

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning Oct 1, 2021, and ending Sep 30, 2022

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

C Name of organization JT RESIDENTIAL EDUCATION EXPERIENCE
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 980
 City or town, state or province, country, and ZIP or foreign postal code
JOSHUA TREE, CA 92252

D Employer identification number 82-3426741
E Telephone number (714) 270-7098
G Gross receipts \$ 13,212.

F Name and address of principal officer:
LORI RENNIE, po box 980, JOSHUA TREE, CA 92252

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

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

J Website: ▶ N/A

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 2017 **M** State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>IMMERSE, ENGAGE AND EDUCATE YOUNG PEOPLE IN JOSHUA TREE NATIONAL PARK INSPIRING THEM TO LIVE HEALTHY LIVES, BECOME SOCIALLY INVOLVED AND TAKE ACTION TO SUSTAIN A HEALTHY PLANET ACCOMPLISHED THROUGH A YOUTH ORIENTED RESIDENTIAL EDUCATION CAMP.</u>			
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	<u>3</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>0</u>
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	<u>0</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>8</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)			<u>13,211.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			<u>1.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			<u>13,212.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<u>3,430.</u>
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<u>3,430.</u>	
19 Revenue less expenses. Subtract line 18 from line 12		<u>9,782.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances. Subtract line 21 from line 20		

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 ▶ Lori L. Rennie Signature of officer 06/21/2023 Date
 ▶ LORI RENNIE, PRESIDENT Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name <u>JOHN BABROWSKI</u>	Preparer's signature <u>JOHN BABROWSKI</u>	Date <u>06/21/2023</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00440558</u>
Firm's name ▶ <u>Rarick Financial Group</u>			Firm's EIN ▶ <u>33-0841378</u>	
Firm's address ▶ <u>56913 Yucca Trail, Ste A, Yucca Valley, CA 92284</u>			Phone no. <u>(760) 228-1829</u>	

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