

23195HHF 11/13/2025 1:03 PM

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Illinois Attorney General Kwame Raoul

Revised 10/24

Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603

CO # **01-056879**

For Office Use Only

PMT # _____

AMT _____

INIT _____

Report for the Fiscal Period:

Beginning 01/01/2024

& Ending 12/31/2024

MO DAY YR

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Make Checks Payable to Illinois Charity Bureau Fund

Federal ID # 61-1586696

Date organization was created: 01/05/2009

MO DAY YR

Are contributions to the organization tax deductible? Yes No

<p>Legal Name: THE HOLIDAY HEROES FOUNDATION INC</p> <p>Mail Address: 570 E NORTHWEST HWY SUITE 7</p> <p>City, State: DES PLAINES IL</p> <p>Zip Code: 60016</p> <p>Email Address: _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">YEAR-END AMOUNTS</th> </tr> </thead> <tbody> <tr> <td>A) ASSETS</td> <td style="text-align: right;">A) \$ 248,126</td> </tr> <tr> <td>B) LIABILITIES</td> <td style="text-align: right;">B) \$ 21,914</td> </tr> <tr> <td>C) NET ASSETS</td> <td style="text-align: right;">C) \$ 226,212</td> </tr> <tr> <th>PERCENTAGE</th> <th>AMOUNT</th> </tr> <tr> <td>99% D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)</td> <td style="text-align: right;">D) \$ 641,193</td> </tr> <tr> <td>0% E) GOVERNMENT GRANTS AND MEMBERSHIP DUES</td> <td style="text-align: right;">E) \$ 0</td> </tr> <tr> <td>1% F) OTHER REVENUES</td> <td style="text-align: right;">F) \$ 3,823</td> </tr> <tr> <td>100% G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)</td> <td style="text-align: right;">G) \$ 645,016</td> </tr> <tr> <td>45% H) OPERATING CHARITABLE PROGRAM EXPENSE</td> <td style="text-align: right;">H) \$ 291,930</td> </tr> <tr> <td>% I) EDUCATION PROGRAM SERVICE EXPENSE</td> <td style="text-align: right;">I) \$ _____</td> </tr> <tr> <td>45% J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)</td> <td style="text-align: right;">J) \$ 291,930</td> </tr> <tr> <td>% K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS</td> <td style="text-align: right;">K) \$ _____</td> </tr> <tr> <td>45% L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)</td> <td style="text-align: right;">L) \$ 291,930</td> </tr> <tr> <td>11% M) MANAGEMENT AND GENERAL EXPENSE</td> <td style="text-align: right;">M) \$ 67,021</td> </tr> <tr> <td>44% N) FUNDRAISING EXPENSE</td> <td style="text-align: right;">N) \$ 282,844</td> </tr> <tr> <td>100% O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)</td> <td style="text-align: right;">O) \$ 641,795</td> </tr> <tr> <td>100% P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS</td> <td style="text-align: right;">P) \$ _____</td> </tr> <tr> <td>% Q) TOTAL FUNDRAISERS FEES AND EXPENSES</td> <td style="text-align: right;">Q) \$ _____</td> </tr> <tr> <td>% R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)</td> <td style="text-align: right;">R) \$ _____</td> </tr> <tr> <td>S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS</td> <td style="text-align: right;">S) \$ _____</td> </tr> </tbody> </table>	YEAR-END AMOUNTS		A) ASSETS	A) \$ 248,126	B) LIABILITIES	B) \$ 21,914	C) NET ASSETS	C) \$ 226,212	PERCENTAGE	AMOUNT	99% D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)	D) \$ 641,193	0% E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	E) \$ 0	1% F) OTHER REVENUES	F) \$ 3,823	100% G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	G) \$ 645,016	45% H) OPERATING CHARITABLE PROGRAM EXPENSE	H) \$ 291,930	% I) EDUCATION PROGRAM SERVICE EXPENSE	I) \$ _____	45% J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	J) \$ 291,930	% K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	K) \$ _____	45% L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	L) \$ 291,930	11% M) MANAGEMENT AND GENERAL EXPENSE	M) \$ 67,021	44% N) FUNDRAISING EXPENSE	N) \$ 282,844	100% O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	O) \$ 641,795	100% P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	P) \$ _____	% Q) TOTAL FUNDRAISERS FEES AND EXPENSES	Q) \$ _____	% R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)	R) \$ _____	S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS	S) \$ _____
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I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV.(GROSS AMTS.)

E) GOVERNMENT GRANTS AND MEMBERSHIP DUES

F) OTHER REVENUES

G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)

II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR

H) OPERATING CHARITABLE PROGRAM EXPENSE

I) EDUCATION PROGRAM SERVICE EXPENSE

J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)

J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$ _____

K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS

L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)

M) MANAGEMENT AND GENERAL EXPENSE

N) FUNDRAISING EXPENSE

O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)

III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES
(Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)

PROFESSIONAL FUNDRAISERS:

P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS

Q) TOTAL FUNDRAISERS FEES AND EXPENSES

R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)

PROFESSIONAL FUNDRAISING CONSULTANTS:

S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

T) NAME, TITLE: LYNN M RECKAMP EXECUTIVE DIRECTOR T) \$ **82,500**

U) NAME, TITLE: MAGGIE DRAIN DIRECTOR OF OPERATIO U) \$ **70,292**

V) NAME, TITLE: DANA S THORNQUIST DIRECTOR OF PROGRAM V) \$ **31,850**

V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

W) DESCRIPTION: GIFTS AND SUPPORT TO HOSPITALIZED CHILDREN W) # **150**

X) DESCRIPTION: ADVOCACY FOR PRORGAM FOR HOSPITALIZED CHILDREN X) # **300**

Y) DESCRIPTION: _____ Y) # _____

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THE HOLIDAY HEROES FOUNDATION INC 61-1586696

THE QUESTIONS BELOW ARE APPLICABLE TO THE CURRENT REPORTING PERIOD. IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:

		YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT?	1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC.)	5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .			
7. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. DID THE ORGANIZATION LEARN OR BECOME AWARE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS IN THE CURRENT OR PREVIOUS FISCAL YEARS?	9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: NORTH SHORE COMMUNITY BANK & TRUST 431 N CLARK ST, CHICAGO IL 60654			
11. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: LYNN M RECKAMP			847-461-9710

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE: 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE, SEE INSTRUCTIONS. 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.	LYNN M RECKAMP x PRESIDENT OR OTHER AUTHORIZED OFFICE OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	TIMOTHY A TAYLOR x CHIEF FISCAL OFFICER OR TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	TIMOTHY J MCDONALD, CPA CFP Timothy J McDonald CPA CFP PREPARER (PRINT NAME)	SIGNATURE	DATE

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Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning, and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
THE HOLIDAY HEROES FOUNDATION INC
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
570 E NORTHWEST HWY SUITE 7
 City or town, state or province, country, and ZIP or foreign postal code
DES PLAINES IL 60016

D Employer identification number
61-1586696

E Telephone number

F Name and address of principal officer:
LYNN M RECKAMP
570 E NORTHWEST HWY SUITE 7
DES PLAINES IL 60016

G Gross receipts \$ **645,016**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2009** **M State of legal domicile:** **IL**

H(c) Group exemption number

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	556,874	598,497
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-118,154	3,823
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	438,720	433,342
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	217,593	260,322
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	71,170	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	152,832	169,799
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	370,425	430,121
19 Revenue less expenses. Subtract line 18 from line 12	68,295	3,221	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	253,266	248,126
	22 Net assets or fund balances. Subtract line 21 from line 20	30,275	21,914
		222,991	226,212

Part II Signature Block

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

Sign Here
 Signature of officer
LYNN M RECKAMP **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: **TIMOTHY J MCDONALD, CPA CFP** Preparer's signature: **TIMOTHY J MCDONALD, CPA CFP** Date: **11/13/25** Check if self-employed if PTIN **P01266500**
 Firm's name: **MCDONALD DOHERTY & COMPANY CPA'S** Firm's EIN: **36-3608693**
 Firm's address: **22285 N PEPPER RD STE 305 LAKE BARRINGTON, IL 60010** Phone no.: **847-842-5200**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2024)

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **291,930** including grants of \$) (Revenue \$)
HOLIDAY HEROES DELIVERED AGE SPECIFIC THEMED ACTIVITY BOXES TO HOSPITAL PARTNERS FOR OVER 2,500 CHILDREN/PATIENTS. THEY ALSO OFFERED VIRTUAL VISITS WITH A COSTUMED CHARACTER TO PATIENTS WHILE CHILD LIFE SPECIALISTS PASSED THEIR ACTIVITY BOXES TO THE CHILDREN/PATIENTS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **291,930**

		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and Form W-2G.

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Form 990 (2024) THE HOLIDAY HEROES FOUNDATION INC 61-1586696		Page 5	
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 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	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	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	X
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).		
a	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	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	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
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, 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	
	If "Yes," complete Form 6069.		

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included on line 1a, above, who are independent (16); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [X] Another's website [] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
LYNN RECKAMP 570 E NORTHWEST HWY STE 7
DES PLAINES IL 60016 847-461-9710

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYNN M RECKAMP EXECUTIVE DIRECTOR	40.00 0.00			X			82,500	0	0	
(2) ANN BEHERENS MEMBER	10.00 0.00	X					0	0	0	
(3) TED BOTS TREASURER	10.00 0.00	X		X			0	0	0	
(4) BILL BURRIS MEMBER	10.00 0.00	X					0	0	0	
(5) KYLE EVANGELISTA MEMBER	10.00 0.00	X					0	0	0	
(6) DR JOHN FORTUNATO MEMBER	10.00 0.00	X					0	0	0	
(7) HEATHER GROVE CHAIR	10.00 0.00	X		X			0	0	0	
(8) REED HUDSON VICE CHAIR	10.00 0.00	X					0	0	0	
(9) SARAH HUNTER MEMBER	10.00 0.00	X					0	0	0	
(10) MORGAN OLENSKI SECRETARY	10.00 0.00	X					0	0	0	
(11) BRIAN POMIS MEMBER	10.00 0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MATT ROBERTSON	10.00									
MEMBER	0.00	X		X			0	0	0	
(13) BILL ROGALLA	10.00									
MEMBER	0.00	X					0	0	0	
(14) MIKE SCHENDL	10.00									
MEMBER	0.00	X					0	0	0	
(15) SPENSER SOTOLONGO	10.00									
MEMBER	0.00	X					0	0	0	
(16) TIM TAYLOR	10.00									
BOARD CHAIR	0.00	X					0	0	0	
(17) MIKE WINTERS	10.00									
MEMBER	0.00	X					0	0	0	
(18)										
(19)										
1b Subtotal							82,500			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							82,500			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	1b Membership dues					
	1c Fundraising events	492,626				
	1d Related organizations					
	1e Government grants (contributions)					
	1f All other contributions, gifts, grants, and similar amounts not included above	105,871				
	1g Noncash contributions included in lines 1a-1f	\$				
	1h Total. Add lines 1a-1f	598,497				
Program Service Revenue	2a					
	2b					
	2c					
	2d					
	2e					
	2f All other program service revenue					
	2g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	3,823	3,823			
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a				
		6b Less: rental expenses				
		6c Rental inc. or (loss)				
	6d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a				
		7b Less: cost or other basis and sales exps.				
		7c Gain or (loss)				
	7d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 492,626 of contributions reported on line 1c). See Part IV, line 18	42,696				
	8b Less: direct expenses	211,674				
	8c Net income or (loss) from fundraising events	-168,978				
	9a Gross income from gaming activities. See Part IV, line 19					
9b Less: direct expenses						
9c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
10b Less: cost of goods sold						
10c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a					
	11b					
	11c					
	11d All other revenue					
	11e Total. Add lines 11a-11d					
12 Total revenue. See instructions	433,342	3,823	0	0		

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	235,773	163,127	29,948	42,698
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,444	4,011	758	1,675
10 Payroll taxes	18,105	12,311	2,354	3,440
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	12,387		12,387	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	11,091	10,208	490	393
12 Advertising and promotion	2,301	2,235		66
13 Office expenses	10,659	3,218	2,094	5,347
14 Information technology	5,416		503	4,913
15 Royalties				
16 Occupancy	19,152	2,913	16,239	
17 Travel	5,227	4,375	28	824
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,113	1,359	1,754	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a HOLIDAY PARTIES FOR CHILD	87,023	86,997		26
b CREDIT CARD AND BANK FEES	12,605	1,176	311	11,118
c DUES AND SUBSCRIPTIONS	825		155	670
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	430,121	291,930	67,021	71,170
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	252,766	1	247,626
	2	Savings and temporary cash investments		2	
	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	
	9	Prepaid expenses and deferred charges	500	9	500
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,696		
	b	Less: accumulated depreciation	10b 20,696	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)	253,266	16	248,126	
Liabilities	17	Accounts payable and accrued expenses	30,275	17	21,914
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	30,275	26	21,914
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	222,991	27	226,212
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	222,991	32	226,212	
33	Total liabilities and net assets/fund balances	253,266	33	248,126	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	433,342
2	Total expenses (must equal Part IX, column (A), line 25)	2	430,121
3	Revenue less expenses. Subtract line 2 from line 1	3	3,221
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	222,991
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	226,212

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
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		

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SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

THE HOLIDAY HEROES FOUNDATION INC

Employer identification number

61-1586696

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [X] An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12g that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2024

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total, Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2024; 15 Public support percentage from 2023 Schedule A; 16a 33 1/3% support test - 2024; 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total, Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows include: 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 91.21%; 16 Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows include: 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; 18 Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 10b regarding supported organizations, their status, and control.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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Schedule A (Form 990) 2024

THE HOLIDAY HEROES FOUNDATION INC 61-1586696

Page 7

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

Table with columns: Section D - Distributions, Section E - Distribution Allocations, and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and distribution allocations for 2024.

Schedule A (Form 990) 2024

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SCHEDULE D (Form 990) (Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization THE HOLIDAY HEROES FOUNDATION INC Employer identification number 61-1586696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) (Rev. 12-2024)

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

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

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

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

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

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

	Yes	No
(i) Unrelated organizations?	3a(i)	
(ii) Related organizations?	3a(ii)	

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		20,696	20,696	
c Leasehold improvements				
d Equipment				
e Other				

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

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Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	433,342
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	433,342
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	433,342

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	430,121
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	430,121
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	430,121

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

MANAGEMENT HAS EVALUATED HOLIDAY HEROES' TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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**SCHEDULE G
(Form 990)**
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE HOLIDAY HEROES FOUNDATION INC

Employer identification number

61-1586696

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NASHVILLE EVENT (event type)	ANNUAL GALA (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	234,739	196,239	104,344	535,322
	2 Less: Contributions	231,889	176,670	84,067	492,626
	3 Gross income (line 1 minus line 2)	2,850	19,569	20,277	42,696
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	123,524	52,468	35,682	211,674
	10 Direct expense summary. Add lines 4 through 9 in column (d)				211,674
11 Net income summary. Subtract line 10 from line 3, column (d)				-168,978	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

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**SCHEDULE O
(Form 990)**
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE HOLIDAY HEROES FOUNDATION INC

Employer identification number

61-1586696

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF HOLIDAY HEROES IS TO PROVIDE JOY AND ENTERTAINMENT TO HOSPITALIZED CHILDREN WHO ARE BATTLING LIFE THREATENING ILLNESSES BY HOSTING THEMED PARTIES AND BEDSIDE VISITS. HOLIDAY HEROES HOSPITAL PARTIES AND DAYS OF PLAY TAKE A CHILD'S MIND AWAY FROM THE PAIN, ANXIETY AND STRESSES OF BEING HOSPITALIZED.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 DRAFT FORM 990 IS CIRCULATED AND REVIEWED BY BOARD MEMBERS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD DISCUSSED AND REVIEWED ALL SIGNIFICANT BUSINESS DEALINGS AND MONITORED ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS REVIEWED AND APPROVED BY INDEPENDENT BOARD MEMBERS. COMPENSATION IS BASED ON TIME SPENT AT COMPARABLE MARKET VALUE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION IS REVIEWED AND APPROVED BY INDEPENDENT BOARD MEMBERS. COMPENSATION IS BASED ON TIME SPENT AT COMPARABLE MARKET VALUE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

THE HOLIDAY HEROES FOUNDATION INC.
COMPARATIVE AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED
DECEMBER 31, 2024

THE HOLIDAY HEROES FOUNDATION

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McDONALD DOHERTY & CO, CPA's PC

CERTIFIED PUBLIC ACCOUNTANTS
A PROFESSIONAL CORPORATION

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
The Holiday Heroes Foundation Inc.

Opinion

We have audited the accompanying comparative financial statements of The Holiday Heroes Foundation Inc. (a nonprofit organization), which comprise the comparative statement of financial position as of December 31, 2024 and 2023, the related comparative statements of activities, functional expenses and cash flows, for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying comparative financial statements referred to above present fairly, in all material respects, the financial position of The Holiday Heroes Foundation Inc. as of December 31, 2024, and the changes in its net assets for the year then ended in accordance with basis of accounting as described in Note 1.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements sections of our report. We are required to be independent of The Holiday Heroes Foundation Inc and to meet our ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statement, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about The Holiday Heroes Foundation Inc's ability to continue as a going concern for the years ended December 31.

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INDEPENDENT AUDITOR'S REPORT (CONTINUED)**Auditor's Responsibility for the Audit of Financial Statements**

Our objectives are to obtain reasonable assurances about whether the financials statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statement, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinions on the effectiveness of the entity's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about the entity's ability to continue as a going concerns for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

We have prepared comparative financial statements for the period ending December 31, 2024 and 2023. We have previously not audited the comparative financial statements The Holiday Heroes Foundation Inc. for period ending December 31, 2023 and as such do not express opinion on the matters presented. The report dated August 28, 2024 by the prior accountant presented an unqualified opinion on the financial statements for the said period.

Lake Barrington, IL 60010
October 28, 2025



McDonald Doherty & Co CPA's P.C

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THE HOLIDAY HEROES FOUNDATION INC.
STATEMENT OF FINANCIAL POSITION
as of December 31, 2024
(With Comparative Totals from Prior Year)

ASSETS

	12/31/24	12/31/23
CURRENT ASSETS		
Cash and cash equivalents	\$ 247,626	\$ 252,766
Prepaid expenses	<u>500</u>	<u>500</u>
Total Current Assets	<u>248,126</u>	<u>253,266</u>
NON-CURRENT ASSETS		
Furniture and vehicle	20,696	20,696
Less: Accumulated Depreciation	<u>(20,696)</u>	<u>(20,696)</u>
Total Non-Current Assets	<u>0</u>	<u>0</u>
TOTAL ASSETS	<u>\$ 248,126</u>	<u>\$ 253,266</u>

See Independent Auditor's Report and Notes to the Financial Statements

THE HOLIDAY HEROES FOUNDATION INC.
STATEMENT OF FINANCIAL POSITION
as of December 31, 2024
(With Comparative Totals from Prior Year)

LIABILITIES AND NET ASSETS

	12/31/24	12/31/23
CURRENT LIABILITIES		
Credit card payables	\$ 21,913	\$ 30,275
Total Current Liabilities	<u>21,913</u>	<u>30,275</u>
Total Liabilities	<u>21,913</u>	<u>30,275</u>
NET ASSETS		
Unrestricted	<u>226,213</u>	<u>222,991</u>
Total Net Assets	<u>226,213</u>	<u>222,991</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 248,126</u>	<u>\$ 253,266</u>

See Independent Auditor's Report and Notes to the Financial Statements

THE HOLIDAY HEROES FOUNDATION INC.
STATEMENT OF ACTIVITIES
Year ended December 31, 2024
(With Comparative Totals from Prior Year)

	<u>Unrestricted Net Assets</u>	<u>Restricted Net Assets</u>	<u>Total</u>	<u>Prior Year</u>
Revenue, Support and Other Income:				
Contributions	\$ 95,070	\$ 0	\$ 95,070	\$ 70,149
Investment income	3,823	0	3,823	1,231
Special events - net	323,650	0	323,650	346,940
Grants	<u>10,800</u>	<u>0</u>	<u>10,800</u>	<u>20,400</u>
Total revenue, support and other income	<u>433,343</u>	<u>0</u>	<u>433,343</u>	<u>438,720</u>
Expenses:				
Program services	291,930	0	291,930	264,703
Supporting services:				
General & management	66,800	0	66,800	54,584
Fundraising	<u>71,391</u>	<u>0</u>	<u>71,391</u>	<u>51,138</u>
Total expenses	<u>430,121</u>	<u>0</u>	<u>430,121</u>	<u>370,425</u>
Increase (decrease) in net assets	3,222	0	3,222	68,295
Net assets at beginning of year	<u>222,991</u>	<u>0</u>	<u>222,991</u>	<u>154,696</u>
Net assets (deficit) at end of year	<u>\$ 226,213</u>	<u>\$ 0</u>	<u>\$ 226,213</u>	<u>\$ 222,991</u>

See Independent Auditors' Report and Accompanying Notes to Financial Statements

THE HOLIDAY HEROES FOUNDATION INC.
STATEMENT OF FUNCTIONAL EXPENSES
December 31, 2024
(With Comparative Totals from Prior Year)

	Program Services	Management and General	Fundraising Expenses	TOTAL	Prior Year
Compensation	\$ 163,127	\$ 29,948	\$ 42,698	\$ 235,773	\$ 194,156
Credit card and bank fees	1,176	311	11,118	12,605	11,379
Dues and subscriptions	0	155	670	825	472
Depreciation	0	0	0	0	2,135
Employee benefits	4,011	758	1,675	6,444	7,339
Entertainment and gifts	1,544	0	0	1,544	2,896
Insurance	1,359	1,754	0	3,113	4,227
License & fees	1,408	269	393	2,070	0
Marketing	691	0	66	757	0
Miscellaneous	0	328	0	328	1,077
Outside services	8,800	0	0	8,800	4,125
Office supplies and expenses	0	1,764	0	1,764	9,398
Payroll taxes	12,311	2,354	3,440	18,105	16,098
Postage and printing	3,218	2	5,347	8,567	4,361
Professional fees	0	12,387	0	12,387	9,615
Program expense - other	86,997	0	26	87,023	79,203
Rent expense	2,913	16,239	0	19,152	19,811
Supplies	0	0	221	221	0
Technology	0	503	4,913	5,416	285
Travel	4,375	28	824	5,227	3,848
Total Expenses	\$ 291,930	\$ 66,800	\$ 71,391	\$ 430,121	\$ 370,425

See Independent Auditor's Report and Notes to the Financial Statements

THE HOLIDAY HEROES FOUNDATION INC.
Statement of Cash Flows
For the Period Ended December 31, 2024

12/31/2024

Cash Flows from Operating Activities

Net Income (Loss)	\$	3,222
Adjustments to reconcile net income (loss) to Net cash provided by (used in) operating activities:		
Decrease (Increase) in Operating Assets:		
Prepaid Expenses		
Other Receivables		0
Increase (Decrease) in Operating Liabilities:		
Accrued Expenses & Payables		(8,362)
Total Adjustments		<u>(8,362)</u>
Net Cash Provided By (Used In) Operating Activities		<u>(5,140)</u>
Beginning Cash and Cash Equivalents		<u>252,766</u>
Ending Cash and Cash Equivalents	\$	<u><u>247,626</u></u>

See Independent Auditor's Report and Notes to the Financial Statements

THE HOLIDAY HEROES FOUNDATION INC.
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2024

NATURE OF ACTIVITIES

The Holiday Heroes Foundation Inc. ("the organization") is an Illinois not-for-profit organization that provides human services for young patients. The focus of the organization is to support advocacy for hospitalized children. The organization is exempt for federal tax purposes under Section 501(c)(3) of the Internal Revenue Code and is not classified as a private foundation.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Unrestricted without donor restrictions

Net assets available for use in general operations and not subject to donor restrictions. As of December 31, 2024, the organization had \$226,213 in unrestricted net assets.

Net assets with donor restrictions

Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources must be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

During 2024, the organization did not have any net assets with donor restrictions.

THE HOLIDAY HEROES FOUNDATION INC.
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2024

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Cash and Cash Equivalents

Cash includes a demand deposit account and a savings account which are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The organization may periodically exceed this limit, however, management does not believe the organization is exposed to significant risk of loss.

Donated Services and In-kind Contributions

No amounts have been reflected in the financial statements for donated services in as much as no objective basis is currently available to measure the value of such contributions and in-kind contributions.

Accounts Receivable

Accounts receivable consists of amounts due for sponsorship and are deemed fully collectible. The organization had no receivables for the year ended December 31, 2024.

Property and Equipment

Property and equipment are recorded at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Generally, additions are capitalized, while repairs and maintenance that do not improve or extend the useful lives of the respective assets are expended.

Support and Revenue

Contributions received are recorded as *unrestricted, temporarily restricted, or permanently restricted* support, depending on the existence and nature of any donor-imposed restrictions. All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, based on the nature of the restriction. When a restriction expires—such as when the specified time period ends or the purpose of the restriction has been fulfilled—temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restriction.

Special Events/Fundraising

The organization performs fundraising activities to generate income. These activities include special events such as golf events and other annual events. For the year 2024, The special events are reported at net less direct costs of \$211,674.

THE HOLIDAY HEROES FOUNDATION INC.
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2024

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES
(Continued)

Functional Allocation of Expenses

The cost of providing the organization's programs and other activities is summarized on a functional basis in the statement of activities and statement of functional expenses. Expenses that can be identified with a specific program or support service are charged directly to that program or supporting services. Certain expenses, such as general and administrative activities, operations and management costs are allocated among program services and support services based primarily on estimated time and effort taken to complete those services.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Income Taxes

Under Section 501(c)(3) of the Internal Revenue Code (IRC), the organization is exempt from the payment of taxes on income other than net unrelated business income. Contributions to the organization are tax deductible to donors under Section 170 of the IRC. The organization is not classified as a private foundation. Income from activities not directly related to the organization's tax-exempt purposes are subject to federal and state income taxes as unrelated business income. For the year ended December 31, 2024, no provision for income taxes was made as the organization had no net unrelated business income.

Generally accepted accounting principles require that the organization reviews and assess all activities annually to identify any changes in the scope of the activities and revenue sources and the tax treatment thereof to identify any uncertain tax positions. Management did not identify any uncertain tax positions requiring recognition or disclosure in these financial statements for the year ended December 31, 2024. Tax years reasonably considered open and subject to examination, by statute, include returns for the three preceding years. At present, there are no ongoing income tax audits or unresolved disputes with various tax authorities that the organization currently files or has filed.

THE HOLIDAY HEROES FOUNDATION INC.
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended December 31, 2024

NOTE 2. LEASE

The organization entered into a lease agreement for office space effective June 1, 2022. Rent is payable at \$1,425 per month through May 2023. The agreement provides for the option to extend the lease for two periods of six months each. Pursuant to the agreement, the organization extended the lease through May 31, 2024. The lease was subsequently renewed through May 31, 2025, under the same terms.

NOTE 3 LIQUIDITY

The organization has \$247,626 cash and cash equivalents available within one year to meet cash needs for general expenditures. The organization has a goal to maintain liquid financial assets, which consist of cash and cash equivalents, on hand to meet normal operating expenses for a reasonable period of time.

NOTE 4 SUBSEQUENT EVENTS

Subsequent events have been evaluated through October 28, 2025, which was the date that these financial statements were available for issuance. Management is not aware of any subsequent events that would require recognition or disclosure in the financial statements.