

Dennison CPA, PC

1030 4th Street SE Ste. 106 Saint Cloud, MN 56304 David@ChurchCPA.net Phone: (320)251-3388 | Fax:

May 21, 2025

The LifeGuard Group Inc 111 N Higgins Ave STE 430 Missoula, MT 59802

The LifeGuard Group Inc:

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

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (320)251-3388.

Sincerely,

DAVID DENNISON Dennison CPA, PC

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	e 2024 calend	dar year, or tax year begin	ning		, 2024, and ending , 20						
В	Check if	applicable:	C Name of organization Th	e LifeGuard (Group Inc			D	Employer i	dentification number		
	Address	change	Doing business as						83	-0973814		
	Name cl	hange	Number and street (or P.O. box	x if mail is not delivered to	street address)		Room/suite	E	Telephone r	number		
	Initial re	-	111 N Higgins	Ave			430	06) 396-5053				
П		urn/terminated	City or town, state or province,		ın postal code				Gross rece			
Ħ		ed return	Missoula, MT 5		, ,				\$	452,558		
Ħ										a group return for subordinates? Yes X No		
_									subordinates included? Yes No			
_									" attach a list. See instructions			
	Website		w.TheLifeGuardGrou	, ,		JZ1	Ш(с)		exemption number			
-				ociation Other		L Year of formation			of legal don			
	rt I	Summar		Ociation Other	I.'	L Toal of formation	OII. 2017	IN Otate	or legal don	mone. PII		
	1		ribe the organization's missi	on or most significa	nt activities: The	Li feGuar	d Group	is a or	coup of	f experts		
		-	<u>-</u>	-								
Activities & Governance		committed to an aggressive, comprehensive approach to taking the fight to human traffick										
naı												
ver	2	Check this b	oox if the organization d	iscontinued its oper	ations or disposed of	more than 25°	% of its net a	ssets				
တိ	3		roting members of the gover	•	•				3	12		
∞ ∞	4		ndependent voting members	• • •					4	9		
ties	5		er of individuals employed in	-					5			
Ë	6		er of volunteers (estimate if r		r (i ait v, iiic za)				6	200		
Ä	72		ted business revenue from F	• ,				_	7a	0		
			ed business revende nom i						7b	0		
		, rectamente	d business taxable income	1101111 01111 330-1, 1	arti, iiio iii iiii			ior Year	7.5	Current Year		
	8	Contribution	s and grants (Part VIII, line	601,0	20							
ō	9		rvice revenue (Part VIII, line							429,275		
nue	10		ncome (Part VIII, column (A					17,3		2,300		
Revenue	11		ue (Part VIII, column (A), lin					2,9		6,981		
Œ	12		ue - add lines 8 through 11 (ı					2,9		14,002		
	13		similar amounts paid (Part I					624,3	01	452,558		
	14									0		
	15							274 701				
es	10							274,781		258,430		
Expenses	100		I fundraising fees (Part IX, c							0		
ď	1,-		sing expenses (Part IX, col nses (Part IX, column (A), lir		e)			244.7	40	020 641		
ш		•			•			344,7		230,641		
	18		ses. Add lines 13-17 (must ss expenses. Subtract line 1	A				619,5 4,7		489,071 (36,513)		
_	_	Revenue les	ss expenses. Subtract line 1	o nomine iz		<u></u>	D. sissis s					
ts o	8 20	Total assets	(Part X, line 16)					of Current Y		End of Year		
èssi	g 20 21		es (Part X, line 26)					1,752,8		1,708,082 549,613		
Net Assets or	22		or fund balances. Subtract li	ne 21 from line 20				557,8 1,194,9				
	rt II		ire Block	ne 21 nom me 20		• • • • • •		1,194,9	02	1,158,469		
			clare that I have examined this retur	n. including accompanyin	g schedules and statements	and to the best o	of my knowledge	and belief, it i	is			
			eclaration of preparer (other than offi				, ,	•				
		Toma	ra Hochhalter									
Sig	ın	Signature of office							Date			
Here Tamara Hochhalter, Secretary												
		Type or print nar		crecary								
		Preparer's na		Preparer's signature		Date		Chool:	if PTIN			
Pai	id			'	OM		25	Check	, "			
	pare		Dennison	DAVID DENNIS	JIN	05-21-20		self-employe	=u]	<u> </u>		
	e On	also										
<u> </u>	J J 11	Firm's addres			Le. 100		Phone		20 251	_2200		
May	the I	S discuss this	return with the preparer sh	oud MN 56304	etructions			32	20-251	-3388 . Yes X No		
iviay	THE IL	uiscuss tills	rotain with the preparer SII	OWIT ADOVE: SEE ITS								

4) The LifeGuard Group Inc Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	١.		
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1 _		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	١		
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а		44.		
L		11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes." complete Schedule D, Part VII	116		.,
_		11b		X
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		v
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2024) The LifeGuard Group Inc

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	20-		
20	"Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	212 213 313 313 313 313 313 313 313 313	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M	20		
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		X
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		_ X
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
• •	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	х	

17

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

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4) The LifeGuard Group Inc 83-0973814 Page Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u>Se</u>	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	х	
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
_	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
200	organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 900 is required to be filed.			
7	List the states with which a copy of this Form 990 is required to be filed Montana Section 6104 requires an expanization to make its Forms 1023 (1024 or 1024 A if applicable) 900, and 900 T (section 501(c))			
8	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.			
0	Own website Another's website W Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
00	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. Organization (406) 396-5053 111 N Higgins Ave Sto 430 Missoula MT 59802			
	THE PROPERTY OF THE PROPERTY O			

Form	990	(2024)

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.

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

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

Oncok this box if ficture the organization for any fela					(C)	.,				
					sition		1			
(A)	(B)			eck m	nore th	nan one		(D)	(E)	(F)
Name and title	Average hours					both a		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	οπια	er and	a a ali	rector	/trustee)		from the	from related	compensation
	(list any				1			organization (W-2/	organizations (W-2/	from the
	hours for	ndiv or dir	nstit	Officer	(ey	digh:	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	idua	utior	er	empl	est c	er	1000 1120)	1000 (420)	Tolated organizations
	organizations below	Individual trustee or director	nal tr		Key employee	ömp				
	dotted line)	tee	Institutional trustee		(D	Highest compensated employee				
			0			ated				
(1)Tamera Hochhalter	10.00									
Secretary		x		x				53,560	o	0
(2)Carson Hochhalter	10.00							,		
Vice President		х		х				46,319	0	0
(3)Lowell Hochhalter	10.00									
President		х		х				7,148	0	0
(4) Shaun Six	2.00	ı								
Director		Х						0	0	0
(5) Liz Manley	2.00									
Director	>	Х						0	0	0
(6) Jordan Stivala	2.00									
Director		Х						0	0	0
(7)Mike Windaurer	2.00									
Director		Х						0	0	0
(8) Jodi Windauer	2.00									
Director		Х						0	0	0
(9)Christina Jesko	2.00									
Director		Х						0	0	0
(10)Brad_Tschida	2.00									
Director		Х						0	0	0
(11)Lisa_Marek	2.00									
Director		Х						0	0	0
(12)LaDean Edam	2.00									
Treasurer		х		х				0	0	0
<u>(13)</u>										
(4.4)										
<u>(14)</u>										
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	90 (2024)	The LifeGuard Gro	up Inc		_	_					83	-09738	14		age 8
Part	VII Section A.	. Officers, Directors, T	rustees,	Key E	mp	oloy	/ee	s, ar	nd F	lighest Comp	ensated	Emplo	yees	(conti	inued)
	(A) Name and title		(B) Average hours per week	erage box, unless person officer and a direct					n	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	tion ed	cor	(F) ated among of other of other of other of other of other of other of the other o	
			(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MIS 1099-NE	SC/	orga	nization and organiz	
<u>(15)</u>															
<u>(16)</u>															
<u>(17)</u>															
<u>(18) </u>															
<u>(19)</u>								4							
(20)															
(21)															
(22)															
(23)															
(24)															
(25)															
1b c	Total from continua	ation sheets to Part VII, Sect								107,027					
d	Total (add lines 1b	and 1c)								107,027					
2		ndividuals (including but no ensation from the organiza		o thos	e lis	ted	abo	ove) w	vho	received more th	nan \$100,0	000 of			0
	-													Yes	No
3		list any former officer, directo		-	-		_						,		
4	For any individual lis	? If "Yes," complete Schedule sted on line 1a, is the sum of re	eportable co	mpens	ation	and	d oth	er con	nper	nsation from the			3		X
		ated organizations greater than											4		х
5		d on line 1a receive or accrue d to the organization? <i>If "Yes,"</i>			-			_		ation or individual			5		х
Secti		ent Contractors	· · · · · · · · · · · · · · · · · · ·												
1		ole for your five highest com om the organization. Repor	-	-										s tax y	ear.
		(A) Name and business addres	ss							(B) Description of service	es	((C) Compens	ation	
	Total number of in	adopondont contractors (adudina b	ıt nct	lim:4	04 t	O 41-	occ !	iota.	d abova) wite					
2		ndependent contractors (ir an \$100,000 of compensa	_					iose II	iste(u above) wno					

Form 990 (2024) The LifeGuard Group Inc
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any l	ine in this Part V	/III		
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					ianoaon rovonao	business revenue	sections 512–514
	1a	Federated campaigns 1a					
σ ₁₀	b	Membership dues 1b					
ruts Tuts	С	Fundraising events 1c					
ָּהַ <u>פֿ</u>	d	Related organizations 1d					
ifts ar A	е	Government grants (contributions) 1e					
Bils Bils	f	All other contributions, gifts, grants,					
ri Gr		and similar amounts not included above 1f	429,275				
the State	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g	\$ 8,595				
0 m	h	Total. Add lines 1a-1f		429,275			
			Business Code				
φ	2a	LifeLine Revenue	900099	1,800	1,800		
Ξ <u>.</u>	b	Trainings	900099	500	500		
Se	С			_			
am eve	d						
Program Service Revenue	е						
Ţ	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,300			
	3	Investment income (including dividends, interest, a	and				
		other similar amounts)		6,981	6,981		
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	l	Gross rents 6a					
	l	· · ·					
	l	Rental income or (loss) 6c					
	a	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Φ	В	Less: cost or other basis					
evenue		and sales expenses 7b Gain or (loss) 7c					
eve.							
Other R	l	Gross income from fundraising					
Ě	Ua	events (not including \$					
O		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	h	Less: direct expenses 8b					
	I						
	l	Gross income from gaming					
	"	activities. See Part IV, line 19 9a					
	ь	Less: direct expenses 9b					
	l						
		Gross sales of inventory, less					
	100	returns and allowances					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
			Business Code				
Sn. c	11a	Reimbursements/Rebates	900099	14,002	14,002		
ano nue	b						
Miscellanous Revenue	С						
Ais. R	d	All other revenue					
_		Total . Add lines 11a-11d		14,002			
	12	Total revenue. See instructions		452,558	23,283	0	0

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24) The LifeGuard Group Inc Statement of Functional Expenses

Part IX 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 i	note to any line in th	is Part IX	· · · · · · · · · · · · · · · · · · ·	
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	107,028	96,325	10,703	
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	151,402	45,797	105,605	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,039	3,012	7,027	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	1,762		881	881
13	Office expenses	79,983	50,638	19,298	10,047
14	Information technology				
15	Royalties				
16	Occupancy	32,741	31,167	1,574	
17	Travel	7,367	4,925	1,105	1,337
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105		21	84
20	Interest	32,171	32,171		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,108	49,597	5,511	
23	Insurance				
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	Staff development	11,365	8,616	2,749	
b					
C					
d	All all and an armana				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	489,071	322,248	154,474	12,349
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 if				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	236,024	1	223,414
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,607,847			
	b	Less: accumulated depreciation	1,516,794	10c	1,484,668
	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		1 750 010	15	1 700 000
	16 17	Total assets. Add lines 1 through 15 (must equal line 33)	1,752,818	16 17	1,708,082
	18	Grants payable	7,836	18	4,876
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	550,000	23	544,737
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	557,836	26	549,613
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	1,194,982	27	1,158,469
Bal	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here			
.Fu		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,194,982	32	1,158,469
	33	Total liabilities and net assets/fund balances	1,752,818	33	1,708,082
EEA					Form 990 (2024)

Form	990	(2024)	
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The	LifeGuard	Group	Inc

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Page **12**

Pa	rt 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)		452,	, 558
2	Total expenses (must equal Part IX, column (A), line 25)		489,	,071
3	Revenue less expenses. Subtract line 2 from line 1		(36	,513)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1	,194,	, 982
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1	,158,	469
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		$oxedsymbol{oxed}$
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both.			
	X Separate basis			
b	Were the organization's financial statements audited by an independent accountant?	. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
С				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. <u>2c</u>	_	
	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?	. 3a	+	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			(0.00.00
EEA		For	m 990 ((2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

Open to Public

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

Inspection

I he	e LifeGuard Group Inc 83-0973814							
Par	t I	Reason for Public Char	rity Status. (Al	l organizations mus	t comple	te this p	art.) See instruction	ons.
The c	rgar	nization is not a private foundation be	cause it is: (For line	es 1 through 12, check or	nly one bo	x.)		
1		A church, convention of churches, o	r association of ch	urches described in secti	on 170(b)	(1)(A)(i).		
2		A school described in section 170(b	o)(1)(A)(ii). (Attach	Schedule E (Form 990).)				
3		A hospital or a cooperative hospital	service organizatio	n described in section 1	70(b)(1)(A)	(iii).		
4		A medical research organization ope	erated in conjunctio	n with a hospital describe	ed in secti	on 170(b)((1)(A)(iii). Enter the	
	_	hospital's name, city, and state:						
5		An organization operated for the bei	nefit of a college or	university owned or oper	ated by a	governmer	ntal unit described in	
	_	section 170(b)(1)(A)(iv). (Complete	Part II.)					
6		A federal, state, or local government	t or governmental ι	ınit described in section	170(b)(1)(4)(v).		
7	X	An organization that normally receive	es a substantial pa	rt of its support from a go	vernmenta	al unit or fro	om the general public	
	_	described in section 170(b)(1)(A)(v	i). (Complete Part I	l.)				
8	Ц	A community trust described in sect	ion 170(b)(1)(A)(vi	i). (Complete Part II.)				
9	Ш	An agricultural research organization	n described in sect	ion 170(b)(1)(A)(ix) oper	ated in cor	njunction w	ith a land-grant college	
		or university or a non-land-grant coll	ege of agriculture (see instructions). Enter the	he name, d	city, and sta	ate of the college or	
	_	university:						
10		An organization that normally receiv receipts from activities related to its support from gross investment incoracquired by the organization after Ju	exempt functions, s me and unrelated b une 30, 1975. See s	subject to certain exception usiness taxable income (section 509(a)(2). (Comp	ons; and (2 less section plete Part I	2) no more on 511 tax) II.)	than 33 1/3% of its	
11	닏	An organization organized and oper	•					
12	Ш	An organization organized and oper	•					
		one or more publicly supported orga				. , , ,	. , ,	Check
		the box on lines 12a through 12d tha					•	
а		Type I. A supporting organization						1
		the supported organization(s) th			rity of the o	directors or	trustees of the	
_		supporting organization. You m						
b		Type II. A supporting organization				•	. , .	
		control or management of the si		•	ersons tha	t control or	manage the supported	
		organization(s). You must com						
С		Type III functionally integrated	7.	·				Ι,
		its supported organization(s) (se						
d		Type III non-functionally integ						•
		that is not functionally integrated				•	ent and an attentivenes	S
		requirement (see instructions).						
е		Check this box if the organization	/ A Y			is a Type I	, Type II, Type III	
	_	functionally integrated, or Type I		integrated supporting org	anization.			
t		nter the number of supported organiz						• • •
g		rovide the following information abou		, ,			Γ	Γ
		i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the or listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					163	140		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

The LifeGuard Group Inc 83-0973814
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support			•		,	
Calen	dar 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.")	265 721	1,431,111	805,400	592,403	431,575	3,526,210
2	Tax revenues levied for the	203,721	1,431,111	003,400	332,403	431,373	3,320,210
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge						
4		0.65 504		225 422	500 100	404 555	2 506 010
4	o	265,721	1,431,111	805,400	592,403	431,575	3,526,210
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)						61,547
6	Public support. Subtract line 5 from line 4 -						3,464,663
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	265,721	1,431,111	805,400	592,403	431,575	3,526,210
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	64	986	1,832	2,918	6,981	12,781
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.)			1,663	2,980	14,002	18,645
11	Total support. Add lines 7 through 10			=/555	=,000	==/,00=	3,557,636
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	7 373317333
13	First 5 years. If the Form 990 is for the or						(c)(3)
	organization, check this box and stop her	~ ~			•		. , . ,
Secti	on C. Computation of Public Support						
14	Public support percentage for 2024 (line 6			11 column (f))		14	97.39 %
15	Public support percentage from 2023 Sch		•			15	98.53 %
16a	33 1/3% support test - 2024. If the organ					_	
104	box and stop here . The organization qual						
b	33 1/3% support test - 2023. If the organ						
b	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 202	-		-			_
17a	10% or more, and if the organization mee	_					
	Part VI how the organization meets the fa						
				•	•	. , .	
	organization						_
b	10%-facts-and-circumstances test - 202	•					
	15 is 10% or more, and if the organization					•	•
	in Part VI how the organization meets the			~	· · · · · · · · · · · · · · · · · · ·		
	organization						_
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a,	or 17b, check	this box and	see _
	instructions						
EEA						Schedul	e A (Form 990) 2024

Schedule A (Form 990) 2024 The LifeGuard Group Inc

Part III Support Schedule for Organizations Described in Section 509(a)(2) 83-0973814

cupport concade for organizations becomes in cootion coo(u)(1)
(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.)

Calendar year (or fiscal year beginning in) 1 Gills, gens, contribution, and membraship fore received. (Do not include any "uneaud grants") 2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the unrelated ranker because and activities that are not an unrelated ranker because and activities that are not an unrelated ranker because and activities that are not an unrelated ranker because and activities that are not an unrelated ranker because and activities that are not an unrelated ranker because and activities that are not an unrelated ranker because the section 513 4 Tax revenues leveled for the organization's benefit and either paid to or expended on fis behalf . 7 The value of services or facilities furnished by a governmental unt to the organization without charge . 8 Total. Add lines 1 though 5 . 7 A Amounts included on lines 2 and 3 received from disputalified persons . b Amounts included on lines 2 and 3 received from disputalified persons . b Amounts included on lines 2 and 3 received from disputalified persons hat acceeded the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 7 b . Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 . 9 Amounts from line 6 . 10a Gross income from interest, dividends, poyments received on securities towns, mets, royalize, and income from interest, dividends, poyments received on securities towns, mets, royalize, and income from interest, dividends or any o	Secti	on A. Public Support						
received (the not necked any "unsual gents") Cross receipts from admissions, merchandise sold or services performed, or facilities furnished any activity that related to the organization in sections of the part of the organization in a validity that is related to the organization in sections of the part of the organization is considered from activities that are not an unrelated trade or business under section 513 Tax reversue selved for the shaft The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished by a governmental unit to the organization without charge The value of services or facilities furnished on lines 1, 2, and 3 received from disqualified persons Add lines 7 and 7 b Public support, (Subtract line 7 from line 8 is serviced from other than disqualified persons By Public support (or fiscal year beginning in) Amounts from line 6 Add lines 7 and 7 b Charge of fiscal year beginning in) Amounts from line 6 Unrelated business taxable income (legs section 5 or fiscal year beginning in line 6 The value of the services or sequential seasons activities not included on line 6 Add lines 10a and 10b Net income from unrelated business acquired after June 30, 1975 Add lines 10a and 10b The value of the services or sequential seasons activities not included gain or loss from the age of ceptual seasons (Explain in Part VI). The value of the services or sequential seasons activities not included gain or loss from the	Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
2 Gross receipte from admissions, marchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1	Gifts, grants, contributions, and membership fees						
sold or services performed, or facilities lumination in any activity that is related to the organization's bare-exempt purpose 3 Gross recognity promotive that are not an unrelated trade or business under section 513 4 Tax revenues leveled for that are not an unrelated trade or business under section 513 4 Tax revenues leveled for the paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons and the services of the services of a control of the services of the ser		received. (Do not include any "unusual grants.")						
unrelated trade or business under section 513 4 Tax revenues levited for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) 10a Gross income from interest, dividends, spannels from line 6.) 10a Gross income from interest, dividends, spannels received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (leps section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquired after June 30, 1975 c Add lines 10a and 10b 12 Net income from unrelated business in regulative carried on loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 18 investment income percentage for 2023 Schedule A, Part III, line 15 19 3 31/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check	2	sold or services performed, or facilities furnished in any activity that is related to the						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 5 Amounts included on lines 2 and 3 received from disqualified persons 6 Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b 8 Public support. (Subtract line 7c from line 6) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from similar sources b Unrelated business taxable income (less section \$11 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business autivities not included on line 16b, withher or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years, if the Form \$90 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 Soction C. Computation of Public Support Percentage 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 18 3 3313% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 in one than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 in one than 31 1/3% should be supported organ	3	•						
organization's benefit and either paid to or expended on its behalf	_							
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	b							d
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			•	-		•	-	
	20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, c	heck this box a	nd see instru	uctions

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(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.)

		Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	_		
ou	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	- Ou		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	0.5		
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If</i>	30		
4 a	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
h		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	416		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_		
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

(see instructions)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations					
1	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.								
Sooti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year				
Secu	on A - Adjusted Net Income		(A) Phor fear	(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						
Conti	on D. Minimum Accet Amount		(A) Drien Veen	(B) Current Year				
Secti	on B - Minimum Asset Amount		(A) Prior 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):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
c	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
e	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Secti	on 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	Ť						
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functiona	lly ir	ntegrated Type III supportir	ng organization				

Schedule A (Form 990) 2024

	e A (Form 990) 2024 The LifeGuard Group Inc		83-0		814 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued	<u>d) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	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 resp	oonsive		
	(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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ıs	(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				
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions 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:				
	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				
С	Excess from 2022				
d	Excess from 2023				
е	Excess from 2024				

Schedule A (Form 990) 2024 EEA

EEA Schedule A (Form 990) 2024

SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Internal Revenue Service Inspection Name of the organization Employer identification number The LifeGuard Group Inc 83-0973814 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 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 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? 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 **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2a 2h Number of conservation easements on a certified historic structure included on line 2a Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) 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. 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. 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 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.

Par	t III Organizations Maintaining	Collections of	Art, Histo	rical Treasures	, or Ot	her Similar A	ssets (co	ontinu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the following that	make sig	nificant use of its			
	collection items (check all that apply).								
а	☐ Public exhibition		d 🗌	Loan or exchange p	orogram				
b	Scholarly research		e	Other					
С	Preservation for future generations		_						
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther the organization	n's exemi	ot purpose in Part			
•	XIII.			3					
5	During the year, did the organization solicit or	r receive donations	of art_historic	al treasures or othe	r similar				
•	assets to be sold to raise funds rather than to		•	•			. Ye		No
Par	t IV Escrow and Custodial Arra		Jan or and org	anization o concettor			·	<u>, </u>	
	Complete if the organization a	•	on Form 9	90. Part IV. line	9. or r	eported an am	nount on	Form	
	990, Part X, line 21.			,	-,	•			
	Is the organization an agent, trustee, custodia	an or other intermed	diary for contr	ibutions or other ass	sets not				
	included on Form 990, Part X?						. Ye	s 🗆	No
b	If "Yes," explain the arrangement in Part XIII						· 🗀 .•	, П	
	ii roo, oxpiaii tilo arrangomone ii r are xiii s	and complete the le	nowing table.			Δr	nount		
С	Beginning balance				. 10		nount		
d	Additions during the year								
	Distributions during the year					<u> </u>			
e e	Ending balance								
f 2-	Did the organization include an amount on Fo						. Ye		Na
2a	If "Yes," explain the arrangement in Part XIII.							=	No
Par		Check here ii the ex	хріанацон на	s been provided in P	alt Alli			<u>· ⊔</u>	
ı aı	Complete if the organization a	answered "Ves"	on Form C	000 Part IV line	10				
	Complete ii the organization o		_						
4.	Paginning of year balance	(a) Current year	(b) Prior y	ear (c) Two year	's back	(d) Three years back	(e) Fou	years ba	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance		L						
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, col	umn (a)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are	held and administere	ed 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 organiza	•					- 3b		
4_	Describe in Part XIII the intended uses of the		owment funds	•					
Par	t VI Land, Buildings, and Equip								
	Complete if the organization a	answered "Yes"	on Form 9	990, Part IV, line	: 11a. S	ee Form 990,	Part X, I	ine 10)
	Description of property	(a) Cost or oth	er basis (b) Cost or other basis	(c)	Accumulated	(d) Boo	k value	
		(investme	ent)	(other)	de	epreciation			
1a	Land			1,101,680			1,	101,6	80
b	Buildings			300,892		37,258	:	263,6	34
С	Leasehold improvements								
d	Equipment			205,275		85,921		119,3	54
ее	Other								
Total.	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, line 10c, co	lumn (B))			1	484,6	68

Schedule D (Form	1990) (Rev. 12-2024) Tne	LifeGuard Group	Inc		83-09/3	814	Pag
Part VII	Investments - Other	Securities					
	Complete if the organic	zation answered "V	es" on Form 990	Part IV line 11h	See Form 990	Part X	line 12

Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
_ (A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related			
Complete if the organization answered "Yes" on For	m 990, Part IV, line	11c. See Form	990, Part X, line 13.
(a) Description of investment	(b) Book value		ethod of valuation: d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))			
Part X Other Liabilities			
Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,

line 25.

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

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

Part	·	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.1	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	10	
C _	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	4c 5	
5 Part	· · · · · · · · · · · · · · · · · · ·	-	
· arc	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	or rectain	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; P	art X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

Schedule D (Form	990) (Rev. 12-202%)e LifeGuard Group Inc	83-0973814	Page 5
Part XIII	990) (Rev. 12-202%)e LifeGuard Group Inc Supplemental Information (continued)		
	. (/)		

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

83-0973814 The LifeGuard Group Inc 01. Amended return information Corrected figure entered in Schedule A, Part II, Section A, 1(e) 02. Officer, directors, etc. family relationship (Part VI, line 2) Tamera Hochhalter, Lowell Hochhalter, and Carson Hochhalter have a family relationship Mike Windauer and Jodi Windauer are married. 03. Form 990 governing body review (Part VI, line 11) The Form 990 is provided to the board of directors prior to submission to the IRS 04. Conflict of interest policy compliance (Part VI, line 12c) Conflicts are required to be disclosed by directors 05. Form 990 availability to public (Part VI, line 18) Available upon request Governing documents, etc, available to public (Part VI, line 19) <u>Available upon request</u>