

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

Workshops for Warriors, Inc.
2970 Main Street
San Diego, CA 92113

Prepared By:

Baker Tilly Advisory Group, LP
4747 Executive Dr Suite 1300
San Diego, CA 92121

Amount of Tax:

Balance due of \$400

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

Return must be mailed on or before:

November 17, 2025

Special Instructions:

The report should be signed and dated by an authorized individual(s).

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814

WEBSITE ADDRESS:
www.oag.ca.gov/charities

WORKSHOPS FOR WARRIORS, INC.

Name of Organization

List all DBAs and names the organization uses or has used

2970 MAIN STREET

Address (Number and Street)

SAN DIEGO, CA 92113

City or Town, State, and ZIP Code

619-550-1620

Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report
 Organization requests email notifications

State Charity Registration Number 0199817

Corporation or Organization No. 3037812

Federal Employer ID No. 26-1721255

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2024 ending 12/31/2024) list:

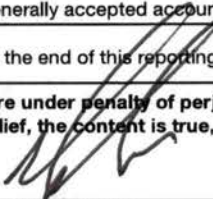
Total Revenue (including noncash contributions) \$ 9,132,316 Noncash Contributions \$ 294,196 Total Assets \$ 31,821,086
Program Expenses \$ 12,451,521 Total Expenses \$ 14,707,697

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 4	X	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 5	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? SEE STATEMENT 6	X	

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.



HERNAN LUIS Y PRADO

Printed Name

PRESIDENT/CEO

Title

20251114

Date

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS
PART B, LINE 1

STATEMENT 4

SEE STATEMENT.

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 5

CITY OF SAN DIEGO
202 C ST.
SAN DIEGO, CA 92101
MALACHI BIELECKI

COUNTY OF SAN DIEGO
3666 KEARNY VILLA RD
SAN DIEGO, CA 92123

CA RRF-1

INFORMATION REGARDING RESTRICTED ASSETS
PART B, LINE 9

STATEMENT 6

ALL RESTRICTED FUNDS WERE USED CONSISTENT WITH THEIR RESTRICTED PURPOSE.
UNRESTRICTED NET ASSETS WERE NEGATIVE AT THE END OF THE REPORTING PERIOD
BECAUSE NET ASSETS WERE RESTRICTED FOR BUILDING FUNDS. PROOF OF DIRECTORS' AND
OFFICERS' LIABILITY INSURANCE COVERAGE IS AVAILABLE UPON REQUEST.

WORKSHOPS FOR WARRIORS, INC.
ATTACHMENT FOR CA FORM RRF-1
12/31/2024

PART B, LINE 1

RELATIONSHIP OF VETPOWERED, LLC TO WORKSHOPS FOR WARRIORS, INC.

1) FULL NAME OF THE DIRECTOR, TRUSTEE, OR OFFICER INVOLVED AND POSITION WITH THE ORGANIZATION:

Hernán Luis Y Prado, President and CEO of Workshops for Warriors, Inc. (WFW) owns Vetpowered, LLC which he started in 2009 to support WFW and employ veterans.

2) NATURE OF THE TRANSACTION, E.G., LOAN TO DIRECTOR, CONTRACT WITH OFFICER'S BUSINESS, ETC:

VetPowered, LLC provides services to WFW as per board approved contracts between the two entities. Some expenses are paid by WFW and billed to VetPowered, LLC for reimbursement. WFW rents equipment and vehicles from VetPowered, LLC. WFW purchases equipment from VetPowered, LLC. All services, rent and equipment were provided at or below fair market value to WFW.

3) ATTACH A COPY OF THE BOARD OF DIRECTORS' MEETING MINUTES AUTHORIZING THE TRANSACTION:

Minutes authorizing the transactions are available upon request.

4) INCLUDE, IF APPLICABLE, THE DATE OF TRANSACTION; PURPOSE OF TRANSACTION; AMOUNT OF THE LOAN OR CONTRACT; INTEREST RATES; REPAYMENT TERMS; BALANCE DUE; TYPE OF COLLATERAL PROVIDED; COPY OF CONTRACT, LOAN OR OTHER AGREEMENT; AMOUNT PAID TO DIRECTOR, TRUSTEE, OR OFFICER FOR THE PERIOD; EVIDENCE OF OTHER BIDS RECEIVED RELATED TO THE TRANSACTION:

For the 2024 tax year, Vetpowered, LLC billed WFW \$2,168,702 for reimbursable expenses, services provided, rent and purchase of equipment. Vetpowered, LLC has a 0% interest no fixed due date loan for these billings. As of 12/31/24, WFW owed Vetpowered, LLC \$152,548. Copies of agreements are available upon request. No competitive bids were obtained for 2024.

RELATIONSHIP OF ZORGON, LLC TO WORSHOPS FOR WARRIORS, INC.

1) FULL NAME OF THE DIRECTOR, TRUSTEE, OR OFFICER INVOLVED AND POSITION WITH THE ORGANIZATION:

Hernán Luis Y Prado, President and CEO of Workshops for Warriors, Inc. (WFW) owns Zorgon, LLC.

2) NATURE OF THE TRANSACTION, E.G., LOAN TO DIRECTOR, CONTRACT WITH OFFICER'S BUSINESS, ETC:

WFW has several triple net leases at fair value with Zorgon, LLC for buildings and land. WFW and Zorgon, LLC had reimbursed expenses between each other. WFW also purchased office equipment from Zorgon, LLC. All services, rent and equipment were provided at or below fair market value to WFW.

3) ATTACH A COPY OF THE BOARD OF DIRECTORS' MEETING MINUTES AUTHORIZING THE TRANSACTION:

Minutes authorizing the transactions are available upon request.

4) INCLUDE, IF APPLICABLE, THE DATE OF TRANSACTION; PURPOSE OF TRANSACTION; AMOUNT OF THE LOAN OR CONTRACT; INTEREST RATES; REPAYMENT TERMS; BALANCE DUE; TYPE OF COLLATERAL PROVIDED; COPY OF CONTRACT, LOAN OR OTHER AGREEMENT; AMOUNT PAID TO DIRECTOR, TRUSTEE, OR OFFICER FOR THE PERIOD; EVIDENCE OF OTHER BIDS RECEIVED RELATED TO THE TRANSACTION:

For 2024 tax year, Zorgon LLC billed WFW \$1,367,965 for rentals of classrooms, storage spaces, and advanced manufacturing training laboratories. As of 12/31/24, rental security deposits of \$22,495 was held by Zorgon LLC. Copies of agreements are available upon request. No competitive bids were obtained for 2024.

PART B, LINE 8

The audit of the financial statements is in process and will be provided when completed.

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. WORKSHOPS FOR WARRIORS, INC.	Taxpayer identification number (TIN) 26-1721255
	Number, street, and room or suite no. If a P.O. box, see instructions. 2970 MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN DIEGO, CA 92113	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

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

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

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of **DAVID SMILJKOVICH**
2970 MAIN STREET - SAN DIEGO, CA 92113

Telephone No. **619-550-1620** Fax No. _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 17**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2025)

EXTENDED TO NOVEMBER 17, 2025
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

Department of the Treasury
 Internal Revenue Service

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending																							
B Check if applicable:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">C Name of organization WORKSHOPS FOR WARRIORS, INC.</td> <td>D Employer identification number 26-1721255</td> </tr> <tr> <td>Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</td> <td>E Telephone number 619-550-1620</td> </tr> <tr> <td>2970 MAIN STREET</td> <td></td> </tr> <tr> <td>City or town, state or province, country, and ZIP or foreign postal code</td> <td>G Gross receipts \$ 9,278,468.</td> </tr> <tr> <td>SAN DIEGO, CA 92113</td> <td>H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td>F Name and address of principal officer: HERNAN LUIS Y PRADO</td> <td>H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>SAME AS C ABOVE</td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td>J Website: WWW.WFW.ORG</td> <td></td> </tr> <tr> <td>K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other</td> <td>L Year of formation: 2008 M State of legal domicile: CA</td> </tr> </table>	C Name of organization WORKSHOPS FOR WARRIORS, INC.	D Employer identification number 26-1721255	Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number 619-550-1620	2970 MAIN STREET		City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 9,278,468.	SAN DIEGO, CA 92113	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	F Name and address of principal officer: HERNAN LUIS Y PRADO	H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>	SAME AS C ABOVE	If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	H(c) Group exemption number	J Website: WWW.WFW.ORG		K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 2008 M State of legal domicile: CA
C Name of organization WORKSHOPS FOR WARRIORS, INC.	D Employer identification number 26-1721255																						
Doing business as																							
Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number 619-550-1620																						
2970 MAIN STREET																							
City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 9,278,468.																						
SAN DIEGO, CA 92113	H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																						
F Name and address of principal officer: HERNAN LUIS Y PRADO	H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/>																						
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J Website: WWW.WFW.ORG																							
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other	L Year of formation: 2008 M State of legal domicile: CA																						

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF WORKSHOPS FOR WARRIORS, INC. IS TO PROVIDE QUALITY TRAINING, ACCREDITED STEM			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5	
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	76	
	6	Total number of volunteers (estimate if necessary)	6	5	
	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 4,474,327.	Current Year 3,105,016.
9		Program service revenue (Part VIII, line 2g)	2,862,708.	5,477,889.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	359,157.	581,193.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-110,218.	-31,782.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,585,974.	9,132,316.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,425,419.	2,582,577.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,479,643.	5,156,694.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	26,955.	0.
		b	Total fundraising expenses (Part IX, column (D), line 25)	448,839.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,629,798.	6,968,426.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,561,815.	14,707,697.	
	19	Revenue less expenses. Subtract line 18 from line 12	-3,975,841.	-5,575,381.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 22,600,714.	End of Year 31,821,086.	
	21	Total liabilities (Part X, line 26)	10,691,597.	25,487,350.	
	22	Net assets or fund balances. Subtract line 21 from line 20	11,909,117.	6,333,736.	

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 HERNAN LUIS Y PRADO, PRESIDENT/CEO	Date	
	Type or print name and title		
Paid Preparer	Preparer's name JANE COLEMAN	Preparer's signature	PTIN P01391236
Use Only	Firm's name BAKER TILLY ADVISORY GROUP, LP	Firm's EIN 39-0859910	Phone no. 858-627-1400
	Firm's address 4747 EXECUTIVE DR SUITE 1300 SAN DIEGO, CA 92121		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WORKSHOPS FOR WARRIORS PROVIDES HANDS-ON TRAINING, ACCREDITED STEM EDUCATIONAL PROGRAMS, AND OPPORTUNITIES TO EARN THIRD-PARTY NATIONALLY RECOGNIZED CREDENTIALS TO ENABLE VETERANS, TRANSITIONING SERVICE MEMBERS, AND OTHER STUDENTS TO BE SUCCESSFULLY TRAINED AND PLACED IN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 12,451,521. including grants of \$ 2,582,577.) (Revenue \$ 5,477,889.) SINCE 2011, 1,406 VETERANS, TRANSITIONING SERVICE MEMBERS, AND WOUNDED WARRIORS HAVE GRADUATED WITH 17,956 NATIONALLY RECOGNIZED CREDENTIALS IN WELDING AND MACHINING. GRADUATES ARE NOW WELDERS, FABRICATORS, COMPUTER NUMERICALLY CONTROLLED (CNC) MACHINISTS, 3D PRINTERS, CNC MILL AND CNC LATHE OPERATORS, MACHINERY REPAIR TECHNICIANS, ROBOTIC PROGRAMMERS, COMPUTER-AIDED DESIGNERS, AND CNC PROGRAMMERS THROUGHOUT AMERICA.

THE ADVANCED MANUFACTURING TRAINING FOR YOUNG VETERANS ASSISTS VETERANS WITH SUCCESSFULLY TRANSITIONING FROM MILITARY SERVICE TO BEGIN CAREERS IN THE U.S. ADVANCED MANUFACTURING INDUSTRY. IT MOVES TRANSITIONING MILITARY FROM THE FRONT LINES TO THE PRODUCTION LINES. THE GOALS OF THE

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

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

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

4e Total program service expenses 12,451,521.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 21 rows of questions regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No response. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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, Description, and Yes/No response. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 (6); 1b Enter the number of voting members included on line 1a, above, who are independent (5); 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); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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 CA
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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
DAVID SMILJKOVICH - 619-550-1620
2970 MAIN STREET, SAN DIEGO, CA 92113

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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 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) RACHEL LUIS Y PRADO CHIEF IMPACT OFFICER	40.00			X			230,752.	0.	52,039.	
(2) HERNAN LUIS Y PRADO PRESIDENT/CEO	40.00	X	X				225,649.	0.	14,232.	
(3) MARIA C. TRUONG CHIEF OF STAFF	40.00				X		172,641.	0.	28,185.	
(4) LYLE PALM - DEAN OF WELDING & HEAD OF FACILITIES	40.00			X			156,673.	0.	11,630.	
(5) MEREDITH RODERICK DEPUTY CHIEF ADV. OFFICER	40.00				X		152,510.	0.	9,981.	
(6) LISA RECORD SENIOR DIR. OF DEVELOPMENT	40.00				X		129,478.	0.	17,370.	
(7) PATRICK DORRIS DEAN OF MACHINING	40.00				X		119,833.	0.	7,507.	
(8) WARREN PERRIN DEPUTY DIRECTOR OF PROJECTS	40.00				X		117,519.	0.	9,705.	
(9) MARK PLATT CHIEF ACADEMIC OFFICER	40.00			X			98,319.	0.	21,185.	
(10) EDWARD SULLIVAN COO (AS OF 03/24)	40.00			X			108,896.	0.	4,195.	
(11) DAVID SMILJKOVICH CFO (AS OF 07/24)	40.00			X			85,014.	0.	7,291.	
(12) PETER PETERSON TREASURER/SECRETARY	8.00	X	X				0.	0.	0.	
(13) AMANDA BARBER BOARD MEMBER	2.00	X					0.	0.	0.	
(14) MICHAEL SHOEMAKER BOARD MEMBER	2.00	X					0.	0.	0.	
(15) PETER ZIERHUT BOARD MEMBER	2.00	X					0.	0.	0.	
(16) RICK BIBEN BOARD MEMBER	2.00	X					0.	0.	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	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	322,308.				
	d	Related organizations					
	e	Government grants (contributions)	27,245.				
	f	All other contributions, gifts, grants, and similar amounts not included above	2,755,463.				
	g	Noncash contributions included in lines 1a-1f	\$ 294,196.				
	h	Total. Add lines 1a-1f		3,105,016.			
Program Service Revenue			Business Code				
	2 a	TUITION AND FEES	611710	5,448,050.	5,448,050.		
	b	STUDENT HOUSING	721000	29,839.	29,839.		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		5,477,889.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		557,170.		557,170.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other	24,023.			
	b	Less: cost or other basis and sales expenses		0.			
	c	Gain or (loss)		24,023.			
d	Net gain or (loss)		24,023.		24,023.		
8 a	Gross income from fundraising events (not including \$ 322,308. of contributions reported on line 1c). See Part IV, line 18		105,730.				
			142,924.				
b	Less: direct expenses						
c	Net income or (loss) from fundraising events		-37,194.		-37,194.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		3,207.				
			3,228.				
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		-21.		-21.		
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d	All other revenue	900099	5,433.		5,433.	
e	Total. Add lines 11a-11d		5,433.				
12	Total revenue. See instructions		9,132,316.	5,477,889.	0.	549,411.	

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	2,582,577.	2,582,577.		
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	1,015,876.	714,936.	237,446.	63,494.
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	3,573,423.	2,462,474.	891,093.	219,856.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,453.	81,470.	10,790.	7,193.
9 Other employee benefits	111,771.	92,406.	11,619.	7,746.
10 Payroll taxes	356,171.	242,842.	91,265.	22,064.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,498.	11,806.	3,867.	825.
c Accounting	71,983.		71,983.	
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 Sch O.)	134,559.	125,936.	4,793.	3,830.
12 Advertising and promotion	566,364.	511,799.	24,642.	29,923.
13 Office expenses	367,832.	297,962.	49,200.	20,670.
14 Information technology				
15 Royalties				
16 Occupancy	1,239,693.	1,066,136.	173,557.	
17 Travel	51,838.	44,062.	5,184.	2,592.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	383,204.	353,663.	22,156.	7,385.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	764,151.	652,960.	90,234.	20,957.
23 Insurance	67,646.	60,069.	5,262.	2,315.
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 TRAINING & EDUCATION	1,075,370.	1,075,370.		
b EQUIPMENT	926,297.	853,650.	72,647.	
c REPAIRS AND MAINTENANCE	459,223.	459,223.		
d HUMAN RESOURCES	122,584.	105,733.	12,759.	4,092.
e All other expenses	721,184.	656,447.	28,840.	35,897.
25 Total functional expenses. Add lines 1 through 24e	14,707,697.	12,451,521.	1,807,337.	448,839.
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)				

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	972,000.	1	299,532.
	2	Savings and temporary cash investments	6,659,190.	2	13,184,119.
	3	Pledges and grants receivable, net	206,233.	3	287,019.
	4	Accounts receivable, net	19,026.	4	214,123.
	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	161,333.	9	304,523.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,449,830.		
	b	Less: accumulated depreciation	10b 3,507,977.	6,693,544.	10c 9,941,853.
	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	7,889,388.	15	7,589,917.
16	Total assets. Add lines 1 through 15 (must equal line 33)	22,600,714.	16	31,821,086.	
Liabilities	17	Accounts payable and accrued expenses	469,814.	17	803,685.
	18	Grants payable		18	
	19	Deferred revenue	200,768.	19	63.
	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	144,969.	22	152,548.
	23	Secured mortgages and notes payable to unrelated third parties	2,025,837.	23	1,936,322.
	24	Unsecured notes and loans payable to unrelated third parties		24	15,000,000.
	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	7,850,209.	25	7,594,732.
	26	Total liabilities. Add lines 17 through 25	10,691,597.	26	25,487,350.
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	5,933,466.	27	-274,137.
	28	Net assets with donor restrictions	5,975,651.	28	6,607,873.
	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	11,909,117.	32	6,333,736.	
33	Total liabilities and net assets/fund balances	22,600,714.	33	31,821,086.	

Form 990 (2024)

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	9,132,316.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,707,697.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,575,381.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,909,117.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,333,736.

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.		
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?		X
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		

Form 990 (2024)

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

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4717599.	4513048.	16240694.	4474327.	3105016.	33050684.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4717599.	4513048.	16240694.	4474327.	3105016.	33050684.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						7591338.
6 Public support. Subtract line 5 from line 4.						25459346.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	4717599.	4513048.	16240694.	4474327.	3105016.	33050684.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,885.		38,480.	355,363.	557,170.	952,898.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	50,814.	18,307.		6,525.	5,433.	81,079.
11 Total support. Add lines 7 through 10						34084661.
12 Gross receipts from related activities, etc. (see instructions)					12	19,580,107.
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	74.69 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	74.86 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990) 2024

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; 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.

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.

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: Description, Line Number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 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

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

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS status, foreign support, and excess business holdings.

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (<i>explain in detail in Part VI</i>):		
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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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.

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization **WORKSHOPS FOR WARRIORS, INC.** Employer identification number **26-1721255**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	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?

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)?

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.

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.

b 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)

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? | 3b | |
- 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		1,545,326.	294,570.	1,250,756.
c Leasehold improvements		1,264,412.	665,853.	598,559.
d Equipment		4,270,887.	1,862,510.	2,408,377.
e Other		6,369,205.	685,044.	5,684,161.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				9,941,853.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	196,860.
(2) RIGHT-OF-USE-ASSETS - OPERATING AND FINANCE LEASES	7,393,057.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,589,917.

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) OPERATING AND FINANCE LEASES	7,594,732.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	7,594,732.

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

**SCHEDULE E
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schools

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or
Form 990-EZ, Part VI, line 48.

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

WORKSHOPS FOR WARRIORS, INC.

Employer identification number

26-1721255

Part I

	YES	NO
1	X	
2	X	
3	X	
4a	X	
4b	X	
4c	X	
4d	X	
5a		X
5b		X
5c		X
5d		X
5e		X
5f		X
5g		X
5h		X
6a	X	
6b		X
7	X	

1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II

THE ORGANIZATION PUBLICIZES ITS NONDISCRIMINATORY POLICY DURING THE REGISTRATION PERIOD AND PUBLISHES ITS NONDISCRIMINATORY POLICY ON THE HOMEPAGE OF ITS WEBSITE IN ORDER TO MAKE THE POLICY KNOWN TO ALL PARTS OF THE COMMUNITY IT SERVES.

4 Does the organization maintain the following:

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

5 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

6a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" on either line 6a or line 6b, explain in Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain in Part II

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

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

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

LINE 6A - EXPLANATION OF GOVERNMENT FINANCIAL AID:
CITY OF SAN DIEGO COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM.
COUNTY OF SAN DIEGO.

Lined area for providing supplemental information.

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 (add col. (a) through col. (c))
	GALA (event type)	(event type)	NONE (total number)	
Revenue				
1 Gross receipts	428,038.			428,038.
2 Less: Contributions	322,308.			322,308.
3 Gross income (line 1 minus line 2)	105,730.			105,730.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	142,924.			142,924.
10 Direct expense summary. Add lines 4 through 9 in column (d)				142,924.
11 Net income summary. Subtract line 10 from line 3, column (d)				-37,194.

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))
Revenue				
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: _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
STIPEND/LIVING ALLOWANCE	53	297,058.	0.		
HOUSING SCHOLARSHIP	24	0.	321,149. FMV		STUDENT HOUSING DISCOUNTS
TUITION SCHOLARSHIP	181	0.	1,964,370. FMV		TUITION DISCOUNTS

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:
 SCHOLARSHIP AND STIPENDS ARE OVERSEEN BY THE SCHOLARSHIP AND LOAN COMMITTEE (THE COMMITTEE). THE PURPOSE OF THE SCHOLARSHIP AND LOAN COMMITTEE (THE COMMITTEE) IS TO OFFER MERIT-BASED SCHOLARSHIPS AND NEEDS-BASED LOANS TO ASSIST STUDENTS IN THEIR PURSUIT OF EDUCATION ADVANCEMENT. THEY SHALL HAVE THE AUTHORITY TO APPROVE OR DENY ANY REQUESTS FOR SCHOLARSHIPS AND LOANS AND TO RECOMMEND DISPENSING OF FUNDS. THE COMMITTEE SHALL NOT CONSIDER POST 9/11 G.I. BILL ELIGIBILITY OR VETERAN STATUS WHEN EVALUATING APPLICATIONS OR DECIDING ON THE NUMBER, TYPE, AMOUNT, AND RECIPIENTS. "NEED" AND "MERIT" HAVE TO BE PROVEN TO THE COMMITTEE MEMBERS.
 THE SCHOLARSHIP AND LOAN COMMITTEE WILL CONSIST OF FOUR (4) MEMBERS. A QUORUM OF 2 MEMBERS IS REQUIRED AT ALL MEETINGS. APPROVAL OF SCHOLARSHIP FUNDS MUST BE BY MAJORITY OF THE COMMITTEE. THE COMMITTEE WILL MEET PRIOR TO THE START OF EACH SEMESTER TO EVALUATE AND VOTE ON SUBMITTED APPLICATIONS. PRIOR TO THE START OF EACH SEMESTER THE COMMITTEE WILL ISSUE A NOTICE TO THE APPLICANT THAT THE APPLICATION HAS BEEN APPROVED OR DENIED IN WRITTEN FORM. THE CAO SHALL BE RESPONSIBLE FOR RECEIVING COMPLETED

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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

WORKSHOPS FOR WARRIORS, INC.

Employer identification number

26-1721255

Part I Questions Regarding Compensation

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

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

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

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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 WORKSHOPS FOR WARRIORS, INC.	Employer identification number 26-1721255
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1) VETPOWERED, L	MORE THAN 50% INTEREST				X		152,548.	152,548.	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 152,548.						

Part III Grants or Assistance Benefiting Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

SEE PART V FOR CONTINUATIONS

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) VETPOWERED, LLC	MORE THAN 35% CONTR	2,168,702.	SHARED OPER		X
(2) VETPOWERED, LLC	MORE THAN 35% CONTR	230,425.	THE ORGANIZ		X
(3) ZORGON, LLC	MORE THAN 35% CONTR	1,312,127.	THE ORGANIZ		X
(4) ZORGON, LLC	MORE THAN 35% CONTR	55,838.	THE ORGANIZ		X
(5) ZORGON, LLC	MORE THAN 35% CONTR	22,495.	THIS AMOUNT		X
(6) RACHEL LUIS Y PRADO	FAMILY MEMBER OF PR	282,791.	WAGES, RETI		X
(7) HERNAN B. LUIS Y PRADO	FAMILY MEMBER OF OF	239,881.	WAGES, RETI		X
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: VETPOWERED, LLC

(B) RELATIONSHIP WITH ORGANIZATION: MORE THAN 35% CONTROLLED ENTITY OF PRESIDENT/CEO

(C) PURPOSE OF LOAN: 0% INTEREST NO FIXED DUE DATE LOAN TO COVER REIMBURSABLE EXPENSES; A/P

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: VETPOWERED, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MORE THAN 35% CONTROLLED ENTITY OF PRESIDENT/CEO

(D) DESCRIPTION OF TRANSACTION: SHARED OPERATIONAL EXPENSES PAID BY THE ORGANIZATION AND BILLED TO VETPOWERED, LLC FOR REIMBURSEMENT. THIS AMOUNT REPRESENTS THE NET AMOUNT PAID TO/BY WFW TO/BY VETPOWERED, LLC. ALL TRANSACTIONS OCCURRED AT OR BELOW FAIR MARKET VALUE, WERE ARM'S LENGTH AND APPROVED BY THE BOARD OF DIRECTORS.

(A) NAME OF PERSON: VETPOWERED, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MORE THAN 35% CONTROLLED ENTITY OF PRESIDENT/CEO

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION RENTS EQUIPMENT AND VEHICLES FROM VETPOWERED, LLC. THIS AMOUNT REPRESENTS THE NET AMOUNT PAID BY THE ORGANIZATION TO VETPOWERED, LLC FOR RENTS. ALL TRANSACTIONS OCCURRED AT OR BELOW FAIR MARKET VALUE, WERE ARM'S LENGTH AND APPROVED BY THE BOARD OF DIRECTORS.

(A) NAME OF PERSON: ZORGON, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MORE THAN 35% CONTROLLED ENTITY OF PRESIDENT/CEO

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION HAS A NUMBER OF TRIPLE NET LEASES WITH ZORGON, LLC FOR APPROXIMATELY 49,000 SQUARE FEET OF BUILDINGS AND LAND. THIS AMOUNT REPRESENTS THE TOTAL AMOUNT THE ORGANIZATION PAID FOR RENTS AND PROPERTY TAXES. ALL TRANSACTIONS OCCURRED AT OR BELOW FAIR MARKET VALUE, WERE ARM'S LENGTH AND APPROVED BY THE BOARD OF DIRECTORS.

(A) NAME OF PERSON: ZORGON, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: MORE THAN 35% CONTROLLED ENTITY OF PRESIDENT/CEO

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION AND ZORGON, LLC HAD

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

REIMBURSED EXPENSES BETWEEN EACH OTHER. THIS AMOUNT REPRESENTS THE NET AMOUNT PAID BY WFW TO ZORGON, LLC. ALL TRANSACTIONS OCCURRED AT OR BELOW FAIR MARKET VALUE, WERE ARM'S LENGTH AND APPROVED BY THE BOARD OF DIRECTORS.

(A) NAME OF PERSON: ZORGON, LLC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MORE THAN 35% CONTROLLED ENTITY OF PRESIDENT/CEO

(D) DESCRIPTION OF TRANSACTION: THIS AMOUNT REPRESENTS THE AMOUNT OF RENTAL SECURITY DEPOSITS HELD BY ZORGON, LLC. ALL TRANSACTIONS OCCURRED AT OR BELOW FAIR MARKET VALUE, WERE ARM'S LENGTH AND APPROVED BY THE BOARD OF DIRECTORS.

(A) NAME OF PERSON: RACHEL LUIS Y PRADO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF PRESIDENT/CEO

(D) DESCRIPTION OF TRANSACTION: WAGES, RETIREMENT AND NONTAXABLE BENEFITS

(A) NAME OF PERSON: HERNAN B. LUIS Y PRADO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF OFFICER

(D) DESCRIPTION OF TRANSACTION: WAGES, RETIREMENT AND NONTAXABLE BENEFITS

SCHEDULE L, PART II AND IV:

VETPOWERED, LLC AND ZORGON, LLC WERE FOUNDED BY THE ORGANIZATION'S PRESIDENT/CEO TO SUPPORT THE ORGANIZATION AND EMPLOY VETERANS. ALL TRANSACTIONS OCCURRED AT OR BELOW FAIR MARKET VALUE, WERE ARM'S LENGTH AND APPROVED BY THE BOARD OF DIRECTORS.

Multiple horizontal lines for additional supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **WORKSHOPS FOR WARRIORS, INC.** Employer identification number: **26-1721255**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>SUPPLIES AND EQ</u>)	X	37	294,196. FMV	
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	X	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):
COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION USES AN AUCTION HOUSE TO SELL DONATED ITEMS THAT IT NO LONGER NEEDS.

Lined area for supplemental information.

**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

WORKSHOPS FOR WARRIORS, INC.

Employer identification number

26-1721255

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL PROGRAMS, AND OPPORTUNITIES TO EARN THIRD-PARTY NATIONALLY
RECOGNIZED CREDENTIALS TO ENABLE VETERANS, TRANSITIONING SERVICE
MEMBERS, AND OTHER STUDENTS TO BE SUCCESSFULLY TRAINED AND PLACED IN
THEIR CHOSEN ADVANCED MANUFACTURING CAREER FIELD.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR CHOSEN ADVANCED MANUFACTURING CAREER FIELD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PROGRAM ARE TO HELP TRANSITIONING MILITARY SECURE ENTRY LEVEL OR
ADVANCED CAREER POSITIONS IN ADVANCED MANUFACTURING AND TO STRENGTHEN
THE US ECONOMY BY ALLEVIATING SHORTAGES OF SKILLED WORKERS IN AMERICAN
MANUFACTURING.

TO ADDRESS THE NEED AND MEET THE GOALS, WORKSHOPS FOR WARRIORS WILL
COMPLETE THE FOLLOWING OBJECTIVES IN 2024:

- ENROLL 190 VETERANS IN CNC MACHINING OR WELDING COURSES
- 640 HOURS OF MACHINING OR 640 HOURS OF WELDING EDUCATION PROVIDED FOR EACH STUDENT
- PROVIDE 75 HOURS OF EMPLOYMENT EDUCATION AND JOB PLACEMENT ASSISTANCE (25 HOURS PER SEMESTER)
- FACILITATE 24 HOURS OF INDUSTRY EDUCATION (12 WORKSHOPS) AND HOST 3 CAREER FAIRS WITH 21 INDUSTRY PARTNERS ATTENDING
- PROVIDE 12 (1 PER MONTH) MENTAL HEALTH EDUCATION SESSIONS WITH A COMBAT VETERAN EXPERIENCED LMFT
- COORDINATE 3 GRADUATION CEREMONIES WITH 300 FRIENDS, FAMILY, SUPPORTERS AND OTHER STAKEHOLDERS IN ATTENDANCE

SCHOLARSHIPS AND LIVING STIPENDS ARE OFFERED TO STUDENTS UNABLE TO PAY FOR HOUSING AND/OR TUITION. LIVING STIPENDS HELP THE VETERAN FOCUS ON STUDIES AND NOT SURVIVAL. STIPENDS CAN BE USED FOR HOUSING, GROCERIES, TRANSPORTATION OR CHILDCARE; THEY REMOVE BARRIERS FOR LOW-INCOME VETERANS TO ACHIEVE SUCCESS.

FORM 990, PART VI, SECTION A, LINE 2:
RACHEL AND HERNAN LUIS Y PRADO HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 DRAFT IS REVIEWED BY THE CFO INITIALLY. ANY EDITS ARE INCORPORATED AND PRESENTED TO THE CEO, COO, AND BOARD TREASURER FOR REVIEW. THE FINAL VERSION IS PRESENTED TO THE ENTIRE BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED AND DETERMINED AT THE OFFICERS AND TRUSTEES LEVEL. DURING THE ANNUAL BOARD MEETINGS, ANY DUALITY OF INTEREST OR POSSIBLE CONFLICT OF INTEREST ON THE PART OF ANY DIRECTOR/OFFICER IN ANY MATTER INVOLVING THE ORGANIZATION IS DISCLOSED TO THE OTHER DIRECTORS/OFFICERS. IF A CONFLICT ARISES, THE PERSON WITH THE CONFLICT IS NOT ALLOWED TO VOTE ON THE TRANSACTION.

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

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

LHA 432211 01-15-25

Name of the organization

WORKSHOPS FOR WARRIORS, INC.

Employer identification number

26-1721255

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE IS COMPRISED OF SEVERAL MEMBERS OF THE BOARD OF DIRECTORS (WHICH EXCLUDES THE PRESIDENT/CEO). THE COMMITTEE USES INDUSTRY STANDARDS FOR COMPENSATION TO GAIN COMPARABILITY DATA. THIS COMMITTEE MAKES A RECOMMENDATION TO THE FULL BOARD WHO VOTES FOR APPROVAL. THE PRESIDENT/CEO IS ABSENT FROM ANY COMPENSATION DELIBERATIONS OR VOTES. THIS PROCESS WAS LAST DONE AND DOCUMENTED IN MAY 2024.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC ON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.