

IRS E-file Signature Authorization for a Tax Exempt Entity

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

2024

Department of the Treasury Internal Revenue Service

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

Name of filer: Maison T Ortiz Youth Outdoor Skills, Inc. EIN or SSN: 81-4941102. Name and title of officer or person subject to tax: Michael Day, Chair.

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 2 columns (Form type and Amount). 1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 278,724

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

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) Maison T Ortiz Youth Outdoor Skills, Inc. (EIN) 81-4941102 and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize Jenne Consulting Services to enter my PIN 89519 as my signature. ERO firm name: Jenne Consulting Services. PIN: 89519.

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

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

Signature of officer or person subject to tax: [Signature] Date: 11/12/25

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 88276055953

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

ERO's signature: Rebecca Jenne Date: 11/12/2025

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

Return of Organization Exempt From Income Tax

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

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization Maison T Ortiz Youth Outdoor Skills, Inc.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 4790 Caughlin Parkway 753
 City or town State ZIP code
 Reno NV 89519-9672
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 81-4941102
E Telephone number _____
G Gross receipts \$ 278,724

F Name and address of principal officer:
 Michael Day 2262 Tangerine St, Sparks, NV 89434

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

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

J Website: nevadaoutdoorskills.org
H(c) Group exemption number _____

K Form of organization: Corporation Trust Association Other
L Year of formation: 2017
M State of legal domicile: NV

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: Host a summer camp for youth.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 15
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5 0
	6	Total number of volunteers (estimate if necessary)	6 115
	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 95,750 Current Year 274,523
	9	Program service revenue (Part VIII, line 2g)	3,750 3,650
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	369 551
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	99,869 278,724
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0 0
	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)	0 0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0 0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	92,343 100,983
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	92,343 100,983
	19	Revenue less expenses. Subtract line 18 from line 12	7,526 177,741
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 108,069 End of Year 285,767
	21	Total liabilities (Part X, line 26)	624 581
	22	Net assets or fund balances. Subtract line 21 from line 20	107,445 285,186

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: *Michael Day* Date: 11/12/25
 Michael Day Chair

Paid Preparer Use Only
 Preparer's name: Rebecca C Jenne Preparer's signature: _____ Date: 11/12/2025 Check if self-employed PTIN: P00286107
 Firm's name: Jenne Consulting Services Firm's EIN: 81-4252101
 Firm's address: 1390 Alturas Ave., Reno, NV 89503 Phone no.: (775) 742-9380

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