 | 3 | 208 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | 0 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 208 |
| 6 | Credits/Payments: | | |
| a | 2024 estimated tax payments and 2023 overpayment credited to 2024 | 6a | |
| b | Exempt foreign organizations - tax withheld at source | 6b | |
| c | Tax paid with application for extension of time to file (Form 8868) | 6c | |
| d | Backup withholding erroneously withheld | 6d | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 208 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | |
| 11 | Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded | 11 | |

Part VI-A Statements Regarding Activities

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 1c Did the foundation file Form 1120-POL for this year? 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 7 Did the foundation have at least \$5,000 in assets at any time during the year? 8a Enter the states to which the foundation reports or with which it is registered. 8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? 10 Did any persons become substantial contributors during the tax year? 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.DISCOVERYCAMP.ORG 14 The books are in care of BADGER & BADGER LLC Telephone no. 210-951-5577 Located at 18402 US HWY 281N, SUITE 281, SAN ANTONIO, TX ZIP+4 78259 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

| | Yes | No |
|--|--------------|----------|
| 1a During the year, did the foundation (either directly or indirectly): | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | 1a(1) | X |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | 1a(2) | X |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | X |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | X |
| (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? | 1a(5) | X |
| (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | 1a(6) | X |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024? | 1d | X |
| 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | | |
| a At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024? If "Yes," list the years | 2a | X |
| 20 _____, 20 _____, 20 _____, 20 _____ | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) | 2b | X |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 _____, 20 _____, 20 _____, 20 _____ | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? | 3a | X |
| b If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.) | 3b | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024? | 4b | X |

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | Yes | No |
|---|-----|----|
| 5a During the year, did the foundation pay or incur any amount to: | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | | X |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | | X |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | | X |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions | | X |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | | X |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions | | |
| c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> | | |
| d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | | X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | | X |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | | |
| 8 Is the foundation 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? | | X |

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|---|---|---------------------------------------|
| See 990_OFOV ZEFF GOMES PO BOX 692153 SAN ANTONIO, TX 78269 | OPERATIONS DIR. 40.00 | 72,000 | 0 | 0 |
| Karen Torges PO BOX 692153 San Antonio, TX 78269 | Vice President 0.00 | 0 | 0 | 0 |
| Jennifer Cavazos PO BOX 692153 San Antonio, TX 78269 | Executive Dir. 40.00 | 106,800 | 0 | 0 |
| Heather Donnella PO BOX 692153 San Antonio, TX 78269 | Programs Dir. 40.00 | 66,400 | 0 | 0 |

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 0

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services

Part VIII-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 CAMP BRAVE HEARTS- MONTHLY IN-HOSPITAL CAMPS WITH 1,017 CAMP PARTICIPANTS IN 2024. | 139,243 |
| 2 CAMP DISCOVERY, CHILDREN'S ONCOLOGY CAMP - A UNIGUE WEEK-LONG RESIDENTIAL CAMP EXPERIENCE FOR CHILDREN AFFECTED BY CANCER. WE SERVED 123 CAMP PARTICIPANTS IN 3 CAMP FIREFLY HAD 97 CAMP PARTICIPANTS IN 2024. | 424,573 |
| 4 FAMILY CAMPS WEEKEND CAMP FOR CHILDREN BATTLING CANCER AND THEIR FAMILIES. WE SERVED 228 CAMP PARTICIPANTS IN 2024. | 21,292 |
| | 63,360 |

Part VIII-B Summary of Program-Related Investments (see instructions)

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|----------|
| 1 | |
| 2 | |
| All other program-related investments. See instructions. 3 | |
| Total. Add lines 1 through 3 | 0 |

Part IX Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|----------|---|-----------|---------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| a | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 268,124 |
| c | Fair market value of all other assets (see instructions) | 1c | 0 |
| d | Total (add lines 1a, b, and c) | 1d | 268,124 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0 |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 268,124 |
| 4 | Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) | 4 | 4,022 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 264,102 |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 13,205 |

Part X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|-----------|--|-----------|--|
| 1 | Minimum investment return from Part IX, line 6 | 1 | |
| 2a | Tax on investment income for 2024 from Part V, line 5 | 2a | |
| b | Income tax for 2024. (This does not include the tax from Part V.) | 2b | |
| c | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | |

Part XI Qualifying Distributions (see instructions)

| | | | |
|----------|---|-----------|---------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 533,834 |
| b | Program-related investments - total from Part VIII-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 533,834 |

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2023 | (c) 2023 | (d) 2024 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2024 from Part X, line 7 . . . | | | | |
| 2 Undistributed income, if any, as of the end of 2024: | | | | |
| a Enter amount for 2023 only | | | | |
| b Total for prior years: 20____, 20____, 20____ | | | | |
| 3 Excess distributions carryover, if any, to 2024: | | | | |
| a From 2019 | | | | |
| b From 2020 | | | | |
| c From 2021 | | | | |
| d From 2022 | | | | |
| e From 2023 | | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2024 from Part XI, line 4: \$ <u>533,834</u> | | | | |
| a Applied to 2023, but not more than line 2a | | | | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | |
| d Applied to 2024 distributable amount | | | | |
| e Remaining amount distributed out of corpus | | | | |
| 5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | |
| d Subtract line 6c from line 6b. Taxable amount - see instructions | | | | |
| e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instructions | | | | |
| f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025 | | | | |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | |
| 8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions) | | | | |
| 9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a | | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2020 | | | | |
| b Excess from 2021 | | | | |
| c Excess from 2022 | | | | |
| d Excess from 2023 | | | | |
| e Excess from 2024 | | | | |

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

- 1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling
- b Check box to indicate whether the foundation is a private operating foundation described in section. 4942(j)(3) or 4942(j)(5)

| | Tax year | | | | (e) Total |
|---|----------|----------|----------|----------|-----------|
| | (a) 2024 | (b) 2023 | (c) 2022 | (d) 2021 | |
| 2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | 13,205 | | | | 13,205 |
| b 85% (0.85) of line 2a | 11,224 | | | | 11,224 |
| c Qualifying distributions from Part XI, line 4, for each year listed | 533,834 | 446,167 | 504,168 | | 1,484,169 |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | 533,834 | 446,167 | 504,168 | | 1,484,169 |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "Assets" alternative test - enter: | | | | | |
| (1) Value of all assets | | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed | 8,803 | | | | 8,803 |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

- 1 **Information Regarding Foundation Managers:**
 - a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
 - b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
- 2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

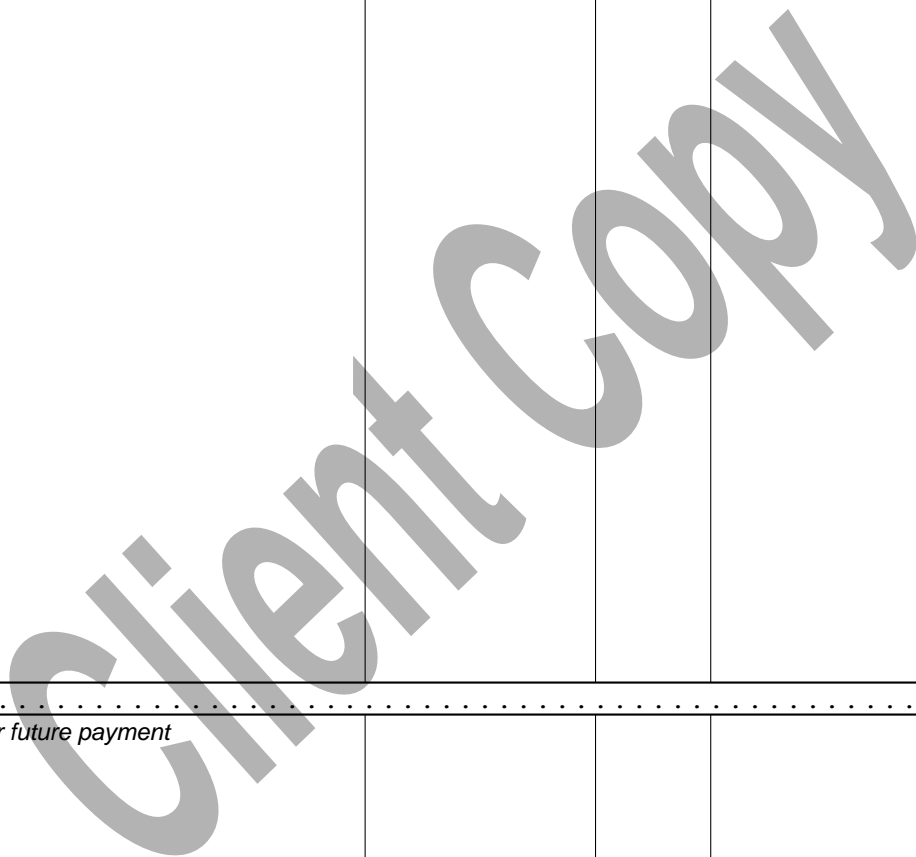
Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

 - a The name, address, and telephone number or email address of the person to whom applications should be addressed:
 - b The form in which applications should be submitted and information and materials they should include:
 - c Any submission deadlines:
 - d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|---|--------------------------------|--|-----------------|
| Name and address (home or business) | | | | |
| <p>a <i>Paid during the year</i></p> <p>HOPE HITS HARDER 1613 MIKULA PL NEW BRAUNFELS, TX 78130</p> | | | <p>SHARED GOALS OF SERVING CHILDREN AND FAMILIES</p> | <p>3,000</p> |
| Total | | | | 3a 3,000 |
| <p>b <i>Approved for future payment</i></p> | | | | |
| Total | | | | 3b |



**Schedule B
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

| | |
|--|---|
| Name of the organization DISCOVERY CAMPS, INC. | Employer identification number 74-2924336 |
|--|---|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

- 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 \$ _____

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

| | |
|--|---|
| Name of organization DISCOVERY CAMPS, INC. | Employer identification number 74-2924336 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 1 | HOPE HITS HARDER 1613 MIKULA PLACE NEW BRAUNFELS, TX 78130 | \$ 75,200 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | ASCENSION PO BOX 661004 DALLAS, TX 75266 | \$ 50,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | BIOBRIDGE GLOBAL 6211 IH-10 WEST SAN ANTONIO, TX 78201 | \$ 10,842 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | BOERNE 100 8550 RAINTREE WOODS BOERNE, TX 78015 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | WARREN BRITNEY & JOSHUA 7821 SANDPIPER PARK DR SAN ANTONIO, TX 78249 | \$ 20,808 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | CANE'S CHICKEN FINGERS 6800 BISHOP RD. PLANO, TX 75024 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization DISCOVERY CAMPS, INC. | Employer identification number 74-2924336 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 7 | CARE CAMPS 1440 1/2 GRAND AVE BILLINGS, MT 59102 | \$ 41,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | GORDON HARTMAN FAMILY 5210 THOUSAND OAKS DR STE 1318 SAN ANTONIO, TX 78233 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | GREEHEY FAMILY FOUNDATION PO BOX 780489 SAN ANTONIO, TX 78278 | \$ 30,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | NAJIM E HARVEY 9311 SAN PEDRO AVE, SUITE 965 SAN ANTONIO, TX 78216 | \$ 100,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | HEB TOURNAMENT OF CHAMPIONS 646 S FLORES SAN ANTONIO, TX 78204 | \$ 40,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | NAJIM CHARITABLE FOUNDATION 9311 SAN PEDRO STE 965 SAN ANTONIO, TX 78216 | \$ 60,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization DISCOVERY CAMPS, INC. | Employer identification number 74-2924336 |
|--|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|--|----------------------------|---|
| 13 | PARTY CITY 29015 DAPPER DAN BOERNE, TX 78015 | \$ 32,466 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | SOUTH TEXAS BLOOD & TISSUE 6211 IH-10 WEST SAN ANTONIO, TX 78201 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | TX CAVALIERS CHARITABLE FOUNDATION 909 NE LOOP 410 STE 903 SAN ANTONIO, TX 78209 | \$ 5,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | YOU GOTTA WANT IT 4206 WILDACRES DR SAN ANTONIO, TX 78249 | \$ 54,780 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| — | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|--|---|
| Name of organization DISCOVERY CAMPS, INC. | Employer identification number 74-2924336 |
|--|---|

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) <small>(See instructions.)</small> | (d) Date received |
|---------------------|---|---|-------------------|
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---|
| Name of organization DISCOVERY CAMPS, INC. | Employer identification number 74-2924336 |
|--|---|

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|-------------------------|--|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| _____ _____ _____ | | _____ _____ _____ | |

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

| | | |
|---|--|---|
| Name(s) shown on return DISCOVERY CAMPS, INC. | Business or activity to which this form relates FORM 990PF - 1 | Identifying number 74-2924336 |
|---|--|---|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|-----------|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2023 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|-----------|---|-----------|--|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|-----------|---|-----------|--------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2024 | 17 | 4,352 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|------------|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|-----------|---|-----------|--------------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 4,352 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

| | | |
|---|--|---|
| Type or Print <small>File by the due date for filing your return. See instructions.</small> | Name of exempt organization, employer, or other filer, see instructions. DISCOVERY CAMPS, INC. | Taxpayer identification number (TIN) 74-2924336 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 692153 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN ANTONIO, TX 78269 | |
| | | |

Enter the Return Code for the return that this application is for (file a separate application for each return)

| | |
|---|---|
| 0 | 4 |
|---|---|

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|------------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.
 Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **BADGER & BADGER LLC, 18402 US HWY 281N, SUITE 281 SAN ANTONIO, TX 78259**
 Telephone No. **210-951-5577** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____ .
 If this is for the whole group, check this box
 If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for

1 I request an automatic 6-month extension of time until 11-17, 2025, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:
 calendar year 20 24 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason:
 Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|---|
| 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0 |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0 |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0 |

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

DISCOVERY CAMPS, INC.

74-2924336

Name and title of officer or person subject to tax

ZEFF GOMES, OPERATIONS DIR.

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|--|---|--------------------|
| 1a Form 990 check here <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here. <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5). | 4b _____ |
| 5a Form 8868 check here <input checked="" type="checkbox"/> | b Balance due (Form 8868, line 3c). | 5b <u>0</u> |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1). | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19). | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Badger & Badger LLC to enter my PIN 74292 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 05-26-2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

704321 63903

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Shannon Badger

Date 05-25-2025

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **DISCOVERY CAMPS, INC.** EIN or SSN **74-2924336**

Name and title of officer or person subject to tax **ZEFF GOMES, OPERATIONS DIR.**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

| | | |
|--|---|----------------------|
| 1a Form 990 check here <input type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b _____ |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b _____ |
| 3a Form 1120-POL check here. <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b _____ |
| 4a Form 990-PF check here <input checked="" type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part V, line 5). | 4b <u>208</u> |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, line 3c). | 5b _____ |
| 6a Form 990-T check here <input type="checkbox"/> | b Total tax (Form 990-T, Part III, line 4) | 6b _____ |
| 7a Form 4720 check here <input type="checkbox"/> | b Total tax (Form 4720, Part III, line 1). | 7b _____ |
| 8a Form 5227 check here <input type="checkbox"/> | b FMV of assets at end of tax year (Form 5227, Item D) | 8b _____ |
| 9a Form 5330 check here <input type="checkbox"/> | b Tax due (Form 5330, Part II, line 19). | 9b _____ |
| 10a Form 8038-CP check here <input type="checkbox"/> | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b _____ |

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Badger & Badger LLC to enter my PIN 74292 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 05-26-2025

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 704321 63903
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Shannon Badger Date 05-25-2025

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

DISCOVERY CAMPS, INC.

74-2924336

**FORM 990PF - PART III - LINE 5
OTHER DECREASES SCHEDULE**

STATEMENT #116

| | |
|-----------------------------|-------------------|
| PRIOR YEAR ADJUSTMENT - A/P | 300 |
| TOTAL | <u>300</u> |

**FORM 990PF - PART II - LINE 15
OTHER ASSETS SCHEDULE**

PG01
STATEMENT #120

| DESCRIPTION | BOY BOOK | EOY BOOK | FMV |
|---------------------|---------------------|-------------------|---------------------|
| OTHER CURRENT ASSET | _____ | 216 | _____ |
| TOTAL | <u>_____</u> | <u>216</u> | <u>_____</u> |

**FORM 990PF - PART II - LINE 22
OTHER LIABILITIES SCHEDULE**

PG01
STATEMENT #121

| DESCRIPTION | BOY AMOUNT | EOY AMOUNT |
|------------------|---------------------|----------------------|
| CREDIT CARDS | 3,002 | 3,047 |
| ACCRUED EXPENSES | _____ | 8,636 |
| TOTAL | <u>3,002</u> | <u>11,683</u> |

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

DISCOVERY CAMPS, INC.

74-2924336

FORM 990PF - PART I - LINE 23 - OTHER EXPENSES SCHEDULE

STATEMENT #103~

| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHARITABLE PURPOSE |
|------------------------------|-------------------------|-------------------|------------------------|-----------------------|
| ARCH | 17,515 | 0 | 0 | 17,515 |
| AYA PROGRAM | 6,507 | 0 | 0 | 6,507 |
| BANK CHARGES | 120 | 0 | 0 | 0 |
| CAMP BRAVE HEARTS | 17,588 | 0 | 0 | 17,588 |
| CAMP COMMON GROUND | 500 | 0 | 0 | 500 |
| CAMP DISCOVERY | 63,052 | 0 | 0 | 63,052 |
| CAMP FIREFLY | 3,492 | 0 | 0 | 3,492 |
| CHRISTMAS PROGRAM | 8,636 | 0 | 0 | 8,636 |
| COMPUTER & INTERNET EXPENSES | 8,229 | 0 | 0 | 0 |
| CONTINUING EDUCATION | 5,992 | 0 | 0 | 0 |
| DIRECTOR EXPENSE | 8,978 | 0 | 0 | 0 |
| DUES & SUBSCRIPTIONS | 3,782 | 0 | 0 | 0 |
| INSURANCE EXPENSE | 7,928 | 0 | 0 | 0 |
| MISCELLANEOUS EXPENSES | 1,144 | 0 | 0 | 0 |
| OFFICE EXPENSE | 7,860 | 0 | 0 | 0 |
| POSTAGE | 1,464 | 0 | 0 | 0 |
| PAYROLL FEES | 2,424 | 0 | 0 | 0 |
| VISIONWORKS FAMILY CAMP | 7,178 | 0 | 0 | 7,178 |
| WISH FOUNDATION PROGRAM | 3,781 | 0 | 0 | 3,781 |
| FUNDRAISING | 828 | 0 | 0 | 828 |
| BUSINESS MEALS | 3,002 | 0 | 0 | 0 |
| PAYMENT PROCESSING FEES | 907 | 0 | 0 | 0 |
| INVESTMENT MANAGEMENT FEES | 1,650 | 1,650 | 1,650 | 0 |
| TOTALS | <u>182,557</u> | <u>1,650</u> | <u>1,650</u> | <u>129,077</u> |

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

DISCOVERY CAMPS, INC.

74-2924336

FORM 990PF - PART I - LINE 11 - OTHER INCOME SCHEDULE

STATEMENT #106~

| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME |
|-------------------------|-------------------------|-------------------|------------------------|
| OTHER INVESTMENT INCOME | <u>11,973</u> | <u>0</u> | <u>0</u> |
| TOTALS | <u><u>11,973</u></u> | <u><u>0</u></u> | <u><u>0</u></u> |

FORM 990PF - PART I - LINE 16(B) - ACCOUNTING FEES SCHEDULE

PG01
STATEMENT #108~

| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHARITABLE PURPOSE |
|-----------------|-------------------------|-------------------|------------------------|-----------------------|
| ACCOUNTING FEES | <u>11,239</u> | <u>0</u> | <u>0</u> | <u>11,239</u> |
| TOTALS | <u><u>11,239</u></u> | <u><u>0</u></u> | <u><u>0</u></u> | <u><u>11,239</u></u> |

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

DISCOVERY CAMPS, INC.

74-2924336

FORM 990PF - PART I - LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE

STATEMENT #109~

| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHARITABLE PURPOSE |
|-------------------------|-------------------------|-------------------|------------------------|-----------------------|
| OTHER PROFESSIONAL FEES | 55,482 | 0 | 0 | 55,482 |
| CONTRACT LABOR | <u>52,775</u> | <u>0</u> | <u>0</u> | <u>52,775</u> |
| TOTALS | <u>108,257</u> | <u>0</u> | <u>0</u> | <u>108,257</u> |

FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE

PG01
STATEMENT #110~

| DESCRIPTION | REVENUE AND EXPENSES | NET INVESTMENT | ADJUSTED NET INCOME | CHARITABLE PURPOSE |
|------------------|-------------------------|-------------------|------------------------|-----------------------|
| TAXES & LICENSES | 182 | 0 | 0 | 182 |
| PAYROLL TAXES | <u>18,758</u> | <u>0</u> | <u>0</u> | <u>18,758</u> |
| TOTALS | <u>18,940</u> | <u>0</u> | <u>0</u> | <u>18,940</u> |

Federal Supporting Statements

2024 PG01

Name(s) as shown on return

Tax ID Number

DISCOVERY CAMPS, INC.

74-2924336

FORM 990PF - PART II - LINE 14 - LAND ETC. SCHEDULE

STATEMENT #119~

| DESCRIPTION | BEGINNING OF | COST OR | ACCUMULATED | END OF YEAR | FMV |
|----------------------------|-----------------|---------------|---------------|--------------|-----|
| | YEAR BOOK VALUE | OTHER BASIS | DEPRECIATION | BOOK VALUE | |
| AUTO/TRANSPORTATION EQUIP. | | 22,669 | 16,140 | 6,529 | |
| FURNITURE AND FIXTURES | | 1,155 | 1,155 | | |
| TOTAL | | 23,824 | 17,295 | 6,529 | |

PG01

FORM 990PF - PART I - LINE 19 - DEPRECIATION SCHEDULE

STATEMENT #126

| DESCRIPTION | DATE | COST OR | PRIOR YEAR | COMPUTATION | LIFE | CURRENT YEAR | NET INVESTMENT | ADJUSTED NET | |
|---------------|------------|---------------|---------------|-------------|--------|--------------|----------------|--------------|--------|
| | ACQUIRED | OTHER BASIS | DEPRECIATION | METHOD | | RATE | DEPRECIATION | INCOME | INCOME |
| ATV | 08-26-2022 | 22,669 | 11,788 | M | 19.200 | 5.0 | 4,352 | 0 | 0 |
| TOTALS | | 22,669 | 11,788 | | | | 4,352 | | |

* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

2024

990 PF

PAGE 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Social security number/EIN

DISCOVERY CAMPS, INC.

74-2924336

| No. | Description | Date | Cost | Basis Adjustment | Business percentage | Section 179 | Bonus depreciation | Depreciable Basis | Life | Method | Rate | Prior Depreciation | Current Depreciation | Accumulated Depreciation | AMT Current |
|---------------|-------------|------------|--------|---------------------|------------------------|----------------|-----------------------|----------------------|------|-----------|------|-----------------------|-------------------------|-----------------------------|----------------|
| 1 | ATV | 08-26-2022 | 22,669 | | 100.00 | | | 22,669 | 5 | 200 DB HY | 19.2 | 11,788 | 4,352 | 16,140 | |
| Totals | | | 22,669 | | | | | 22,669 | | | | 11,788 | 4,352 | 16,140 | |

Land Amount
Net Depreciable Cost

22,669

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

4,352

ST ADJ:

Next Year's Depreciation Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

DISCOVERY CAMPS, INC.

Tax ID Number

74-2924336

| Form | Multi-Form | Description | Date | Basis | Method | Life | Deduction |
|------|------------|--------------|------------|--------|----------|------|--------------|
| PF | 1 | ATV | 08-26-2022 | 22,669 | 200 DBHY | 5 | 2,611 |
| | | TOTAL | | | | | 2,611 |

Client Copy

