

Return of Private Foundation

2024

Department of the Treasury
Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation
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Open to Public Inspection

For the calendar year 2024, or tax year beginning **January 01, 2024**, and ending **December 31, 2024**

Name of foundation The Follow-On Mission a.k.a Same		A Employer identification number 85-1579563
Number and street (or P.O. box number if mail is not delivered to street address) 31390 Sunnyside Rd,	Room/suite	B Telephone number (see instructions) (573) 690-9557
City or town, state or province, country, and ZIP or foreign postal code California, MO 65018		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 40,972	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ----- (Part I, column (d), must be on cash basis.)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received(attach schedule)	36,419			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0			
	4 Dividends and interest from securities	0			
	5a Gross rents	0			
	b Net rental income or (loss)	0			
	6a Net gain or (loss) from sale of assets not on line 10	0			
	b Gross sales price for all assets on line 6a 0				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications			0	
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	174	0	0		
12 Total. Add lines 1 through 11	36,593	0	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	0	0	0	0
	15 Pension plans, employee benefits	0	0	0	0
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	171	0	0	0
	17 Interest	0	0	0	0
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	13,278	0	0	
	20 Occupancy	0	0	0	0
	21 Travel, conferences, and meetings	100	0	0	0
	22 Printing and publications	99	0	0	0
	23 Other expenses (attach schedule)	34,735	0	0	28,291
	24 Total operating and administrative expenses. Add lines 13 through 23	48,383	0		28,291
25 Contributions, gifts, grants paid	0			0	
26 Total expenses and disbursements. Add lines 24 and 25	48,383	0		28,291	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	(11,790)				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	2,819	4,307	4,307
	2 Savings and temporary cash investments	0	0	0
	3 Accounts receivable			
	Less: allowance for doubtful accounts	0	0	0
	4 Pledges receivable			
	Less: allowance for doubtful accounts	0	0	0
	5 Grants receivable	0	0	0
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use	0	0	0
	9 Prepaid expenses and deferred charges	0	0	0
	10a Investments—U.S. and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis	0		
Less: accumulated depreciation (attach schedule)	0			
12 Investments—mortgage loans	0	0	0	
13 Investments—other (attach schedule)				
14 Land, buildings, and equipment: basis	0			
accumulated depreciation (attach schedule)	0			
15 Other assets (describe)	54,583	47,389	36,665	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	57,402	51,696	40,972	
Liabilities	17 Accounts payable and accrued expenses	0	0	
	18 Grants payable	0	0	
	19 Deferred revenue	0	0	
	20 Loans from officers, directors, trustees, and other disqualified persons	0	0	
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	57,402	51,696	
	25 Net assets with donor restrictions	0	0	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	57,402	51,696		
30 Total liabilities and net assets/fund balances (see instructions)	57,402	51,696		

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	57,402
2	Enter amount from Part I, line 27a	2	(11,790)
3	Other increases not included in line 2 (itemize)	3	6,084
4	Add lines 1, 2, and 3	4	51,696
5	Decreases not included in line 2 (itemize)	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	51,696

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2		
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 }		3	0	

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter:(attach copy of letter if necessary—see instructions)		1	0	
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2		
3 Add lines 1 and 2		3	0	
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0	
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	0	
6 Credits/Payments:				
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a		0	
b Exempt foreign organizations—tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c		0	
d Backup withholding erroneously withheld	6d		0	
7 Total credits and payments. Add lines 6a through 6d.		7		
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	0	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	0	
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax Refunded		11	0	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1c Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ _____ (2) On foundation managers. \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>MO</u>		
8b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>www.TheFollowOnMission.org</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 The books are in care of <u>REBECCA JACKSON</u> Telephone no <u> </u> <u> </u> <u> </u> <u> </u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year	<input type="checkbox"/>	
16 At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<input type="checkbox"/>	<input type="checkbox"/>
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5):		
a At the end of tax year 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," list the years 20____, 20____, 20____, 20____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20____, 20____, 20____, 20____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did it have excess business holdings in 2024 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2024.)	<input type="checkbox"/>	<input type="checkbox"/>
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2024?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:		Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions.	5a(4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	<input type="checkbox"/>	<input type="checkbox"/>
c Organizations relying on a current notice regarding disaster assistance, check here.		<input type="checkbox"/>	
d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	5d	<input type="checkbox"/>	<input type="checkbox"/>
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	<input type="checkbox"/>	<input type="checkbox"/>
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account other allowances
Keith Jackson [Redacted]	Founder & Chief Operations Officer 40	0	0	0
Rebecca Jackson [Redacted]	Treasurer and Financial Controller 30	0	0	0
Scott Kinder [Redacted]	President and Chairman 4	0	0	0
Alicia Hansen [Redacted]	Vice President and Secretary 4	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part VIII-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 See Statement	
2 See Statement	
3 See Statement	
4 See Statement	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	0
2 N/A	0
All other program-related investments. See instructions.	
3 N/A	0
Total. Add lines 1 through 3	0

Part IX **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	6,381
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	6,381
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	6,381
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	96
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	6,285
6	Minimum investment return. Enter 5% (0.05) of line 5	6	314

Part X **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part IX, line 6	1	
2a	Tax on investment income for 2024 from Part V, line 5	2a	
2b	Income tax for 2024. (This does not include the tax from Part V)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XI **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	28,291
b	Program-related investments—total from Part VIII-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	6,084
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	34,375

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only				
b Total for prior years: 20 ____, 20 ____, 20 ____				
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 e				
4 Qualifying distributions for 2024 from Part XI, line 4: \$ _____				
a Applied to 2023, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2024 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2019 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year				(e) Total
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	0	0	37	0	37
b 85% (0.85) of line 2a	0	0	31	0	31
c Qualifying distributions from Part XI, line 4, for each year listed	34,375	40,340	22,567	15,346	112,628
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	34,375	40,340	22,567	15,346	112,628
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets	36,665	34,755	24,119	14,627	110,166
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	35,335	33,155	21,319	14,627	104,436
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed	209	163	242	0	614
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	0	0	0	0	0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)	0	0	0	0	0
(3) Largest amount of support from an exempt organization	0	0	0	0	0
(4) Gross investment income	0	0	0	0	0

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
Keith&Rebeca Jackson, Alicia Hansen
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
N/A
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.
- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:
- b** The form in which applications should be submitted and information and materials they should include:
- c** Any submission deadlines:
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
Total				3a

b <i>Approved for future payment</i>				
Total				3b

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2024

Name of the organization
The Follow-On Mission

Employer identification number
85-1579563

Organization type (check one):

- | Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c) () organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input checked="" type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990PF** (2024)

Name of the organization The Follow-On Mission	Employer identification number 85-1579563
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) Type of contribution
1	Keith and Rebecca Jackson _____ _____ _____	\$ 8,351	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	John and Alicia Hansen _____ _____ _____	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of the organization The Follow-On Mission	Employer identification number 85-1579563
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Form 990PF Statements

2024

Name of the Organization
The Follow-On Mission

Employer identification number
85-1579563

Statement name: **Other Income - Part I Line 11**

Explanation:	Credit Card Rebate
Revenue per books:	\$174
Net Investment Income:	\$0
Adjusted Net Income:	\$0

Statement name: **Other Professional Fees - Part I Line 16c**

Explanation:	Express Tax Exempt - TAX990.com - Online 990-PF Service
Expenses per books:	\$171
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0

Statement name: **Other Expenses - Part I Line 23**

Explanation:	724 - Event Supplies
Expenses per books:	\$2,017
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$2,017

Explanation:	727- Expendable Event Supplies for Race Car #1 (Athena)
Expenses per books:	\$17,128
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$17,128

Explanation:	743 - Commercial Credit Card Fees to process donations
Expenses per books:	\$117
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$117

Explanation:	744 - Event Expense
Expenses per books:	\$8,106
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$8,106

Explanation:	761 - Non-inventory Assets
Expenses per books:	\$225
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0

Explanation:	735 - Business Expense - Website, email, business cards, etc (less \$100 travel to Kentucky, line 21)
Expenses per books:	\$639
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$421
Explanation:	726 - Shop Supplies
Expenses per books:	\$561
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$482
Explanation:	767 - Race Car #2 (Freya) - Building 2nd Car for Charitable Purposes - Rollcage - Asset Improvement
Expenses per books:	\$3,283
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0
Explanation:	736 - Registration Fees - State of MO
Expenses per books:	\$20
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$20
Explanation:	787 - 2003 Ford Focus
Expenses per books:	\$87
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0
Explanation:	757 - Upgrades Race Car #1 - Athena. Included in asset valuation vs disb for charitable activity
Expenses per books:	\$844
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0
Explanation:	762 - Race Gear (Fire/Safety Gear) - Assets vs Disb for Charitable Purposes
Expenses per books:	\$1,645
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0
Explanation:	749 - Advertising and Promo Materials (Less \$99 for printed brochures, line 22)
Expenses per books:	\$63
Net Investment Income:	\$0
Adjusted Net Income:	\$0
Disbursements for Charity Purpose:	\$0

Statement name: Other assets - Part II Line 15

Description:	Trailer Winch
BOY:	\$447
EOY:	\$358
EOY - FMV:	\$200
Description:	64044 Hydraulic Wire Crimping Tool \$69.99, 56405 4pc 2inch Carbide Burr DO \$69.99
BOY:	\$212
EOY:	\$170
EOY - FMV:	\$80
Description:	Thread Kit 5528-6
BOY:	\$42
EOY:	\$34
EOY - FMV:	\$20
Description:	Roller Stool and 1 set of wheel dollies
BOY:	\$175
EOY:	\$131
EOY - FMV:	\$100
Description:	Soldering Station and Wheel Stud Kit
BOY:	\$172
EOY:	\$138
EOY - FMV:	\$120
Description:	Torque Wrench (Digital)
BOY:	\$217
EOY:	\$174
EOY - FMV:	\$120
Description:	Tool Box
BOY:	\$202
EOY:	\$162
EOY - FMV:	\$120
Description:	Hide-a-Bed Loveseat (Plasma TV fell over and broke)
BOY:	\$0
EOY:	\$0
EOY - FMV:	\$30
Description:	1997 Honda Civic 2dr 400K miles
BOY:	\$2,083
EOY:	\$4,949
EOY - FMV:	\$4,500
Description:	3/16 Die Kit
BOY:	\$55
EOY:	\$44
EOY - FMV:	\$30

Description:	1/2" Carbon Steel NPT Pipe Tap
BOY:	\$12
EOY:	\$10
EOY - FMV:	\$5
Description:	Pliers x 2
BOY:	\$31
EOY:	\$25
EOY - FMV:	\$10
Description:	RAM Clutch Billet Steel Alignment Tool 03-013
BOY:	\$73
EOY:	\$58
EOY - FMV:	\$25
Description:	3/8 and 7/16 Line Wrenches - One straight, one flexible
BOY:	\$40
EOY:	\$32
EOY - FMV:	\$10
Description:	Cool Shirt System and 2 Shirts (Large x 1, Med x 1)
BOY:	\$824
EOY:	\$659
EOY - FMV:	\$400
Description:	10mm Line Wrench - Flexible
BOY:	\$15
EOY:	\$12
EOY - FMV:	\$5
Description:	Track Laptop
BOY:	\$179
EOY:	\$119
EOY - FMV:	\$100
Description:	Snap-On Engine Stand - Valued by donor as \$419
BOY:	\$0
EOY:	\$0
EOY - FMV:	\$100
Description:	Hunsaker Fuel Cans x 7 (one can depleted, leaking)
BOY:	\$490
EOY:	\$317
EOY - FMV:	\$210
Description:	Fire Retardant Race Gear: Jackets, Pants, Helmets, Balaclavas, Gloves, Socks & Shoes
BOY:	\$6,364
EOY:	\$4,373
EOY - FMV:	\$2,200

Description:	3 Race Helmets (Black): X-large, Large, Medium
BOY:	\$223
EOY:	\$0
EOY - FMV:	\$150
Description:	3/4T HD Load Leveler, 14pc Combo Wrench Set - Metric - Donated by Danny Crawford
BOY:	\$87
EOY:	\$58
EOY - FMV:	\$40
Description:	2 Aluminum Race Jacks, 4 Jack Stands, 4 Dollies, 1 Spot Welder
BOY:	\$476
EOY:	\$317
EOY - FMV:	\$300
Description:	Muncie 4 Speed M20/21/22 Input Nut Wrench, WT297-W
BOY:	\$42
EOY:	\$34
EOY - FMV:	\$10
Description:	1978 Chevrolet Malibu (Donated by Jacksons)
BOY:	\$40,385
EOY:	\$31,764
EOY - FMV:	\$25,000
Description:	Foam Cutter
BOY:	\$106
EOY:	\$85
EOY - FMV:	\$50
Description:	Thread Kits 5521-7 and 5521-8
BOY:	\$71
EOY:	\$57
EOY - FMV:	\$20
Description:	Thread Kit 5521-6 and Drill Bit
BOY:	\$40
EOY:	\$32
EOY - FMV:	\$10
Description:	2003 Ford Escort
BOY:	\$1,520
EOY:	\$1,407
EOY - FMV:	\$1,300
Description:	761 - 2024 Donations (Milwaukee packout, foldable shelf, brake pad spreader, wireless mic, tray)
BOY:	\$0
EOY:	\$0
EOY - FMV:	\$500

Description:	762 - 2024 Gear (2pr gloves, 2 sets shoes, 1pr pants, Hans posts)
BOY:	\$0
EOY:	\$581
EOY - FMV:	\$300

Description:	762 - 2024 Gear (2 Helmets, mic kits) 3yr
BOY:	\$0
EOY:	\$1,064
EOY - FMV:	\$500

Description:	761 - 2024 Engine Dolly and Pressure Test Kit
BOY:	\$0
EOY:	\$225
EOY - FMV:	\$100

Statement name: **Changes in Net Assets - Part III Line 3**

Explanation:	New Assets: Cars 1-2-3 844+87+3283+Gear1645+EngineDolly69+PressureTestKit156
Amount:	\$6,084

Statement name: **Part VIII-A Direct Charitable Activities**

Explanation:	1. 18-20 October 2024, 3-day event: Friday Test & Tune, Saturday Race & Sunday Race. ChampCar Endurance Race @ Road American, Elkhart Lake, Wisconsin. Our team of eight supported our four veteran drivers for the weekend. Sixty-four teams participated in the race (approximately 410 people). The Follow-On Mission provided the race car, fuel, required event graphics, ChampCar memberships fees, track time, race gear, team shirts, and race support for the weekend, to include lunches, snacks and one team dinner (\$6,083). Three board members and one volunteer paid for their own travel, food, and lodging expenses (\$2,732).
Amount:	\$8,816

Explanation:	2. 12-14 April 2024, 3-day event: Friday Test & Tune, Saturday Race & Sunday Race. ChampCar Endurance Race @ Gingerman Raceway, South Haven, Michigan. Our team of seven supported our four veteran drivers for the weekend. Twenty-four teams participated in the race (approximately 175 people). The Follow-On Mission provided the race car, fuel, required event graphics, ChampCar memberships fees, track time, race gear, team shirts, and race support for the weekend, to include lunches, snacks and one team dinner (\$5,937). Board members paid for their own travel, food, and lodging expenses (\$1,977).
Amount:	\$7,915

Explanation:	3. 03-05 May 2024, 3-day Event: Friday Test & Tune, Saturday Race & Sunday Race. 24 Hours of Lemons Race @ Hallett Motor Raceway, Jennings, Oklahoma. Our small but mighty team of six supported our four veteran drivers for the weekend. Forty-nine teams participated in the race (approximately 320 people). The Follow-On Mission provided the race car, fuel, required event graphics, 24 Hours of Lemons memberships fees, track time, race gear, team shirts, and race support for the weekend, to include lunches, snacks and one team dinner (\$6,103). Two board members paid for their own travel, food, and lodging expenses (\$913).
Amount:	\$7,016

Explanation:

4. 14-16 June 2024, 3-day event: Friday Test & Tune, Saturday Race & Sunday Race. ChampCar Endurance Race @ Autobahn Country Club, Joliet, Illinois. Our team of six supported our four veteran drivers for the weekend. Thirty-seven teams participated in the race (approximately 250 people). The Follow-On Mission provided the race car, fuel, required event graphics, ChampCar memberships fees, track time, race gear, team shirts, and race support for the weekend, to include lunches, snacks and one team dinner (\$5,552). Two Board members paid for their own travel, food and lodging expenses (\$842). In 2024, our Founder and Executive Director was interviewed on one podcast (500 viewers), one morning TV program (6.5K), and spoke at two in-person events [Jefferson City Crisis Intervention Team (40) and California VFW (31)] regarding suicide interdiction and how our non-profit is helping veterans and first responders.

Amount:

\$6,394

Statement name: **Part XV B - Relationship of Activities to the Accomplishment of Exempt Purposes**

11(a):

Credit Card Rebate is treated as any other donation and is disbursed for charitable activities.

Name of the Organization
The Follow-On Mission

Employer identification number
85-1579563

Statement name: **Depletion - Part I Line 19**

Explanation: Hunsaker Fuel Can - Leaking
Type of Expense: Depletion
Expenses per books: \$50
Net Investment Income: \$0
Adjusted Net Income: \$0

Explanation: Hans Device - Lost @ Gingerman
Type of Expense: Depletion
Expenses per books: \$400
Net Investment Income: \$0
Adjusted Net Income: \$0

Statement name: **Depreciation - Part I Line 19**

Name of property: 1978 Chevrolet Malibu
Description of Property: Race Car #1 - 1978 Chev Malibu
Type of Expense: Depreciation
Date Acquired: 06/24/2020
Cost or Other Basis: \$47,327
Depreciation Allowed: \$9,465
Method of Computation: Straight Line Depreciation
Depreciation this Year: \$9,465
Depreciation: Life (Years)
Rate(%) / Life: 5
Expenses per books: \$9,465
Net Investment Income: \$0
Adjusted Net Income: \$0

Name of property: 2021 Assets (5yr)
Description of Property: Load Leveler, Jacks, Jack Stands, Spot Welder
Type of Expense: Depreciation
Date Acquired: 09/01/2021
Cost or Other Basis: \$939
Depreciation Allowed: \$188
Method of Computation: Straight Line Depreciation
Depreciation this Year: \$188
Depreciation: Life (Years)
Rate(%) / Life: 5
Expenses per books: \$188
Net Investment Income: \$0
Adjusted Net Income: \$0

Name of property:	2021 Helmets (3) 3-yr
Description of Property:	3 Helmets
Type of Expense:	Depreciation
Date Acquired:	05/11/2021
Cost or Other Basis:	\$667
Depreciation Allowed:	\$223
Method of Computation:	Straight Line Depreciation
Depreciation this Year:	\$223
Depreciation:	Life (Years)
Rate(%) / Life:	5
Expenses per books:	\$223
Net Investment Income:	\$0
Adjusted Net Income:	\$0

Name of property:	2003 Ford Escort
Description of Property:	2003 Ford Escort
Type of Expense:	Depreciation
Date Acquired:	08/16/2021
Cost or Other Basis:	\$1,807
Depreciation Allowed:	\$200
Method of Computation:	Straight Line Depreciation
Depreciation this Year:	\$200
Depreciation:	Life (Years)
Rate(%) / Life:	5
Expenses per books:	\$200
Net Investment Income:	\$0
Adjusted Net Income:	\$0

Name of property:	1997 Honda Civic
Description of Property:	1997 Honda Civic
Type of Expense:	Depreciation
Date Acquired:	06/04/2021
Cost or Other Basis:	\$2,083
Depreciation Allowed:	\$417
Method of Computation:	Straight Line Depreciation
Depreciation this Year:	\$417
Depreciation:	Life (Years)
Rate(%) / Life:	5
Expenses per books:	\$417
Net Investment Income:	\$0
Adjusted Net Income:	\$0

Tax Exempt Entity Declaration and Signature for E-file

For calendar year 2024, or tax year beginning January 01, 2024, and ending December 31, 20 24

2024

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP Go to www.irs.gov/Form8453TE for the latest information.

**Open to Public
Inspection**

Name of filer The Follow-On Mission	EIN or SSN 85-1579563
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Part I Type of Return and Return Information

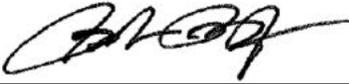
Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a,2a,3a,4a,5a,6a,7a,8a,9a or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b,2b,3b,4b,5b,6b,7b,8b,9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	0
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration of Officer or Person Subject to Tax

- 11a I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- b If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named entity or I am the person subject to tax with respect to (name of entity) **The Follow-On Mission** (EIN) **85-1579563**, 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. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here 	11/08/2025	Treasurer
Signature of officer or person subject to tax	Date	Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if selfemployed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if selfemployed <input type="checkbox"/>	PTIN
	Firm's name Firm's address				Firm's EIN Phone no.