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Department of the Treasury Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2023 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. Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or th	e 2022 calendar year, or tax year beginning and	ending	_	
B c	heck if	le: C Name of organization		D Employer identific	ation number
	Addr	ge LARE COUNTRY CARING INC			
	Name Chan	ge Doing business as		39-198351	10
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final			26236766	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	551,766.
X	Amer	HARILAND, WI 33023		H(a) Is this a group re	
	Appli tion pend	F Name and address of principal officer: DODAN DIROTEL		for subordinates?	
		SAME AS C ABOVE		H(b) Are all subordinates inc	
-		tempt status: $X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (insert no.) 494$	or 🛄 527		list. See instructions
	Vebs			H(c) Group exemption	
	_	f organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1990 M	State of legal domicile: WI
Pa	art I			DACTO NECE	
e	1	Briefly describe the organization's mission or most significant activities: TO PI NO COST TO THOSE IN NEED IN THE LAKE COU	KUVIDE NIMDV N	DASIC NECE	DOTITED AT
Governance					t-
veri	2	Check this box if the organization discontinued its operations or disposed by the approximation of the approximati		1 1	sets. 8
ŝ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			8
کە م	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		0	
itie	6	Total number of volunteers (estimate if necessary)			115
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u> </u>	Prior Year	Current Year
đ	8	Contributions and grants (Part VIII, line 1h)		409,561.	511,734.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,359.	40,032.
£	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)		413,920.	551,766.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		317,511.	417,600.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 2,4	66.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,395.	97,591.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		384,906.	515,191.
. (0	19	Revenue less expenses. Subtract line 18 from line 12		29,014.	36,575.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		780,341.	775,653.
et A ind [	21	Total liabilities (Part X, line 26)		0.	$\frac{0}{775}$
		Net assets or fund balances. Subtract line 21 from line 20		780,341.	775,653.
IFC					

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	Signature of officer			Date								
	SUSAN STROMEI, PRESIDENT											
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	MARY K. HINTZ, CPA			self-employed P01300923								
Preparer	Firm's name HINTZ GIUFFRE CPA			Firm's EIN 39-1679915								
Use Only	Firm's address 3945 HICKORY KNOL	L RD										
	HARTLAND, WI 53029-9362 Phone no. (262											
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		Yes No								
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)											

	1 990 (2022) LAKE COUNTRY CARING INC 39–1983510	Pa
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission:	7
	TO PROVIDE BASIC NECESSITIES AT NO COST TO THOSE IN NEED IN THE LAKE	5
	COUNTRY AREA.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Х
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
	If "Yes," describe these changes on Schedule O.	
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	nd
	revenue, if any, for each program service reported. (Code:) (Expenses \$507,081. including grants of \$417,600. ) (Revenue \$	
	(Code: ) (Expenses \$ 507,081. including grants of \$ 417,600.) (Revenue \$ DONATIONS OF CLOTHING, HYGIENE PRODUCTS, FURNITURE, APPLIANCES, INFA	٩N
	AND HOUSEHOLD ITEMS ARE ACCEPTED, SORTED AND GIVEN TO THOSE IN NEED	
	FREE OF CHARGE. THESE ITEMS AND COMMUNITY RESOURCE REFERRAL ARE	
	PROVIDED TO AN AVERAGE OF 350 PEOPLE EACH MONTH WHO LIVE IN WAUKESHA	
	WASHINGTON, DODGE OR JEFFERSON COUNTY. NEED IS ASSESSED UPON INITIAL	
	INTAKE AND VALIDATED ANNUALLY THEREAFTER. IT CAN BE SUBSTANTIATED IN	
	NUMBER OF WAYS, INCLUDING DOCUMENTED PARTICIPATION IN STATE OR FEDER	RA
	PROGRAMS SUCH AS THE NATIONAL SCHOOL LUNCH PROGRAM, WISCONSIN	
	FOODSHARE, MEDICAID, BADGERCARE, WISCONSIN WORKS OR PUBLIC HOUSING ASSISTANCE, A RECENT TAX RETURN SHOWING HOUSEHOLD ADJUSTED GROSS INC	
	OF NO MORE THAN 200% OF THE FEDERAL POVERTY LEVEL, OR VERIFICATION T	
	THE INDIVIDUAL IS A CLIENT OF ANOTHER NONPROFIT THAT SERVES LOW INCO	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c	(Code:         ) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     507,081.	
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     507,081.   Form 99	<b>90</b> (
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     507,081.	<b>90</b> ()

Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	X	<u> </u>
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			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
F	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		x
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 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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<b> </b>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
А	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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,			1
	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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
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? <i>If</i> " <i>Yes</i> ," <i>complete Schedule G, Part I</i> . See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
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Form 990 (2022)

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		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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			x
24 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
248				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a         Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
-04	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		x
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%	1		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
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			
	"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
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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
85a	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		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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2         Test the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.         2a         0           1b         14 all east one sepants on line 3, do dt the organization file all required fideral employment Tax returns?         2a         0           24         Dt the organization have ournelated business gross income of \$1,000 or more during the syst?         2b         2a         X           26         Dt the organization have ournelated business gross income of \$1,000 or more during the syst?         2b         2a         X           27         Dt the organization have ournelated business gross income of \$1,000 or more during the syst?         2b         2a         X           28         Dt the organization have ournelated business gross income of \$1,000 or more during the syst?         2a         X           28         If 'Yes', in the name of the forgen county         Se any to a prohibed ta shelet transaction at any to a prohibed ta shelet transaction?         5a         X           28         Ut any totable party notify the organization in the organization network and ta evolution?         5a         X           29         Dt divers the as orbs, dit the organization in the organization network any certributions and party for goods and services provided the approximation incose 315 Am and property for which it was required to the solution?         5a         X           20         Dt dive organization neadive adomization neadive adomization		990 (2022)LAKE COUNTRY CARING INC39-1983	510	Pa	age 5						
2a         Enter the number of employees reported on from WA, Transmittal of Wage and Tax Statements, 2         0           b         If a least one is reported on line 2a, did the organization file all required federal employment tax returns?         2a           b         Visit and the organization have uncleated by least one of \$1000 one one during the valide of Wage and Statements, yee a signature or other studently over, a financial account is a toreign country (such as a bank account, securities account, or other innancial accounts (FEAR); Sea that the organization tare is a bank account, securities account, or other innancial Accounts (FEAR); Sea that the organization tare and the foreign country (such as a bank account, securities account, or other innancial Accounts (FEAR); Sea that the organization tare granitation tare and trans (state or a prohibited tax sheller transaction at any time during the tax year?         Sea         X           b         D d any taxabal grans reditive form 8886??         Sea         X           c         If "Yes," (state the organization that are organization tare and trans grant was or tax appt to a prohibited tax sheller transaction; as any time during the tax year?         Sea         X           c         If "Yes," (state sequence)         Tax (state sequence)         Sea         X           d         If "Yes," (state sequence)         Tax (state sequence)         Sea         X           d         If "Yes," (state sequence)         Tax (state sequence)         Sea         X           f         Yes, "state sequenc	Par	<b>Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)									
Ite of the calendar year ending with or within the year covered by this return     Image: Calendar Cale	-			Yes	No						
b         If it least one is reported to thing 2a, did the organization file all required federal employment far returns?         26           30         Did the organization have united business grows income of \$10,000 or more during the year?         36           41         A my time during the calendar year. did the organization have an intensit in or a signature or other natulatority over. a transit is control to other financial account?         4a           42         A my time during the calendar year. did the organization than account, security executes a to other financial accounts (FBAR).         5a         X           54         Max the organization that equiness to financial accounts.         5a         X           54         Max the organization that equiness to that was or is a parity to a prinkibed tax sheler transaction?         5b         X           55         Did my totasing organization that equinal gross receipts that are organizity that are promitily center than \$10,000,001 and did the organization solid any contributions that any center y solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).         6b           61         U'''''''''' to in los 2a of 5b, did the organization tax that are organizity that any time during the same statement that such contributions or gifts were not tax deductible?         7a         X           10         U''''''''' '' (''''''''''''''''''''''''	2a										
3a       Def the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, do the organization have an interest in, or a signature or other authorly over, a financial account?       4a       X         4a       At any time during the calendar year, do the organization have an interest in, or a signature or other authorly over, a financial account?       4a       X         b       If "vis," inter the name of the foreign country       5a       X         Sw tas the organization in parts to prohibit dax shelter transaction at any time during the tax year?       5a       X         b       If any table parts notify the organization in from 886.7       5a       X         c       If "vis," ind the organization inclow with every solicitation an express statement that such contributions solicit any contributions that were not tax deductibles or charalable contributions?       6a       X         0       Did the organization notify the down of the value of the goods or services provided?       7a       X         1       If "vis," indicate the number of Forms 8252?       7a       X       If "vis," indicate the number of the value of the goods or services provided?       7a       X         1       If "vis," indicate the number of the value of the goods or services provided?       7a       X       If "vis," indicate the number of Forms 8282?       X      <	h		0h								
b       If Yes, 'Institute of the comparation for the instruction have an interest in or a signature or other authority over, a fanancial account is a compare contry (such as a bank account, accurities account, or other financial accounts (FBAR), the 'I'' the 'I'' the 'I''' to line the approximation for Financial accounts or other authority over, a far the 'I'''''''''''''''''''''''''''''''''''					x						
4         A any time during the calendary year, dif the organization have an interest in, or a signature or other submetry over a francial account) is observed as a bank account, securities account, or other submetry cale accounts (FBAR).         4         X           b         If "vas," inter the name of the forsign country.         5         X           c         If "vas," inter the name of the forsign country.         5         X           b         diary taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?         5         X           c         If "vas," is obset the organization in the organization in come as a shartable contributions?         5         X           d         If "vas," is obset the organization include wherey solicitation an express statement that such contributions or gifts were not tax deductibles a contribution surder section 170(c).         6         X           d         If "vas," id dit the organization include wherey solicitation are express statement that such contributions or gifts were not tax deductibles and take party as a contribution and partly for gonds and services provided?         7         7           d         If "vas," indicate the number of Horms 282P. field during the year         7         7         7           d         If the organization netwine any state and value of the goods can services provided?         7         7         7           d         If "vas," indicate the number of Horms 282P. f											
If Tres,* return the name of the role product is at bank account, accurities account, or other financial account)?     4a     X       If Tres,* return the name of the role product is the transaction at any time during the tax year?     5a     X       5b     D dray transition ap party to a prohibited tax shafter transaction at any time during the tax year?     5a     X       6a     D dray transition party to a prohibited tax shafter transaction?     5a     X       6a     D dray transaction ap party to a prohibited tax shafter transaction?     5c     X       6b     D dray transaction approximation the form 8886-17.     5a     X       6b     D vest the organization that was or is a party to a prohibited tax shefter transaction?     5c     X       6b     D vest vie organization tax approximation tax approximation and express statement that such contributions or gifts     6a     X       7     Organization sheft may receive deductible contributions and gifts presonal property for which it was required to file form 8282?     7a     X       7     Organization sheft may receive deductible contributions or diffs approximation sheft contract?     7a     X       7     Organization coving approximation sheft express of \$75 made party as a contribution and party for yoods and services provided?     7a     X       7     Vest, 'idate organization and party tax's directly or indirectly, to pay premume on apersonal benefit contract?     7a     Yf			55								
b       If "Yes," enter the name of the foreign country       See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       So       X         b       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       So       X         b       Ut any taxable party notify the organization final it was or is a party to a prohibited tax shelter transaction?       So       X         cl       Twes," tota Sa or Sb, dift we organization for Som 886-77.       So       X         cl       Twes," tota Sa or Sb, dift we organization in Som 886-77.       So       X         cl       Twes," tota the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible acharlable contributions?       So       X         b       If "ves," idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible acharlable contributions?       To       X         b       If "ves," iddite organization notify the door or the value of the goods or services provided?       To       X         b       If "ves," indicate the number of Form 8320 fled during the year       Id       Id       To       Td         cl       Did the organization are exited substate and service, or otherwise leadeus       Somosring organization area contribution of acanis booling at any time during the year?	τu		4a		х						
See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),     Sa     X       5a     Was the organization aparty to a prohibited tax shells transaction at any time during the tax year?     Sa     X       5b     Did any taxable party notify the organization the Form 8880 F7.     Sa     X       6b     Obsets the organization the annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that are not tax deductible as charitable contributions?     Sa     X       9b     If "Ves," to line organization the rom 8888 F7.     Ga     Sa     X       9b     If "Ves," to the organization that are not tax deductible as charitable contributions?     Ga     X       9b     If "Ves," to the organization notice with very solicitation an express statement that such contributions or gifts were not tax deductible?     Ga     X       9b     If "Ves," indicta the number of forms 8282 field during the year     Td     Ta     X       9b     If "Ves," indicta the number of Forms 8282 field during the year     Td     Ta     X       9b     If "Ves," indicta the number of Forms 8282 field during the year     Td     Ta     X       9c     If "Ves," indicate the number of Forms 8282 field during the year     Td     Td     Td       9c     If "Ves," indicate the number of Forms 8282 field during the year     Td     Td	b		ľ								
5a       Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?       5a       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?       5b       X         c       U'Yes' to line 5a or 5b, did the organization time from 8886-T?       5c       5c         d       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that ween to tax deductible as chartable contributions or gifts       6a       X         b       I'Yes', 'did the organization include with every solicitation an express statement that such contributions or gifts       6b       7a       X         d       I'Yes, 'did the organization notify the donor of the value of the godds or services provided?       7a       X         d       I'Yes, 'idid the organization receive a payment in boosts of \$75 made party is a contribution and party for gods and services provided to the party trady. If resp: 'indicate the number of Forms 8822 filed during the year       7a       X         d       I'Yes, 'indicate the number of Forms 8822 filed during the year       7a       Y       Y         g       If the organization receive a contribution of qualified intellectual property. did the organization file a Form 1038-C?       7r       Y       Y         g       If the organization receive a contribution of cas, boats, ariphanes, or t	~										
b Did any taxable party notity the organization that twise or is a party to a prohibited tax shefter transaction?       Set X         c If "Yes' to line Sa or 5b, did the organization file form 8886-T?       Sec IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5a		5a		Х						
c If Y*s*1 to line 5a or 5b, did the organization file Form 8888-77.       5c         Ga Does the organization was annual gross receipts that are normally greater that \$100,000, and did the organization solicit any contributions that were not tax deductible contributions?       6a       X         b If Y*s,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6a       X         b If the organization receive apament excess of 25 made party as contribution and party for gods and services provided to the part?       7a       X         c Did the organization receive apament excess of 25 made party as contribution and party for gods and services provided to the part?       7a       X         d If Y*s,* indicate the number of Forms 8282 filed during the year       7a       X         d If the organization receive apart (unds, directly or indirectly, on a personal benefit contract?       7a       X         d If the organization receives a party (unds, directly or indirectly, on a personal benefit contract?       7a       X         g Did the organization make any taxable distribution of cars, boats, alplanes, or other vehicles, did the organization file a Form 1098-C?       7b       X         f If the organization make any taxable distributions under section 4966?       9a       9b       9b       5c         sponsoring organization make any taxable distributions under section 4966?       9a       9b					Х						
Ge     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that ware not tax deductible as chartable contributions?     Ga     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?     Ga     X       c     Organizations that may receive deductible contributions under section 170(c).     Bit the organization rotelve a payment in excess of \$75 made partly as a contribution and partly for pools and services provided to the payr.     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7b     Tc     X       c     Did the organization rocelve any funds, directly or indirectly, on a personal benefit contract?     7c     X       d     If "Yes," indicate the number of Forms 8282 field during the year     Td     Te     Te       d     Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?     Tr     Te       g     Sponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a     9b     Tob       d)     Det the sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization. Enter:     10a     10a     10a       d)     Desction 501(c)(7)			5c								
any contributions that were not tax deductible as charitable contributions?     6a     X       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     6b       7 Organizations that may receive deductible contributions under section 170(c).     7b       a Did the organization nector payment in excess of S7s made parity as a contribution and parity for goods and services provided to the payment in excess of S7s made parity as contribution and parity for goods and services provided to the payment in excess of S7s made parity as contribution and parity for goods and services provided to the payment in excess of S7s made parity as contributions and parity for goods and services provided to the payment in excess of S7s made parity to pay premiums on a personal benefit contract?     7c     X       d If "Yes," indicate the number of Forms 8282 filed during the year     7d     7d     7d       g If the organization neceived a contribution of auxilied intellectual property, did the organization file a Form 808-C?     7t     7t       g If the organization neceived a contribution of auxilied intellectual property, did the arganization file a Form 808-C?     7t     7t       g If the organization neceived a contribution of oars, boats, aiplanes, or other vehicles, did the organization file a Form 808-C?     7t     7t       g Sponsoring organization make a distribution to a donor advised fund.     10a     10a     9a     9a       g Did the soganization neceive a contribution sincluded on Part VIII, line 12     10g     10g     10g <td< th=""><th></th><td></td><td></td><td></td><td></td></td<>											
b       If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a       bit He organization conceve a payment in excess of \$76 made parity as a contribution and parity for goods and services provided to the payo?       7b       To         b       If Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If Yes," indicate the number of Forms 8282 filed during the year       7d       X         d       If Yes," indicate the number of Forms 8282 filed during the year       7d       7e         f       Did the organization neceive a contribution of qualified intellectual property, did the organization file Form 8289 as required?       7f       7g         g       If the organization neceive a contribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9b       50         9       Sponsoring organization make any taxable distribution to advised funds.       10a			6a		Х						
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization nective a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?     7a       X     TY "Yes," did the organization nective apyment in excess of \$75 made party as a contribution and partly for goods and services provided?     7b       0     If "Yes," did the organization nective apyment in excess of \$75 made party as a contribution and partly for which it was required to the Form 8282?     7c     X       17     Ty "Yes," did the organization neceve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       16     Did the organization neceve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     T       17     Did the organization neceve any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t     T       18     Did the soganization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advisor, or related person?     9a       9     Sponsoring organization maintaining donor advised funds. Did a donor advisor, or related person?     9a       9     Did the sopnosing organization maintain y taxable distributions under section 4966?     9a       10     Did the soponsoring organization maintaing donor advised funds. <th>b</th> <td></td> <td></td> <td></td> <td></td>	b										
7       Organizations that may receive deductible contributions under section 170(c).       7         a       Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor.       7         b       If "Yes," indicate the number of Forms 8282 filed during the year       7       7         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7       7         c       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7       7         7       Did the organization methy the year, pay premiums, directly or indirectly, on a personal benefit contract?       7       7         7       H       the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7       7         7       H       the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7       7         8       Sponsoring organization maintaining door advised funds.       8       9       9         9       Sponsoring organization maintaining door advised funds.       8       9         9       Sponsoring organization maintaining door advised funds.       9       9         9       Sponsoring organization maintaining door advised funds. </th <th></th> <td></td> <td>6b</td> <td></td> <td></td>			6b								
b       If 'Yes,' did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sull, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If 'Yes,' indicate the number of Forms 8282 field during the year       7d       7c       X         d       If 'Yes,' indicate the number of Forms 8282 field during the year       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       7r         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       8         sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under soction 4966?       9a         9       Sonsoring organization make any taxable distributions under soction 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, doror advisor, or related person?       9b         9       Did the sponsoring organization. Enter:       10a       10a         11       Soction 501(c)(2) organizations. Enter:       10b       11a       12a         12       Section 501(c)(2) organizations. Enter:       10b       11a	7										
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       H**Nes, indicate the number of Forms 8282 filed during the year       7d       7e         d       H**Nes, indicate the number of Forms 8282 filed during the year       7d       7e         f       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7e       7g         f       H* to organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       7g         f       H* the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         g       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         g       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b       9b         g       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         g       Section 4947(c)(1) on-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104?       12a       12a         g       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       10b       12a	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
to file Form 8282?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f Ho organization received a contribution of qualified intellectual property, did the organization files form 8899 as required?       7f         h If the organization received a contribution of cars, boats, aiplanes, or other vehicles, did the organization file Form 8999 as required?       7n         8 Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make any taxable distributions under section 4966?       9a         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         9 Sonsoring organization. Enter:       10a       10b         9 Institution fees and capital contributions included on Part VIII, line 12. [10a       10b       10b         12 Section 501c(x)12 organizations. Enter:       11a       10b       12a         13 Section 501c(x)12 organizations. Enter:       11a       12a       12a         14 Section 501c(x)2 organizations. Enter:       11a       12a       12a         15 Section 501c(x)2 organization is require accured during the year?	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
d if "Yes," indicate the number of Forms 8282 filed during the year       [7d]         e Did the organization receive any funds, directly or indirectly, to pay presnums, on a personal benefit contract?       7e         f Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f         f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1088-C?       7n         8 Sponsoring organizations maintaining door advised funds.       [7]         9 Sponsoring organization make any taxabic distributions under section 49667       9a         b Did the sponsoring organization make and istribution is cluded on Part VIII, line 12       [10a]         10 the sponsoring organizations maintaining door advised funds.       9a         b Did the sponsoring organizations make at distributions under section 49667       9a         b Did the sponsoring organizations. Enter:       [10a]         11 Section 501(c)(12) organizations. Enter:       [10b]         a Gross income from members or shareholders       [11a]         12 Section 501(c)(12) organizations. Enter:       [11b]         13 Section 501(c)(2) organizations. Enter:       [11b]         13 Section 501(c)(2) organizations. Enter:       [12b]         13 Section 501(c)(2) organizations included on Part VIII, line 12       [10b]         14 B Gross income from membe	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required a contribution of qualified intellectual property, did the organization file a Form 1098-C?         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         10       Did the sponsoring organizations maintaining donor advised funds.       9a         9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organizations make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a       10a         11       Section 501(c)(12) organizations. Enter:       10a       11a         12       Section 501(c)(12) organization. Enter:       11a       12a         13       Section 501(c)(20) qualified nonprofit health insurance issuers.       11a       12a         14       Section 501(c)(20) qualified nong		to file Form 8282?	7c		X						
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       73         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization nake avexess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       the sponsoring organization make a distribution to a donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         12       Section 501(c)(2) organizations. Enter:       10a       11b       11b         13       Section 501(c)(2) organizations. Enter:       12a       12a       12a         13       Section 501(c)(2) organizations. Enter:       11b       11b       11b         13       Section 501(c)(22) organizations meiter secieved or accrued during the year <th>d</th> <td>If "Yes," indicate the number of Forms 8282 filed during the year 7d</td> <td></td> <td></td> <td></td>	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organization maintaining donor advised funds.       a donor advised funds.       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Did the sponsoring organization make a distribution to a donor, donor advised, or related person?       9a       9a         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b         12 Gross income from members or shareholders       11a       10b       12a         12 Section 501(c)(12) organizations. Enter:       11a       12a       12a         13 Section 501(c)(12) organization them, interest received or accured during the year       12b       12a       13a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14 Did the organization licensed to issue qualified health plans in more than one State?       14a       X	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<u> </u>						
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organizations maintaining donor advised funds.       8         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       9b         b       Gross income from members or shareholders       11a       10b       11b         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(2) organization is created to major the anount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(2) organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         14b       13a       13a       13a       13a       13a       13a	f										
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       10b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a         b       If Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         12a       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         Note: See the instructions for indoor tanning services during the tax year?       14a       X         b       If Yes," has it filed a form 720 to report these payalination on Schedule O.       14b       14a         b	•										
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b         a initiation fees and capital contributions included on Part VIII, line 12       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11c         a Gross income from members or shareholders       11a       10b       11b       11c         12a       Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a       12a         3       Section 501(c)(2) qualified nonprofit health plans in more than one state?       13a       13a         12a       Is the organization licensed to issue qualified health plans.       13b       13a         2       Enter the amount of reserves on hand       13a       14a       X         14b       If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15	-		7h								
9 Sponsoring organizations maintaining donor advised funds.   a Did the sponsoring organization make any taxable distributions under section 4966?   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   0 Section 501(c)? organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10b 10b   11 Section 501(c)? organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 501(c)(29) qualified nonprofit health insurance issuers.   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization is incensed to issue qualified health plans in more than one state?   Note: See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves on hand   14a Did the organization 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?   14a X   15 X   16 Is the organizations. Did the tuxt, or any disqualified or other sponsore on mage in any activities that would result in the imposition of an excise tax under section 4968 excise tax on net investment income?   16 X   17 If "Yes," complete Form 47	8		-								
a Did the sponsoring organization make any taxable distributions under section 4966?       9a         b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a Initiation fees and capital contributions included on Part VIII, line 12.       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       10a         a Gross income from members or shareholders       11a         b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       112a         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       15         15 At the organization subject to the section 4960 tax on payment	~		8								
b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10c         a       Gross income from members or shareholders       11a       10b       11b       12a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       14a       X         b       Enter the amount of reserves the organization in more than one state?       14a       X       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b       15       X			0-								
10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12b       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13a       13a       13a         c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization and file Form 4720, Schedule O.       16       X       15       X         16       Is the organization. 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 4963 excise tax on net investme											
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         a       Gross income from members or shareholders       11a       11b       11a         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         28       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       14a         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a         5       It he organization and file Form 4720, Schedule N.       15       X       15       X         1f "Yes," see the instructions and file Form 4720, Schedule N.       16			90								
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Is the organization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13c       Image: Comparization is licensed to issue qualified health plans       13c       Image: Comparization is licensed to issue qualified health plans       13c       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image											
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c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       X         15       Is the organization 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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       10       10       10       10	b	Enter the amount of reserves the organization is required to maintain by the states in which the									
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15       Is the organization 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?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       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?       17         If "Yes," complete Form 6069.       10       10					X						
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       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?       17       17         If "Yes," complete Form 6069.       10       10       10       10	b		14b								
If "Yes," see the instructions and file Form 4720, Schedule N.         16         X         If "Yes," complete Form 4720, Schedule O.         17         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?         If "Yes," complete Form 6069.	15				v						
16       X         16       X         16       Y         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities         16       Y         17       If "Yes," complete Form 6069.			15		<u> </u>						
If "Yes," complete Form 4720, Schedule O.         17       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?         If "Yes," complete Form 6069.	40				v						
17       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?       17         1f "Yes," complete Form 6069.       10	16		16		~						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10	17										
If "Yes," complete Form 6069.	17		47								
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Form 990 (2	2022)
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#### LAKE COUNTRY CARING INC

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI								
Sec	tion A. Governing Body and Management				1				
		1 1	o	Yes					
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		I				
	If there are material differences in voting rights among members of the governing body, or if the governing				I				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				I				
b	Enter the number of voting members included on line 1a, above, who are independent		8		I				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				I				
	officer, director, trustee, or key employee?		2						
3									
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4						
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5						
6	Did the organization have members or stockholders?		6						
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						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			Ι				
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х	1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				1				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)							
				Yes					
0a	Did the organization have local chapters, branches, or affiliates?		10a						
	If "Yes," did the organization have written policies and procedures governing the activities of such								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	Х					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
		vritten conflict of interest policy? If "No," go to line 13							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If								
Ŭ	on Schedule O how this was done		12c	x					
3	Did the organization have a written whistleblower policy?		13	x					
4	Did the organization have a written document retention and destruction policy?		14						
5	Did the process for determining compensation of the following persons include a review and appro								
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision								
_			150	x	1				
	The organization's CEO, Executive Director, or top management official		15a 15b	X					
a	Other officers or key employees of the organization		der	- 23					
6-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	amont with a							
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		40-		l				
<b>I</b> -	taxable entity during the year?		16a						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			1				
	exempt status with respect to such arrangements?		16b						
	tion C. Disclosure								
7 0		and 000 T (asstice 501 (-))	2)0 0						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public increation, Indiante house unaide these qualitable. Check all that each t	anu 990-1 (Section 501(C)(	sis oniy	) avail	lá				
	for public inspection. Indicate how you made these available. Check all that apply.	in an Caberly In Ch							
~		in on Schedule O)							
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest policy, a	nd fina	ncial					
_	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 b	ooks and records							
	NICOLE IRELAND - 2623676670								
	PO BOX 591, HARTLAND, WI 53029		_	000	_				
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated		
	hours per	box, unless person is both an officer and a director/trustee)					h an	compensation	compensation	amount of		
	week							l		from	from related	other
	(list any	irecto						the	organizations (W-2/1099-MISC/	compensation from the		
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization		
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related		
	below	idual	Institutional trustee	5	oldm	est co oyee	er	,		organizations		
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			-		
(1) SUSAN STROMEI	20.00											
PRESIDENT		Х		Х				0.	0.	0.		
(2) BARBARA MOELLER	16.00											
VICE PRESIDENT		X		Х				0.	0.	0.		
(3) NICOLE IRELAND	4.00											
TREASURER		X		Х				0.	0.	0.		
(4) SHIRLEY HANSEN	20.00											
VICE PRESIDENT		X		Х				0.	0.	0.		
(5) TIMOTHY HAHN	16.00											
SECRETARY		X		Х				0.	0.	0.		
(6) HAROLD BERG	15.00											
DIRECTOR		X						0.	0.	0.		
(7) LYNNE LAMERS	6.00											
DIRECTOR		X						0.	0.	0.		
(8) ROBERT SHATOLA	4.00											
DIRECTOR		X						0.	0.	0.		
(9) KATHIE BUONO	6.00											
DIRECTOR		Х						0.	0.	0.		
232007 12-13-22						_				Form <b>990</b> (2022)		

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8 2022.05000 LAKE COUNTRY CARING INC

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	990 (2022) LAKE COUN									39-19	83	510	Pa	age <b>8</b>
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	<b>(B)</b> Average hours per week (list any	box, offic	not cl unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) stimate nount other opensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)		fr org an	rom the anizat d relat anizati	e ion ed
1h	Subtotal								0.		0.			0.
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but ne compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	io r	eceived more than \$100	),000 of reportable	e		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for su</i>	,		,	•	,			ghest compensated emp	,		3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any parson listed on line 1a receive or a	),000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comption B. Independent Contractors</i>	-				-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	•	•								pens	ation	from	
	(A) Name and business			ONE					(B) Description of s		С	<b>(C</b> ompe	<b>C)</b> nsatio	n
								_						
2	Total number of independent contractors (ir		ot lir	nite	d to	the	se lie		1 above) who received a	ore than				
	\$100,000 of compensation from the organiz				0		)					Form	<b>990</b> (;	2022)

232008 12-13-22

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						Υ	CARING I	NC		39-1983	510 Page <b>9</b>
Pa	rt \	VII									
			Check if Schedule O	conta	ins a respo	nse	or note to any lir	e in this Part VIII			
								( <b>A)</b> Total revenue	( <b>B</b> ) Related or exempt function revenue	Unrelated	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues								
Am (is		с	Fundraising events		1c						
Gifi İlar		d	Related organizations		1d						
Sim's,			Government grants (contr								
er (		f	All other contributions, gifts,								
ië Đ			similar amounts not included				511,734. 442,440.				
u di		g						511,734.			
0.0		n	Total. Add lines 1a-1f				Business Code	511,754.			
Ð	2	a					Business Coue				
, vic		b									
Ser		c									
eve		d									
Program Service Revenue		е									
д		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includ	ding o	dividends, i	ntere	est, and	c			c co-
								6,635.			6,635.
	4		Income from investment o		•						
	5		Royalties	<b>—</b>	(i) Real		(ii) Personal				
		_	Overe verte				(II) Fersonal				
	0		Gross rents	6a 6b							
			Less: rental expenses Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Securit		(ii) Other				
			assets other than inventory	7a			33,397.				
		b	Less: cost or other basis								
anc			and sales expenses	7b			0.				
evenue			Gain or (loss)	7c			33,397.				
			Net gain or (loss)					33,397.	33,397.		
Other F	8	а	Gross income from fundraisi		-						
0			including \$								
			contributions reported on			0.0					
		h	Part IV, line 18 Less: direct expenses			oa 8h					
			Net income or (loss) from			nts					
	9		Gross income from gamin								
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		с	Net income or (loss) from	gami	ng activitie	s <u></u>					
	10	а	Gross sales of inventory,								
			and allowances								
			Less: cost of goods sold			10b					
	-	С	Net income or (loss) from	sales	ot invento	ry	Business Code				
snc	4.4	а					Business Code				
nec		a b									
Miscellaneous Revenue		c									
lisc R			All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					551,766.	33,397.	0.	6,635.
23200	09 12	2-13									Form <b>990</b> (2022)

LAKE COUNTRY CARING INC

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2022.05000 LAKE COUNTRY CARING INC LCCARIN1

39-1983510 Page 9

LAKE COUNTRY CARING INC Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon- not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	260 400			
_	and domestic governments. See Part IV, line 21	269,400.	269,400.		
2	Grants and other assistance to domestic	140 200	140 000		
_	individuals. See Part IV, line 22	148,200.	148,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	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				
6	Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
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				
	Legal				
с	·	1,225.		1,225.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,704.		1,704.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	3,677.	3,309.	184.	184
14	Information technology				
15	Royalties	00.010	0.0 111	1 451	1 4 5 4
16	Occupancy	29,013.	26,111.	1,451.	1,451
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	12,674.	11,407.	634.	633
22 22	Depreciation, depletion, and amortization	3,960.	3,564.	198.	198
23	Insurance Other expenses. Itemize expenses not covered	5,500.	5,501.	150.	190
24	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 0.)	29,100.	29,100.		
a b	<u>anomov</u>	9,895.	9,895.		
b		3,520.	3,520.		
c d		2,575.	2,575.		
	All other expenses	248.	2,5,5•	248.	
25 25	Total functional expenses. Add lines 1 through 24e	515,191.	507,081.	5,644.	2,466
26	<b>Joint costs</b> . Complete this line only if the organization				_,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2022.05000 LAKE COUNTRY CARING INC

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Form 990 (2022)

LCCARIN1

OUNTRY CARING INC

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 414,763. 135,278. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Assets 7 20,700. 45,540. 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 496,669. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 164,465. 344,878. 332,204. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 262,631. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 780,341. 775,653. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 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 25 of Schedule D 0. 0. 26 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 780,341. 775,653. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 780,341. 775,653. Total net assets or fund balances 32 32 780,341. 775,653. 33 33 Total liabilities and net assets/fund balances ...

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Form **990** (2022)

LCCARIN1

Form 990 (	2022)		LAKE	C
Part X	Bala	nce Sheet		

Form	1 990 (2022) LAKE COUNTRY CARING INC	39-1	.983510	Paç	ge <b>12</b>
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)	1	551		
2	Total expenses (must equal Part IX, column (A), line 25)	2	515		
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	780		
5	Net unrealized gains (losses) on investments	5	-41	.,2	63.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	775	5,6	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule 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 requ	iired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
1	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

LAKE	COUNTRY C	ARING INC				3	9-1983510			
Part I Reason for Public	Charity Status.	(All organizations must c	omplete this	s part.) See	instruction	S.				
The organization is not a private found 1 A church, convention of ch 2 A school described in sect 3 A hospital or a cooperative 4 A medical research organiz city, and state: 5 An organization operated f	nurches, or association tion 170(b)(1)(A)(ii). (A hospital service orgentiation perated in co	on of churches described Attach Schedule E (Forn anization described in <b>se</b> njunction with a hospita	d in section n 990).) ection 170(b described i	170(b)(1)(A )(1)(A)(iii). n section	170(b)(1)(A)					
<ul> <li>section 170(b)(1)(A)(iv). (6</li> <li>A federal, state, or local go</li> <li>7 An organization that normal section 170(b)(1)(A)(vi). (0</li> <li>8 A community trust describ</li> <li>9 An agricultural research or</li> </ul>	<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> </ul>									
<ul> <li>10 X An organization that norma activities related to its exert income and unrelated busines See section 509(a)(2). (Construction organization organization organization organization organization organization organization organization organization and the support of the support organization. You must organization. You must organization organization organization organization. You must organization organization organization. You must organization organization organization. You must organization organization. You must organization. You must organization organization. You must organization. You must organization organization. You must organization. You m</li></ul>	mpt functions, subject ness taxable income implete Part III.) and operated exclus and operated exclus rganizations described describes the type of anization operated, so on(s) the power to re <b>complete Part IV, Se</b> ganization supervised of the supporting org	et to certain exceptions; (less section 511 tax) fra- ively to test for public sa- ively for the benefit of, to do in section 509(a)(1) of supporting organization supervised, or controlled regularly appoint or elect a ections A and B. d or controlled in connec anization vested in the s	and (2) no n om business fety. See se o perform th r section 50 n and comp by its support a majority of tion with its	nore than 3 ses acquire ection 509( e functions 09(a)(2). Se lete lines 1 orted organ the directo supported	33 1/3% of if ad by the org (a)(4). s of, or to ca se section 5 2e, 12f, and hization(s), t ors or truste organizatio	ts support ganization arry out the <b>509(a)(3).</b> C d 12g. ypically by res of the s n(s), by ha	from gross investment after June 30, 1975. e purposes of one or Check the box on giving upporting ving			
c Type III functionally interits supported organization d Type III non-functionally interits supported organization d requirement (see instructionally in	<ul> <li>organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type II, Type III</li> </ul>									
f Enter the number of supported	organizations									
g Provide the following informatio (i) Name of supported organization	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organiz in your governing <b>Yes</b>	document?	<b>v)</b> Amount of upport (see in	-	(vi) Amount of other support (see instructions)			
Total										

Sobodulo A	(Earm	000	202
Schedule A		990	1202

# (Form 990) 2022 LAKE COUNTRY CARING INC 39-1983510 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II Support Schedule for	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)									
(Complete only if you checke	(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	s listed below, plea	ase complete Part	III.)							
Section A. Public Support										
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1 Gifts, grants, contributions, and										

1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the	•	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
<u> </u>	organization, check this box and <b>stor</b>						L
	ction C. Computation of Publ						
	Public support percentage for 2022 (					14	%
	Public support percentage from 2021						%
108	33 1/3% support test - 2022. If the c	0		,		,	
h	stop here. The organization qualifies 33 1/3% support test - 2021. If the o						
L.							
17-	and stop here. The organization qual <b>10%</b> -facts-and-circumstances tes						
17 d	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances tes					17a and line 15 is	
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
		in all not oncor a	<u></u>	a, 100, 17a, 01 17			(Form 990) 2022

Schedule A (Form 990) 2022

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### LAKE COUNTRY CARING INC

LCCARIN1

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	396,487.	395,957.	276,858.	409,561.	511,734.	1990597.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					33,397.	33,397.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
F	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	206 400					0000004
	Total. Add lines 1 through 5	396,487.	395,957.	276,858.	409,561.	545,131.	2023994.
7a	Amounts included on lines 1, 2, and						0
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2023994.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	396,487.	395,957.	276,858.	409,561.	545,131.	2023994.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	5,845.	6,715.	5,073.	1 250		28,627.
	and income from similar sources	5,045.	0,715.	5,075.	4,359.	6,635.	20,027.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
-		5,845.	6,715.	5,073.	4,359.	6,635.	28,627.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	5,045.	0,713.	5,075.	4,339.	0,035.	20,027.
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.)	402,332.	402,672.	281,931.	413,920.	551,766.	2052621.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizati	on,
	check this box and <b>stop here</b>	-	· · · ·	<u></u>		······	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13,	column (f))		15	98.61 %
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	98.61 %
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	)22 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	1.39 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	1.39 %
	33 1/3% support tests - 2022. If the					3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	ition	X
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	is a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u>
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#### LAKE COUNTRY CARING INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **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 despite being controlled or supervised by or in connection with its supported organizations.
- **c** 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) purposes.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).*
- 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).
- **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.**
- **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.**
- **c** 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.**
- **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.* 
  - **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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1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

Section C.	Type II Supporting Organizations	
		-

Part IV Supporting Organizations (continued)

			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			

-				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test durin	ig the	yea(see instructions	;).
---	-----------------------------------------------------------------------------------------------------	--------	----------------------	-----

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

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3b | | Schedule A (Form 990) 2022

2a

2b

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Yes No

Schedule A	(Form 990)	) 2022	LAKE	COUNTRY	CARIN	IG INC	
Part V	Type III	Non-	Functionally In	tegrated 50	)9(a)(3) Si	upporting	Organizations

1 1	Type III Non-Functionally Integrated 509(a)(3) Support			Part VI). See instructio
•	All other Type III non-functionally integrated supporting organizations mu	0		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
2	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
e	(explain in detail in Part VI):			
2		2		
2	Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d.	3		
4		- 3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	4		
5	see instructions).	5		
5 6	Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
7	Multiply line 5 by 0.035. Recoveries of prior-year distributions	7		
8	· · ·	8		
	Minimum Asset Amount (add line 7 to line 6)			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting ord	anization (see

instructions).

Schedule A (Form 990) 2022

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continue</sub>	ed)						
Section D - Distributions Current Year										
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported								
	organizations, in excess of income from activity			2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3						
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	he organization is responsive	e							
	(provide details in Part VI). See instructions.			8						
9	Distributable amount for 2022 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) Underdistributions Pre-2022	;	(iii) Distributable Amount for 2022					
1	Distributable amount for 2022 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2022 (reason-									
	able cause required - explain in Part VI). See instructions.									
3	Excess distributions carryover, if any, to 2022									
а	From 2017									
b	From 2018									
c	From 2019									
d	From 2020									
е	From 2021									
f	Total of lines 3a through 3e									
g	Applied to underdistributions of prior years									
h	Applied to 2022 distributable amount									
i	Carryover from 2017 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2022 from Section D,									
	line 7: \$									
a	Applied to underdistributions of prior years									
b	Applied to 2022 distributable amount									
c	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2023. Add lines 3j									
	and 4c.									
	Breakdown of line 7:									
	Excess from 2018									
	Excess from 2019									
	Excess from 2020									
	Excess from 2021									
е	Excess from 2022									

Schedule A (Form 990) 2022

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	Form 990) 2022		COUNTRY						83510 Pa
	Supplemental I Part IV, Section A, li	Information. F	Provide the exp lb. 4c. 5a. 6. 9	lanations rec a. 9b. 9c. 11a	uired by a. 11b. an	Part II, line 10; F id 11c: Part IV. S	Part II, line 17a Section B. lines	or 17b; Part II s 1 and 2: Part	I, line 12; IV, Section C
	line 1; Part IV, Section	on D, lines 2 and 3	3; Part IV, Sect	tion E, lines 1	c, 2a, 2b,	3a, and 3b; Pa	rt V, line 1; Par	t V, Section B	, line 1e; Part \
	Section D, lines 5, 6 (See instructions.)	, and 8; and Part	V, Section E, li	nes 2, 5, and	6. Also c	omplete this pa	rt for any addit	tional informat	ion.
	>							Schedule	A (Form 990
32028 12-09-2	-				21			Concura	

#### (Form 990)

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.



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Department of the Treasury Internal Revenue Service Name of the organization

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### LAKE COUNTRY CARING INC

Employer identification number 39-1983510

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the								
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.						
		(a) Donor advised funds	(b)	Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	-						
	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of							
Par								
		-	Part IV, II	ne /.				
1	Purpose(s) of conservation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·	fabiotori	cally important land area				
	Preservation of land for public use (for example, recreation of natural habitat			cally important land area ed historic structure				
	Preservation of open space		a certine					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a con	sonvation assemant on the last				
-	day of the tax year.			Held at the End of the Tax Year				
а	Total number of conservation easements			2a				
b				2b				
	Number of conservation easements on a certified historic str		····· ⊢	2c				
	Number of conservation easements included in (c) acquired		F					
	historic structure listed in the National Register		2d					
3	Number of conservation easements modified, transferred, re			ation during the tax				
	year							
4	Number of states where property subject to conservation ea	sement is located						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements	t holds?		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservatior	n easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation eas	ements during the year				
-								
8	Does each conservation easement reported on line 2(d) abor							
•	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservat	•						
	balance sheet, and include, if applicable, the text of the foot organization's accounting for conservation easements.		nems ma	t describes the				
Par		f Art. Historical Treasures. or 0	Other S	imilar Assets.				
	Complete if the organization answered "Yes" on Form							
1a	If the organization elected, as permitted under FASB ASC 95		and bala	nce sheet works				
	of art, historical treasures, or other similar assets held for pu							
	service, provide in Part XIII the text of the footnote to its fina			•				
b	<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of</li> </ul>							
	art, historical treasures, or other similar assets held for public							
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1			\$				
	(ii) Assets included in Form 990, Part X			\$				
2	If the organization received or held works of art, historical tre							
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:						
а	Revenue included on Form 990, Part VIII, line 1			\$				
b	Assets included in Form 990, Part X			\$				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2022				
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		26						

2022.05000 LAKE COUNTRY CARING INC

Sche	dule D (Form 990) 2022 LAKE CO	UNTRY CARI	NG I	NC			39-1	98351	0 Ра	ige <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, His	storical Tr	easures, o	or Other	Similar As	s <b>ets</b> (contii	nued)	
3	Using the organization's acquisition, access	on, and other record	ls, chec	k any of the	following that	at make sig	nificant use of	its		
	collection items (check all that apply):									
а	Public exhibition	d	ıШ	Loan or exc	hange progra	am				
b	Scholarly research	e		Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how t	hey further t	he organizati	ion's exemp	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit of						-			
	to be sold to raise funds rather than to be m							Yes		No
Par	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on Fe	orm 990, Part I	V, line 9, oi	r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	<sup>-</sup> contributior	ns or other as	sets not in	cluded			
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:			·			
								Amoun	t	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liability	/?L	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) F	Prior year	(c) Two year	rs back <b>(d</b> )	) Three years bad	ck (e) Four	r years t	Jack
	Beginning of year balance	0.								
b	Contributions	300,000.								
	Net investment earnings, gains, and losses	-35,665.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	1,704.								
g	End of year balance	262,631.								
2	Provide the estimated percentage of the cur		e (line 1	1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	and administe	ered for the				
	organization by:								Yes	No
	(i) Unrelated organizations									<u></u>
	(ii) Related organizations									Х
b	If "Yes" on line 3a(ii), are the related organization				•			<b>3</b> b		
4	Describe in Part XIII the intended uses of the		owment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		-	1	1					
	Description of property	(a) Cost or o			t or other	.,	umulated	<b>(d)</b> Boo	k value	;
		basis (investr	nent)		(other)	depre	eciation		<u> </u>	<u> </u>
	Land				5,000.	4 -			5,00	
	Buildings			41	.6,052.	1:	38,848.	27	7,20	14.
	Leasehold improvements			ļ						
	Equipment			ļ						
	Other				25,617.	2	25,617.		<u> </u>	0.
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colu	mn (B), line 1	10c.)				2,20	
							Schedu	ule D (Forn	n 990)	2022

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a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		11- Ore From 200 Dect V line 10	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-or	f-year market valu
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(9)			
<b>(9)</b> <b>tal</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a)		9 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		9 11d. See Form 990, Part X, line 15.	(b) Book value
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(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	9 11d. See Form 990, Part X, line 15.	(b) Book value
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description	e 11d. See Form 990, Part X, line 15.	(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.	Description		(b) Book value
(9)           tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)           Part IX         Other Assets.           Complete if the organization answered "Yes"           (a)           (1)           (2)           (3)           (4)           (5)           (6)           (7)           (8)           (9)           other Liabilities.           Complete if the organization answered "Yes"	Description		(b) Book value
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) stal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description		
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(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)	Description		
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         btal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description		
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         tal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)         (7)	Description		
(9)         tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"         (a)         (1)         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         btal. (Column (b) must equal Form 990, Part X, col. (B) line         Part X         Other Liabilities.         Complete if the organization answered "Yes"         (a) Description of liability         (1) Federal income taxes         (2)         (3)         (4)         (5)         (6)	Description		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 LAKE COUNTRY CARING INC		39-1983510 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIII.)	. 4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		
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.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 18.</i> )		
Pa	t XIII Supplemental Information.		

Provide 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; Part 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 I (Form 990)	Go	Grants and Oth overnments, ar lete if the organizatio	nd Individua	ls in the Ŭn	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Forn a.gov/Form990 for		nation.		Open to Public Inspection
Name of the organization							Employer identification number
LAKE COUN		NG INC					39-1983510
1 Does the organization maintain records		e amount of the grants	or assistance the	arantees' eligibili	ty for the grants or as	sistance and the selec	tion
criteria used to award the grants or assi							
<b>2</b> Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to recipient that received more than					anization answered "	res" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL STORE W359N5848 BROWN STREET OCONOMOWOC, WI 53066	80-0186993	501(C)(3)	0.	213,350	THRIFT SHOP VALUE	CLOTHING AND HOUSEHOLD GOODS	TO ASSIST FAMILIES IN NEED OF CLOTHING AND HOUSEHOLD GOODS
HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY - 701 NORTHVIEW ROAD - WAUKESHA, WI 53188	39-6108644	501(C)(3)	0.	11,200.	THRIFT SHOP VALUE	HOUSEHOLD GOODS	TO ASSIST ANIMALS IN NEED OF HOUSEHOLD GOODS AND CARE ITEMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				ESTIMATED VALUE OF	
				\$50/BOX AND \$100 PER	
				FURNITURE	CLOTHING, HOUSEHOLD GOODS,
CLOTHING, HOUSEHOLD GOODS, PERSONAL CARE ITEMS	8106	0.	148,200.	DELIVERY/PICKUP	PERSONAL CARE ITEMS
Part IV Supplemental Information Provide the information rec	I Juired in Part I lin	l oo 2: Part III, column	(b): and any other a	I dditional information	4

SCHEDULE I LINE 2

501(C)(3) ORGANIZATIONS ARE SELECTED BASED ON ABILITY TO RECEIVE

NON-CASH GIFTS THAT FURTHER THEIR MISSIONS.

INDIVIDUALS' NEED IS ASSESSED UPON INITIAL INTAKE AND VALIDATED

ANNUALLY THEREAFTER. IT CAN BE SUBSTANTIATED IN A NUMBER OF WAYS,

INCLUDING DOCUMENTED PARTICIPATION IN STATE OR FEDERAL PROGRAMS SUCH AS

THE NATIONAL SCHOOL LUNCH PROGRAM, WISCONSIN FOODSHARE, MEDICAID,

BADGERCARE, WISCONSIN WORKS OR PUBLIC HOUSING ASSISTANCE, A RECENT TAX

Schedule I (Form 990) LAKE COUNTRY CARING INC	39-1983510 Page 2
Part IV Supplemental Information	
RETURN SHOWING HOUSEHOLD ADJUSTED GROSS INCOME OF NO MORE	<b>THAN 200% OF</b>
THE FEDERAL POVERTY LEVEL, OR VERIFICATION THAT THE INDIVID	DUAL IS A
CLIENT OF ANOTHER NONPROFIT THAT SERVES LOW INCOME INDIVIDU	JALS. IN
ADDITION, AN INDIVIDUAL WHO CAN DEMONSTRATE THAT THEY HAVE	SUFFERED A
SIGNIFICANT HOUSEHOLD DISASTER SUCH AS A FIRE, FLOOD OR ROP	BERY OR WHO
HAS PROPER INS DOCUMENTATION MAY QUALIFY FOR AN INITIAL YEA	AR OF SUPPORT
BUT MAY NOT RENEW ON THAT BASIS.	

Schedule I (Form 990)

232291 04-01-22

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

39-1983510

Name of the organization

				Emb
LAKE	COUNTRY	CARING	INC	
and a second second second				

Pai	t I Types of Property				·			
		(a) Check if	<b>(b)</b> Number of	(c) Noncash contribution	<b>(d</b> ) Method of d		ina	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contrib		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		442,440,	INVENTORY 7	rurn	OVE	R
6	Cars and other vehicles			112,1100				
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12	trust interests Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Historic structures Qualified conservation contribution - Other							
14 15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18								
19	Collectibles							
20	Food inventory							
20 21	Drugs and medical supplies							
21	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24 05	Archeological artifacts							
25 26	Other ()							
26 07	Other ()							
27 20	Other ()							
<u>28</u> 29	Other ( ) Number of Forms 8283 received by the organi	l Tation durin	l	antributiona				
29								
	for which the organization completed Form 82	00, Part V, L	Donee Acknowledg	jement 29			Vee	No
200	During the year, did the organization receive b	v oontributic	an any proporty ro	oortod in Dart L lings 1 throu	ab 29 that it		Yes	No
30a								
	must hold for at least 3 years from the date of					200		х
h	exempt purposes for the entire holding period	۲				30a		
	If "Yes," describe the arrangement in Part II.	nolicy that -	oquiros the review	of any populard contribu	itions?	24		х
31	Does the organization have a gift acceptance					31		
32a	Does the organization hire or use third parties		-			20-	х	
L	contributions?					32a	17	
	If "Yes," describe in Part II.	alume (-) f-	r a tupa of more	v for which column (a) is -t	alvad			
33	If the organization didn't report an amount in c	column (c) to	r a type of propert	y for which column (a) is che	ckea,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

232141 09-09-22

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

#### SCHEDULE M, LINE 32B:

ON OCCASION, THIRD PARTY CONSIGNORS ARE USED TO SELL ITEMS THAT ARE

#### CONSIDERED LUXURY GOODS AND THE PROCEEDS FROM THOSE SALES ARE PUT BACK

INTO THE PROGRAM.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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 the latest information.



39-1983510

LAKE COUNTRY CARING INC

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INDIVIDUALS. IN ADDITION, AN INDIVIDUAL WHO CAN DEMONSTRATE THAT THEY

HAVE SUFFERED A SIGNIFICANT HOUSEHOLD DISASTER SUCH AS A FIRE, FLOOD OR

ROBBERY OR WHO HAS PROPER INS DOCUMENTATION MAY QUALIFY FOR AN INITIAL

YEAR OF SUPPORT BUT MAY NOT RENEW ON THAT BASIS.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE FORM 990 WAS PROVIDED TO ALL DIRECTORS IN ADVANCE OF A BOARD MEETING AT WHICH THE DIRECTORS PROVIDED COMMENTS TO THE TREASURER. THEREAFTER, THE TREASURER, PRESIDENT AND SECRETARY OF THE ORGANIZATION DISCUSSED THE DIRECTORS' COMMENTS WITH THE ORGANIZATION'S OUTSIDE ACCOUNTANT. A REVISED DRAFT OF THE 990 WAS THEN PROVIDED TO THE TREASURER, PRESIDENT AND SECRETARY WHO HAD THE OPPORTUNITY TO PROVIDE FINAL COMMENTS ON THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

AN OFFICER OF THE BOARD COMPILES THE ANNUAL CONFLICT OF INTEREST FORM RESPONSES AND PRESENTS THEM TO THE ENTIRE BOARD OF DIRECTORS. EVERYONE SUBJECT TO THE POLICY IS ALSO ASKED TO ALERT AN OFFICER OR ANOTHER MEMBER OF THE BOARD IF THERE ARE ANY CHANGES IN THEIR CONFLICT OF INTEREST STATEMENTS THROUGHOUT THE YEAR.

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

THERE ARE NOT CURRENTLY ANY PAID OFFICERS OR KEY EMPLOYEES, BUT THE

ORGANIZATION'S POLICY REQUIRES IT TO GET COMPARABLE INFORMATION THROUGH AN

INDEPENDENT PROCESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22 35 Schedule O (Form 990) 2022

11171115 767651 LCCARING

2022.05000 LAKE COUNTRY CARING INC

Name of t	the organ	ization	LAKE	COUNTRY	CA	RING I	INC				Employer i 39-1	Pa dentification num 983510
FORM	990,	PART	VI,	SECTION	C,	LINE	19:					
UPON	REQU	EST										
232212 10-3	28-22										Sched	ule O (Form 990) :
		651	LCCAR	TNG	20	)22.05	000	36 Lake	COUNTRY	CARING		LCCARI

Image: Section of the sectin of the section of the section	Form <b>8879-TE</b>	****	IRS e-fil	s NOT A FILEAR le Signature Au a Tax Exempt	uthorization	F	OMB No. 1545-0047
Do to the lense of the meansy between the second s	Form OOI 9-1L	For calendar year		-	-	20	0000
		i or caloridal your				,	Ζυζζ
LAKE COUNTRY CARINC INC       39-1983510         iame and the of officer or person subject to Tax       SUSAN STROMEI         Part       Type of Return and Return Information         Deck the box for the return for which you are using the Form S87PE and enter the applicable amount, if any, from the return. Form 8038-CP and form 5830 files may enter obligs and dents. For all other forms, enter whice dollars only. Fycu check the box on line Tap, 38, 46, 56, 56, 76, 76, 89, 80, row for the backward bin the for the return on which the for the return on which the form the table of the applicable into box. Do not complete more han one in the in Part.         1a       Form 390-Orck here       b       b       551, 7.66.         2a       Form 390-Or check here       b       b       total revenue, if any (from 390, PF, VII, loc 2)       b       551, 7.66.         2a       Form 390-Or check here       b       b       total tax (from 1120-POL, line 22)       b       b       551, 7.66.         5a       Form 120-POL check here       b       b       total tax (from 302, Part II, line 1)       b       b       b       b       b       c       c       b       c       c       form 303, CP and II, line 1)       c       b       b       c       c       form 303, CP and II, line 1)       c       c       form 303, CP and II, line 10, line 20, line 20	Department of the Treasury Internal Revenue Service			•	•		
Ame and tille of officer or person subject to tax SUSAN STROMEI PRESIDENT Part Vipe of Return and Return Information Press the box for the return for which you are using the Form 8879-TE and enter the applicable amount, if any, from the return. Form 6038 CP and press the box for the return for which you are using the Form 8879-TE and enter the applicable amount, if any, from the return. Form 6038 CP and press the box for the return for which you are using the Form 8879-TE and enter the applicable amount, if any, from the return. Form 6038 CP and press the box for the return for which you are using the Form 8879-TE and enter the applicable into box on line 11, 22, 36, 48, 56, 66, 78, 68, 90, press the start of the return for which you are using the Form 8879-TE and enter the one the interpress the start of the applicable into box. Do not complete more than one line in Part I.  13 Form 920-Check here b Totat revenue, if any (Form 930-2, Fuer V), ine 3) 24 Form 930-FE check here b Totat tax (Form 1120 POL, line 22) 35 Form 3866 check here b Totat tax (Form 900, Fuer III), ine 4) 36 Form 3804 check here b Totat tax (Form 900, Fuer III), ine 4) 37 Form 4720 check here b Totat tax (Form 900, Fuer III), ine 4) 38 Form 5227 check here b Totat tax (Form 900, Fuer III), ine 6) 39 Form 5330 check here b Totat tax (Form 900, Fuer III), ine 6) 39 Form 5330 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3034 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat tax (Form 900, Fuer III), ine 6) 30 Form 3036 check here b Totat accompanying schecklese and statements, and, the best of my knowledge and be	Name of filer						
PRESIDENT           Part I         Type of Return and Return Information           Deck the box for the return for which you are using this Form 8578-TE and enter the applicable amount, if any, from the return. Form 8038-CP and your set of the start of the st	LAKE C	COUNTRY C				39-198	3510
Direct the box for the return for which you are using this Form B870 TE and enter the applicable amount, if any, form the return. Form 8030 CP and more start and and cents. For all other forms, enter whole dollars novil, if you check the box on line 14, 20, 30, 45, 46, 50, 67, 78, 89, 90, 710, higher the box on line 14, 20, 30, 45, 46, 50, 76, 89, 90, 710, higher table, blank (do not enter 0). But, if you entered 0. on the return, then enter 0. on the applicable line blow. Do not complete more han one line in Part I.         1a       Form 890 check here       b       b       total revenue, if any (form 990, Part VII, column (A), line 12)       the 551, 766.         2a       Form 990 CP, check here       b       total revenue, if any (form 990, Part VII, column (A), line 12)       the 551, 766.         2a       Form 990 CP, check here       b       total revenue, if any (form 990, Pr, Part V, line 5)       the doll form 990 CP, check here       b       total tax (form 1400-Ch, line 12)       the doll form 990 CP, part V, line 5)       the doll form 990 CP, part V, line 5)       the doll form 990 CP, check here       b       total tax (form 990, Part III, line 4)       doll form 990 CP, part V, line 5)       the doll form 990 CP, part V, line 5)       the doll form 990 CP, check here       b       total tax (form 990, Part III, line 4)       doll form 990 CP, part III, line 4)       doll form 990 CP, part V, line 5)       the doll form 990 CP, part III, line 4)       doll form 990 CP, part III, line 5)       doll form 990 CP, part III, line 4)       doll form 990 CP, form 5330 Check here       b       total tax (fo		erson subject to tax					
Form 3320 flers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the bix of line 12, ab, 34, 46, 56, 67, 76, 89, 90, or 100, whichever is applicable, blank (do not enter -0). But, If you entered -0 on the return, then enter -0. on the applicable line below. Do not complete more than one line in Pat1.         1a       Form 990 check here       b       total revenue; if any (Form 990, Pat VIII, column (A), line 12)       total total complete more hand in Pat1.         2a       Form 990 check here       b       total revenue; if any (Form 990, Pat VIII, column (A), line 12)       total total complete more hand in Pat1.         3a       Form 990 check here       b       total tax (Form 120-POL, line 22)       total tax (Form 140, PD, Line 2)       total tax (Form 140, PD, Pat1, line 4)       total tax (Form 140, PD, Line 2)       total tax (F	Part I Type of	Return and I	Return Inforn	nation			
2a Form 1900-EZ check here b b Total revenue, if any (Form 990-EZ, line 9) 2b   3a Form 1402-POL check here b Tas based on investment income (Form 990-PF, Part V, line 5) 4b   5a Form 990-PF check here b b Tas based on investment income (Form 990-PF, Part V, line 5) 4b   5a Form 990-Tcheck here b b Total tax (Form 990-T, Part III, line 4) 6b   5a Form 9272 check here b b Total tax (Form 920, Part III, line 4) 7c   6a Form 9272 check here b b Total tax (Form 920, Part III, line 4) 7c   6a Form 9330 check here b b Tax due (Form 5330, Part II, line 1) 7c   7a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   9a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 10a Form 8330 check here	Form 5330 filers may enter or <b>10a</b> below, and the am	er dollars and cer ount on that line	nts. For all other f for the return bei	forms, enter whole dollars o ing filed with this form was	only. If you check the box or blank, then leave line <b>1b, 2</b> t	i line 1a, 2a, 3a , 3b, 4b, 5b, 6l	, 4a, 5a, 6a, 7a, 8a, 9a, o, 7b, 8b, 9b, or 10b,
2a Form 1900-EZ check here b b Total revenue, if any (Form 990-EZ, line 9) 2b   3a Form 1402-POL check here b Tas based on investment income (Form 990-PF, Part V, line 5) 4b   5a Form 990-PF check here b b Tas based on investment income (Form 990-PF, Part V, line 5) 4b   5a Form 990-Tcheck here b b Total tax (Form 990-T, Part III, line 4) 6b   5a Form 9272 check here b b Total tax (Form 920, Part III, line 4) 7c   6a Form 9272 check here b b Total tax (Form 920, Part III, line 4) 7c   6a Form 9330 check here b b Tax due (Form 5330, Part II, line 1) 7c   7a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   9a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 8330 check here b Tax due (Form 5330, Part II, line 1) 7c   10a Form 10a Form 8330 check here	1a Form 990 check l	nere 🔣	b Total rev	<b>venue,</b> if any (Form 990, Pa	art VIII, column (A), line 12)	11	<b>551,766</b>
3a Form 1120-POL check here b b Totat tax (Form 1120-POL, line 22) 3b   4a Form 990-PF check here b b Balance due (Form 990-F, Part II, line 3) 6b   5a Form 990-PF check here b b Totat tax (Form 990-F, Part II, line 4) 6b   6a Form 990-PF check here b b Totat tax (Form 990-F, Part II, line 4) 6b   7a Form 7220 check here b b Totat tax (Form 7220, Part II, line 1) 7b   8a Form 5320 check here b b Fixed ward 7220, Part II, line 1) 9b   9a Form 5320 check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b   Part II Declaration and Signature Authorization of Officer or Person Subject to Tax   Inder ponalties of perjury, 1 declare that [X] I am an officer of the above entity or line an person subject to Tax   Inder ponalties of perjury, 1 declare that [X] I am an officer of the above entity or line an person subject to tax with respect to (name form intro- form) and the second intro- form of the ore or order or entity or			b Total rev	venue, if any (Form 990-EZ	, line 9)		b
Sa Form 8866 check here b b Balance due (Form 890, Inn 30) Sb   Ga Form 990-T check here b b Total tax (Form 990, Ty art III, Inn 4) Gb   Ga Form 5227 check here b b FWO 4asets at end of tax year (Form 5227, Itam D) Bb   Sa Form 5320 check here b b FWO 4asets at end of tax year (Form 5227, Itam D) Bb   Sa Form 5320 check here b Amount of credit payment requested (Form 8038-CP, Part III, Inn 22) 10b   Part III Declaration and Signature Authorization of Officer or Person Subject to Tax   Inder ponatiles of perjury. I declare that [X] I am an officer of the above entity or [I am a person subject to Tax   Inder ponatiles of perjury. I declare that [X] I am an officer of the above entity or [I am a person subject to Tax   Inder ponatiles or perjury. I declare that [X] I am an officer of the above entity or [I am a person subject to Tax   Inder ponatiles or perjury. I declare that I above is the above entity or [I am a person subject to Tax   Inder ponatiles as inder declare that the amount in Part III, Inne 20.   Inder ponatiles are provide, transmitter, or electronic return consent to allow my returned index on the copy of the electronic return. Consent to allow my returned index on the lass of the sectore from the IRS [a] an interval transmitter, or electronic fund, addition on ecosary to the payment. I have set addition the electronic return. I addition the data for any returned index of the tax preparation software for payment of the federal that were wither declare that the transmitter, or electronic fund, addition the federal tax addition declare that the processing of the electronic	3a Form 1120-POL	check here					
5a       Form 8986 check here       b       b       Balance due (Form 8886, line 30)       5b         6a       Form 900-T check here       b       Total tax (Form 4720, Part III, line 4)       6b         7a       Form 4720 check here       b       Total tax (Form 4720, Part III, line 1)       7b         9a       Form 5327 check here       b       Total tax (Form 4720, Part III, line 1)       9b         9a       Form 5330 check here       b       Tax due (Form 3330, Part III, line 1)       9b         10a       Form 6033-CP check here       b       Amount of credit payment requested (Form 8038-CP, Part III, line 22)       10b         Part II       Declaration and Signature Authorization of Officer or Person Subject to tax with respect to (name form 610 and the examined a copy of the each form 610 and the eacy entry). I declare that IX and an orficer of the above entity or [	4a Form 990-PF che	eck here 📖 🗌					b
Torm 4720 check here       b       b       Total tax (Form 4720, Part III, line 1)       Total tax (Form 5227, Item D)       8b         9a       Form 5320 check here       b       Fax due (Form 5330, Part III, line 19)       9b       9d         10a       Form 5030 check here       b       A mount of credit payment requested (Form 8038-CP Part III, line 22)       10b         Part II       Declaration and Signature Authorization of Officer or Person Subject to Tax       Inder penalties of perjury, 1 declare that IX I am an officer of the above entity or    am a person subject to tax with respect to (name fermity)       , (EIN)	5a Form 8868 check	here	b Balance	due (Form 8868, line 3c)			b d
Ba Form 5327 check here b b TW of assets at end of tax year (Form 5227, Item D) 8b   9a Form 5330 check here b Tax due (Form 5330, Pat II, line 19) 9b   9b Text model b Amount of credit payment requested (Form 6038-CP, Pat III, line 22) 10b   Part III Declaration and Signature Authorization of Officer or Person Subject to Tax   Inder penalties of perjury, I declare that IX I am an officer of the above entity or I am a person subject to tax with respect to (name fentity)			b Total tax	د (Form 990-T, Part III, line ،	4)	6	b
Ba Form 5330 check here b b b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b   10a Form 8038-CP, Part III Declaration and Signature Authorization of Officer or Person Subject to Tax   Index penalties of perjury, I declare that IX I am an officer of the above entity or I am a person subject to tax with respect to (name of entity)							b
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Inder 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)							0b
of entity					-		
ERO firm name       Enter five numbers, but do not enter all zeros         as my signature on the tax year 2022 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 2022 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       **** THIS IS NOT A FILEABLE COPY **** Date         Part III       Certification and Authentication         BRO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.       39036877112 Do not enter all zeros         certify that the above numeric entry is my PIN, which is my signature on the 2022 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 30siness Returns.         ::RO's signature	financial institution to deb later than 2 business days payment of taxes to recei personal identification nur <b>PIN: check one box only</b>	it the entry to th s prior to the pay ve confidential in mber (PIN) as my	is account. To rev ment (settlement formation necess y signature for the	voke a payment, I must cor t) date. I also authorize the sary to answer inquiries and e electronic return and, if ap	ntact the U.S. Treasury Fina financial institutions involve d resolve issues related to th	ncial Agent at 1 d in the proces ne payment. I h	-888-353-4537 no sing of the electronic ave selected a
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tignature of officer or person subject to tax       ****       THIS IS NOT A FILEABLE COPY ****       Date         Part III       Certification and Authentication       39036877112       Do not enter all zeros         ERO's EFIN/PIN. Enter your six-digit electronic filing identification       39036877112       Do not enter all zeros         certify that the above numeric entry is my PIN, which is my signature on the 2022 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.       Date         ERO Must Retain This Form - See Instructions       Date         ERO Must Retain This Form to the IRS Unless Requested To Do So       Date	with a state age on the return's o As an officer or return. If I have	ency(ies) regulation disclosure conse person subject t indicated within	ng charities as pa ent screen. to tax with respec this return that a	art of the IRS Fed/State pro ct to the entity, I will enter n copy of the return is being	gram, I also authorize the a ny PIN as my signature on th filed with a state agency(ies	forementioned ne tax year 202	eturn is being filed ERO to enter my PIN 2 electronically filed
Part III       Certification and Authentication         ERO's EFIN/PIN. Enter your six-digit electronic filing identification       39036877112         humber (EFIN) followed by your five-digit self-selected PIN.       39036877112         certify that the above numeric entry is my PIN, which is my signature on the 2022 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 <i>e-file</i> Providers for Business Returns.         ERO Must Retain This Form - See Instructions       Date         ERO Not Submit This Form to the IRS Unless Requested To Do So	IRS Fed/State p						
ERO's EFIN/PIN. Enter your six-digit electronic filing identification      humber (EFIN) followed by your five-digit self-selected PIN. <u>39036877112</u> Do not enter all zeros      certify that the above numeric entry is my PIN, which is my signature on the 2022 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 <i>e-file</i> Providers for     Business Returns.      ERO Must Retain This Form - See Instructions     Do Not Submit This Form to the IRS Unless Requested To Do So		ect to tax	,	S NOT A FILEAE	BLE COPY ****	Date	
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	LHA For Privacy Act and				ess Requested 10 Do		Form <b>8879-TE</b> (2022)
02521 12-16-22	202521 12-16-22						

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for	each ret	urn.

Go to www.irs.gov/Form8868 for the latest information.

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

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or	Name of exempt organization or other filer, see instructions.			Taxpayer	axpayer identification number (TIN)	
print	LAKE COUNTRY CARING INC	NTRY CARING INC				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 591					
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTLAND, WI 53029					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 1041-A			08
Form 4720 (individual)		03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11
Form 990-T (trust other than above)		06	Form 8870			12
Form 990-T (corporation) NICOLE IRELAND		07				
<ul> <li>If the c</li> <li>If this is</li> <li>box ▶ [</li> <li>1 I rec</li> <li>the</li> <li>▶ [</li> <li>2 If th</li> </ul>	one No. ► 2623676670 organization does not have an office or place of business s for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box ► ( quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization ramed above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization ramed above. The extension is for the organization ramed above. The extension is for the organization of the organization is for the organization of the org	Group Exe and atta NOVEI anization's , an heck reas	emption Number (GEN) I ich a list with the names and TINs of MBER 15, 2023 , to file s return for: d ending on: Initial return I	f this is fo all memb	r the whole gro ers the extens npt organizatio	sion is for.
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				<b>↓</b> Ψ	
	stimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					
using EFTPS (Electronic Federal Tax Payment System). See instructions.			ons.	3c	\$	0.
instruction	If you are going to make an electronic funds withdrawal ns. or Privacy Act and Paperwork Reduction Act Notice,			453-TE ar		TE for payment <b>68</b> (Rev. 1-2022)

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