Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2024 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.



Amanded December Pendang HÁRTLAND, WI 53029 H(a) Is this a group return for subordinates? PRAME and address of principal officer: SUSAN STROMEI SAME AS C ABOVE H(a) Is this a group return for subordinates? Ves 2 I Taxexempt status: X 501(c)(3) 501(c) (insert no.) 4947(a)(1) or 527 J Website: WWN.LAKECOUNTRYCARING.COM H(b) Are all subordinates includent? Ves 2 J Website: WWW.LAKECOUNTRYCARING.COM H(c) Group exemption number K form of organization: I Corporation Trust Association Other L Year of formation: 1998 M State of legal domic Part I Summary I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. AND 3 Number of voting members of the governing body (Part VI, line 1a) 4 4 4 Number of voting members of the governing body (Part VI, line 2a) 5 5 5 Total number of individuals employed in calendar year 2023 (Part VI, line 2a) 5 5 6 Total number of volunteers (estimate if necessary) 7a 7a 511 , 734 . 554 . 7 Total number of volumn (A), lines 3, 4, and 7d) 0 . 0 . 377 . <th>AF</th> <th>or the</th> <th>e 2023 calendar year, or tax year beginning and</th> <th>ending</th> <th></th> <th></th>	AF	or the	e 2023 calendar year, or tax year beginning and	ending		
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21 Total habilities (Part A, life 20) 0.1 22 Net assets or fund balances. Subtract line 21 from line 20 775,653. 899,4	Asse Bal					0.000
$\underline{-\underline{-}}$ $\underline{2}$ we assess or tund balances. Subtract line 21 from line 20	let / und				••	899,438.
Part II Signature Block					• • • • • • • • • • • • • • • • • • • •	0,400.

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	D	ate	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 5302	9-9362			Phone no. (262) 367 – 4829							
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)											

3 If "Yes," 3 Did the origination of the section revenue 4 Describe Section revenue 4a (Code: DONA AND FREE PROV WASH INTA NUMB PROG FOOD ASSI OF N THE (Code:	rogram services (Describe on Schedule \$ includir ogram service expenses	ng grants of \$ 499,548.) (Revenue \$) (Revenue \$) (Revenue \$) Form 990 (
3 If "Yes," 3 Did the origination of the section revenue 4 Describe Section revenue 4a (Code: DONA AND FREE PROV WASH INTA NUMB PROG FOOD ASSI OF N THE (Code:	ogram services (Describe on Schedule s includir	O.)		
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If "Yes," Did the of If "Yes," Describe Section revenue A Code: DONA AND FREE PROV WASH INTA NUMB	RAMS SUCH AS THE NA SHARE, MEDICAID, BA	DGERCARE, WISCONS	IN WORKS OR PUBLIC	C HOUSING
If "Yes," Did the of If "Yes," Describe Section revenue 4a (Code: DONA AND FREE PROV WASH	KE AND VALIDATED AN ER OF WAYS, INCLUDI	NG DOCUMENTED PAR	TICIPATION IN STAT	FE OR FEDERA
If "Yes," Jid the of If "Yes," Describe Section revenue A Code: DONA AND FREE	IDED TO AN AVERAGE (INGTON, DODGE OR JE	FFERSON COUNTY. N	IEED IS ASSESSED U	PON INITIAL
If "Yes," Jid the of If "Yes," Describe Section revenue 4a (Code: DONA	HOUSEHOLD ITEMS ARE OF CHARGE. THESE I	TEMS AND COMMUNIT	Y RESOURCE REFERRA	AL ARE
If "Yes," Did the of If "Yes," Describe Section	TIONS OF CLOTHING,	HYGIENE PRODUCTS,		ANCES, INFAN
If "Yes," Did the of If "Yes," 4 Describe	501(c)(3) and 501(c)(4) organizations a , if any, for each program service report		-	-
If "Yes," 3 Did the o	describe these changes on Schedule e the organization's program service ac	ccomplishments for each of its thr		• •
•	describe these new services on Scher organization cease conducting, or mak	e significant changes in how it co	nducts, any program services?	Yes X
			which were not listed on the	Yes 🔀
TOP	escribe the organization's mission: ROVIDE BASIC NECESS TRY AREA.	ITIES AT NO COST	TO THOSE IN NEED	IN THE LAKE
		•		

Form 990 (2023)

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)?		37	
-	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	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		
Ŭ	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? If "Yes," complete			
	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		X
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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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			
	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		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	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	4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part 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			<u> </u>
	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? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		X
332003	3 12-21-23	Form	990	(2023)

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2023.04020 LAKE COUNTRY CARING INC

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Form 990 (2023) Part IV Checklist of Required Schedules (continued)

00	Did the eventimation was strong than $\Phi = 0.00$ of events as other assistance to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	- 23	
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
04.0	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		- 22
24 a	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	2-10		
U	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?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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%			
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? <i>If "Yes," complete Schedule M</i>	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 2 of Form 1000. Enter 0 if not enables		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	•		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	•		
С	(gambling) winnings to prize winners?	1c	Х	
332004	(gambing) withings to prize withers?			(2023)
002002	5	. 000		(_0_0)

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Ves No 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2 0 3 Difference of the expended on line 3, do the organization file all equicide devial employment Tax reform? 28 0 3 Difference of the organization have unrelated business gross income of \$1,000 or more during the year? 28 38 X 3 Difference of the organization have an interset in or a signature or other authority over, a thranking the ealength and principle outry (such as a bank account, securities account, or other financial account)? 48 X 3 Difference of the organization have an interset transaction at any or prohibed tax shelf the signature of the organization file for more dispersive of the organization for the very solicitation an express statement that such contributions or gifts were not tax discubbles and the organization file for more dispersive of the organization file for more dispersive dispose of targitip personal property for which it was required to the promitized to the provide dispersive of the organization file for more dispersive dispose of targitip personal property for which it was required to the provide dispersive of the organization more dispersive dispose of targitip personal property		990 (2023)LAKE COUNTRY CARING INC39-1983	510	Pa	age 5						
2a There the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, 2 0 0 b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 26 b Max State and State State and State and State and State and State and S	Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
Ite of the calendar year ending with or within the year overed by this return Image: Cale Cale Cale Cale Cale Cale Cale Cale	0-			Yes	No						
b If it less on is reported on line 2a, did the organization fiel required federal employment tax netures? 26 X 30 Did the organization have united business grows income of \$10,000 more during the year? 36 X 41 A smy time during the calendar year. di M the organization have an intensal in or a signature or other authority over, a trancalia account is account, or exoting intensacion or schedule 0 36 X 44 A smy time during the calendar year. di M the organization have an intensal in, or a signature or other nauchal account; security or other financial accounts (EBAR). 36 X 56 Did my totasition for financial processority (such as a bark account; security or other tax networks). 56 X 50 Did my totasition have annual gross excepts that are organizity of the apprivation tax and annual gross excepts that are organization that are promoting that are normally greater than \$100,000, and did the organization solid any contributions or gifts 56 X 60 Diff the organization neutrop way soliditation an express statement that such contributions or gifts 66 70 70 Organization conting the donor of the value of the goods and sorvices provided to the payof? 7a X 11 "Vss," indite organization neutrop way multi necess di \$75 mails pity \$38 sontification are sorvices provided to the payof? 7a X </th <th>2a</th> <th></th> <th></th> <th></th> <th></th>	2a										
3a Def the organization have unrelated basiness gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly. 4a A 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly. 4a X b If "Nes," inter the name of the foreign country. 5a X Sw tas the organization in a provide that was or is a party to a prohibited tax sheler transaction? 5b X D Did any taxable party notify the organization in from 886.77. 5c 5c 6b Dest the organization in from 886.77. 5c 5c 7c Organizations that we not accidita that an onmally greater than \$100,000, and dithe organization solicit any contributions that were not tax deductible activatable contributions? 7a X 7c Type: " did the organization include with every solicitation and sarily for goods and services provided to the pare? 7a X 8d If "Nes," indicate the number of Forms 8282? 7a X 8d If "Nes," indicate the number of the value of the goods or services provided? 7a X 8 If "Nes," in	h	,	2h								
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			0.0								
b If Yes," enter the name of the foreign country See instructions for filling requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See 54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See 56 Was the organization include with organization the form 8880 T? See 67 Obset the organization include with every solicitation an express statement that such contributions or gifts See 68 X If Yes," idd the organization include with every solicitation an express statement that such contributions or gifts See 70 Organizations that may receive deductible contributions under section 170(c). 7a X 71 Ves," idd the organization include with every solicitation an express statement that such contributions or gifts See 70 Organizations exite a party times, or otherwise dispose of tangible personal property for which it was required to the party of the ram 8282? Ta X 71 To the organization exite a party thinds, directly or indirectly, or a personal benefit contract? Ta X 72 If the organization receive a party tax prohibition tax any tax promismism, directly or indirectly, or a parsonal benefit contract? Ta Ta 74 If the organization receive a party tax promismis, directly or indirectly	.u		4a		Х						
See instructions for fling requirements for FinOCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Sa X Sa Was the organization aparty to a prohibited tax shelts transaction at any time during the tax year? Sa X Sa Did any taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction? Sa X Sa D Sa X Sa X Sa D Sa Sa X Sa Sa X Sa D Sa Sa <td< th=""><td>b</td><td></td><td></td><td></td><td></td></td<>	b										
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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		Δ						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10	47										
If "Yes," complete Form 6069.	17		47								
			17								
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Form 990 (2	2023)
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LAKE COUNTRY CARING INC

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

X

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.

			~	Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		_								
b											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?		2		x						
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		3		X X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X X						
6	Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?	•	7a		x						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s										
	persons other than the governing body?		7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:									
а	The governing body?		8a	Х							
b	Each committee with authority to act on behalf of the governing body?		8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X						
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)									
				Yes	No						
0a	Did the organization have local chapters, branches, or affiliates?		10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl										
	and branches to ensure their operations are consistent with the organization's exempt purposes? \hdots		10b	37							
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form?	11a	X							
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		10-	x							
~	on Schedule O how this was done		12c	X							
3	Did the organization have a written whistleblower policy?			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 approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	al by independent									
а	The organization's CEO, Executive Director, or top management official		15a	X							
b	Other officers or key employees of the organization		15b	X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a									
	taxable entity during the year?		16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's									
	exempt status with respect to such arrangements?		16b								
Sec [.]	tion C. Disclosure										
7	List the states with which a copy of this Form 990 is required to be filed <u>WI</u>										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (section 501(c)	3)s only	/) avail	able						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	and 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 bo	oks and records									
	NICOLE IRELAND - 2623676670										
	PO BOX 591, HARTLAND, WI 53029		-	. 000	(0000						
\$2006	5 12-21-23 7		Forn	n 990	(2023						
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

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

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

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

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

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					Reportable	Reportable	Estimated		
	hours per	box	box, unless		box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	recto	or/trus	tee)	from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	æ			ated		organization	(W-2/1099-MISC/	from the		
	related	stee	ruste			pens		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	ial tru	onal t		oloye	e com		1099-NEC)		and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) SUSAN STROMEI	10.00	-	<u> </u>	0	×	Ξē	ц.					
PRESIDENT		х		x				0.	0.	0.		
(2) NICOLE IRELAND	1.00											
TREASURER		Х		X				0.	0.	0.		
(3) SHIRLEY HANSEN	11.00											
VICE PRESIDENT OF CLIENT SERVICES		Х		Х				0.	0.	0.		
(4) HAROLD BERG	13.00											
DIRECTOR		Х						0.	0.	0.		
(5) KATHRYN BUONO	5.00											
SECRETARY		Х		Х				0.	0.	0.		
(6) KAREN DALUM	4.00											
VICE PRESIDENT OF COMMUNITY RELATION		X		X				0.	0.	0.		
										000		
332007 12-21-23						~				Form 990 (2023)		

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	990 (2023) LAKE COUN									39-19	83	510	Pa	age 8
Par			ploy	ees,			ghes	st C						
	(A) Name and title	(B) Average hours per week (list any	box, offic	not cl unle	ss pei	i tion more rson i	than o s both r/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) stimate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS(1099-NEC)	5/	org and	om th anizat d relat anizati	ion ed
·														
·														
1h	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · ·			· · · · · · ·		•	0.0.	,000 of reportable	0.	0.0.		
	compensation from the organization						-						Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>	uch individual	, 				·····		· · · ·			3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	Jt	for such individual	-		4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	olete Schedule	e J f	or sı	ich j	oers	on .					5		Х
1	Complete this table for your five highest co										oensa	ation f	from	
	the organization. Report compensation for t (A) Name and business			endii DNE		/ith o	or wi	thir	n the organization's tax (B) Description of s		C	(C ompe	c) nsatio	n
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lir	nite	d to	thos (tec	d above) who received n	nore than			000	
												⊢orm	33U ()	2023)

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Pa	ίπτι	VIII	Check if Schedule O co			nea	or note to any lin	e in this Part VIII			
			Check il Schedule O Co	ontai	ns a respu	1150 ((A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
									Infiction revenue	business revenue	sections 512 - 514
nts Its	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues								
ې کې			Fundraising events								
ar J			Related organizations								
ini,			Government grants (contrib								
r Si			All other contributions, gifts, gi								
the			similar amounts not included a	above	1f		554,719.				
d T		g	Noncash contributions included in li				434,200.				
a S		h	Total. Add lines 1a-1f					554,719.			
							Business Code				
e	2	a]					
e Ži		b									
Sun		с									
leve Beve		d									
Program Service Revenue		е									
đ		f	All other program service re	even	ue						
		g	Total. Add lines 2a-2f								
	3		Investment income (includi	ing d	ividends, iı	ntere	st, and				
			other similar amounts)					12,786.			12,786.
	4		Income from investment of	f tax-	exempt bo	nd p	roceeds				
	5		Royalties								
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
				6c							
		d	Net rental income or (loss)	<u></u>							
	7	a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
nu				7b							
Revenue			· · · · · · · · · · · · · · ·	7c							
			Net gain or (loss)			·····					
Other	8	а	Gross income from fundraising	g eve	nts (not						
Ò			including \$								
			contributions reported on li		-						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
			Net income or (loss) from fu		-						
	9	а	Gross income from gaming								
			Part IV, line 19			9a					
			Less: direct expenses			9b					
	10		Net income or (loss) from g		-	s					
		a	Gross sales of inventory, le			10a	36,034.				
		h	and allowances			10a	0.				
	1		Less: cost of goods sold				-	36,034.	36,034.		
	+	U	Net income or (loss) from s	aies		y	Business Code	50,054.	50,054		
snc	44	2	OTHER				458000	1,366.	1,366.		
nec	1''	a b				-		_,	_,		
Miscellaneous Revenue		c				_					
Be			All other revenue			_					
Σ			Total. Add lines 11a-11d					1,366.			
	12		Total revenue. See instruction					604,905.	37,400.	0.	12,786.
33200								-		-	Form 990 (2023)

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Form 990 (2023)

LAKE COUNTRY CARING INC

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				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	121 200	121 200		
-	individuals. See Part IV, line 22	434,200.	434,200.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
e	trustees, and key employees Compensation not included above to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a					
b					
с	•	550.		550.	
	Lobbying				
е					
f	Investment management fees	1,821.		1,821.	
g					
-	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	3,627.	3,265.	181.	181
14	Information technology	921.	829.	46.	46
15	Royalties				
16	Occupancy	16,249.	14,625.	812.	812
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10 685	11 100		<u> </u>
22	Depreciation, depletion, and amortization	12,675.	11,407.	634.	634
23	Insurance	4,412.	3,970.	221.	221
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	75 074	25 07/		
a	CLIENT CARE	25,874.	25,874. 195.	2 651	001
b	LICENSES & FEES DELIVERY VEHICLE EXPENS	4,077.		3,651.	231
c		2,751. 1,899.	2,751.		
d	SHOWROOM	533.	1,899. 533.		
e	·	509,589.	499,548.	7,916.	2,125
25	Total functional expenses. Add lines 1 through 24e	. 202, 202	477,340.	1,910.	4,140
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720) 0 12-21-23				Form 990 (2023

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Form **990** (2023)

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LAKE COUNTRY CARING INC

<u>39-1</u>983510 Page 11

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			135,278.	1	236,910.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	r forme	r officer, director,			
		trustee, key employee, creator or founder, subst	tantial o	contributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali	-				
		under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		····· _	45,540.	8	45,540.
1	9					9	
	10a	Land, buildings, and equipment: cost or other		100 000			
		basis. Complete Part VI of Schedule D			222 204		210 520
		Less: accumulated depreciation			332,204.		319,530.
	11	Investments - publicly traded securities			262,631.	11	297,458.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		·····		14	
	15	Other assets. See Part IV, line 11			775,653.	15	899,438.
	16	Total assets. Add lines 1 through 15 (must equa			113,033.	16 17	099,430.
	17 10	Accounts payable and accrued expenses		17			
	18 10	Grants payable			10		
	19 20	Deferred revenue				20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete R				20	
	21	Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, subst					
lidi		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D	-			25	
	26				0.	26	0.
		Organizations that follow FASB ASC 958, che					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			775,653.	27	899,438.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 9					
rFι		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances			775,653.	32	899,438.
	33				775,653.	33	899,438.
							Earm 990 (2022

Form **990** (2023)

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Form 990 (2023) Part X Balance Sheet

Form	1 990 (2023) LAKE COUNTRY CARING INC	39-19	83510	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	604		
2	Total expenses (must equal Part IX, column (A), line 25)	2	509		
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	775		
5	Net unrealized gains (losses) on investments	5	28	3,4	69.
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	899),4	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			ľ	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?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2 b		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	ie audit,			
	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		X
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** (2023)

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SCHEDULE A

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
2023
Open to Public Inspection

Employer identification number

		LAKE	COUNTRY C	ARING INC				3	9-1983510			
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction					
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, c	check only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(*	1)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).					
7		An organization that norma	lly receives a substa	ntial part of its support f	irom a gov	ernmental	unit or from th	ne general	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	the colleg	e or			
		university:										
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membersł	nip fees, a	nd gross receipts from			
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment			
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
		See section 509(a)(2). (Cor	mplete Part III.)									
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the function	ons of, or to ca	rry out the	e purposes of one or			
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on			
	_	lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and	l 12g.				
a	a 🗆	Type I. A supporting orga		-	•							
		the supported organization			a majority (of the dire	ctors or truste	es of the s	supporting			
	_	organization. You must o	-									
k		Type II. A supporting org	-				-		-			
		control or management o			ame perso	ons that co	ontrol or mana	ge the sup	ported			
		organization(s). You mus	-									
c		☐ Type III functionally integration						ly integrate	ed with,			
		its supported organizatio										
c		☐ Type III non-functionally		•••				-				
		that is not functionally int			•		-	an attent	iveness			
		requirement (see instruct										
e	•	Check this box if the orga					а туре ї, туре	II, Type III				
	5 Ent	functionally integrated, or										
ç		er the number of supported on vide the following informatior										
	-	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)			
				above (see instructions))	103							
Tot	al											

Schedule A	(Form	aan	202
Schedule A		990)	202.

(Form 990) 2023 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 Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)								
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
Section A. Public Support									
Calendar yea	ar (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		

	, , , , , ,	(0.) = 0 1 0	() = = = = =	(0) = 0 = 1	(.,)====	(0)=0=0	(.)
1	Gifts, grants, contributions, and	I					
	membership fees received. (Do not	ſ					
	include any "unusual grants.")						
2	Tax revenues levied for the organ-	I					
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
3	The value of services or facilities	ſ					
	furnished by a governmental unit to	ſ					
	the organization without charge						
	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.						
	ction B. Total Support	() 0010	(1) 0000	() 0001	(1) 0000	() 0000	(0 T))
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,	ſ					
	dividends, payments received on	ſ					
	securities loans, rents, royalties,	ſ					
•	and income from similar sources	1					
9	Net income from unrelated business	ſ					
	activities, whether or not the	ſ					
40	business is regularly carried on	1					
10	Other income. Do not include gain	ſ					
	or loss from the sale of capital	ſ					
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
12	Gross receipts from related activities			fourth or fifth toy		12	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stor ction C. Computation of Publ						·····
-	Public support percentage for 2023 (-	column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the					1 1	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to		-	-			
h	10% -facts-and-circumstances tes	•	•		•		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization						
			,	, , ·, ·· ·	,		(Form 990) 2023

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LAKE COUNTRY CARING INC

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.)

Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 511,734. 554,719. 276,858 409,561 395,957 2148829. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 33,397. 37,400. 70,797. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 395,957. 276,858. 409,561 545,131. 592,119 2219626. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and Ο. 3 received from disqualified persons 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 c Add lines 7a and 7b 2219626. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2020 (d) 2022 (e) 2023 (f) Total **(a)** 2019 (c) 2021 592,119 395,957. 409,561 545,131 2219626. 9 Amounts from line 6 276,858. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 6,715. 5,073. 4,359. 6,635. 12,786 35,568. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 6,715 5,073. 4,359. 6,635. 12,786. 35,568. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 281,931. 413,920. 551,766. 2255194. 402,672. 604,905. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.42 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) % 15 98.61 16 % Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 1.58 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 1.39 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 332023 12-21-23 Schedule A (Form 990) 2023 16

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2023.04020 LAKE COUNTRY CARING INC

LAKE COUNTRY CARING INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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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Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	LAKE	COUNTRY	CARING	INC
Part IV	Supporting Organ	nizations _{(c}	continued)		

1

2

No

No Yes

			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	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			

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

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the

Oet	cion o: Type in Supporting Organizations		
		 Yes	ſ
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		ſ
	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	g the	yea(see instructions)
---	---	-------	-----------------------

The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of i	ts supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	--------------	--------------	----------------	------------------------

c		The organization supporte	d a governmental entity	y. 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.

332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

За

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2023.04020 LAKE COUNTRY CARING INC

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Schedule A	(Form 990)) 2023	LAKE	COUNTRY	CARING	INC	
Part V	Type III	Non-	Functionally In	ntegrated 50	9(a)(3) Sup	porting	Organizations

га 1	t V Type III Non-Functionally Integrated 509(a)(3) Support			Part VI). See instruction
•	All other Type III non-functionally integrated supporting organizations mu	-		
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		
Sect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting or	anization (see

7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

Par	t V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	anizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ns 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	,	(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

332027 12-21-23

Schedule A	(Form 990) 2023	LAKE C							983510 _{Pag}
Part VI	Supplemental In Part IV, Section A, Iir line 1; Part IV, Sectio Section D, lines 5, 6,	nes 1, 2, 3b, 3c, 4b on D, lines 2 and 3;	, 4c, 5a, 6, 9a Part IV, Sect	a, 9b, 9c, 11 ion E, lines	la, 11b, ar 1c, 2a, 2b	nd 11c; Part IV, \$, 3a, and 3b; Pa	Section B, lines rt V, line 1; Par	s 1 and 2; Pa t V, Section E	rt IV, Section C, 3, line 1e; Part V,
	(See instructions.)								
								0-61	a A (Farme 000)
32028 12-21-2					21				le A (Form 990)
11114	767651 LCC	ARING	2023.	04020	LAKE	COUNTRY	CARING	INC	LCCARI

(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

09311114 767651 LCCARING

LAKE COUNTRY CARING INC.

Employer identification number 39 - 1983510

Par	t I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 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 writing t	hat the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose confe	
Dec			
Par			/, line 7.
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or o		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of a co	onservation easement on the last Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		2a
			2b
	Number of conservation easements on a certified historic structure i		2c
a	Number of conservation easements included on line 2c acquired after		
3	on a historic structure listed in the National Register Number of conservation easements modified, transferred, released,		2d
3		extinguished, or terminated by the organ	nization during the tax
4	year Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic m		
5	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handlin		
Ŭ		g of violations, and emotoring conservat	ion outcomente during the your
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation early a server the server of the	asements during the year
		, S	5 ,
8	Does each conservation easement reported on line 2d above satisfy	the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to	he organization's financial statements th	hat describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of Art,	-	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, P	art IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not t	o report in its revenue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public exhi	bition, education, or research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its financial sta		
b	If the organization elected, as permitted under FASB ASC 958, to re		
	art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtheranc	ce of public service,
	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 treasures,		, provide
	the following amounts required to be reported under FASB ASC 958	-	
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.	Schedule D (Form 990) 2023
332051	09-28-23	26	

2023.04020 LAKE COUNTRY CARING INC

Sche	dule D (Form 990) 2023 LAKE COU	NTRY CARIN	NG INC			39-	-198351) Pa	age 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, o	or Other	Similar A	ssets(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that	t make sigr	nificant use	of its		
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explair	how they further t	he organizatio	on's exemp	t purpose i	n Part XIII.		
5	During the year, did the organization solicit or	receive donations o	of art, historical trea	sures, or othe	er similar as	sets			_
	to be sold to raise funds rather than to be mai						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatior	n answered "א	es" on For	m 990, Par	t IV, line 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodia								-
	on Form 990, Part X?						📖 Yes		No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table:						
							Amount		
	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo				-	?	🔛 Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if t					TI			h = =1:
		(a) Current year	(b) Prior year	(c) Two years	s back (d)	Inree years	back (e) Four	years	раск
	Beginning of year balance	262,631.							
	Contributions		300,000.						
	Net investment earnings, gains, and losses	41,255.	-35,665.						
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses	1,821.	1,704.						
g	End of year balance	297,458.	262,631.						
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment%)							
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	Ind administer	red for the		-		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?								Х
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipme	ent							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X, lin	e 10.	_		
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accl	imulated	(d) Bool	k value	Э
		basis (investm	,	(other)	depre	ciation			
1a	Land			5,000.				5,00	
b	Buildings		44	1,669.	17	7,139	. 264	4 , 5:	30.
	Leasehold improvements								
	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part 2	X, line 10c, column	n (B))			31	9,53	30.
						Sch	edule D (Form	n 990)	2023

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09311114 767651 LCCARING

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	····· , ···· , ···· · · · · · · · · · ·	(b) Book value
(1)	1		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			ļ
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		
2 Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	that reports the

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

Schedule D (Form 990) 2023

332053 09-28-23

09311114 767651 LCCARING

Sche	dule D (Form 990) 2023 LAKE COUNTRY CARING INC		39-1983510 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
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		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State		enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
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	2 a	
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
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.

09311114 767651 LCCARING

29

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.							
Internal Revenue Service			Go to www.irs	s.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organizati	on LAKE COUN	TRY CARIN	G INC					Employer identification number 39-1983510
Part I General In	formation on Grants a							
1 Does the organiz	ation maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the selec	tion
criteria used to a	ward the grants or assi	stance?						X Yes No
2 Describe in Part	IV the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.			
	d Other Assistance to					anization answered "	es" on Form 990, Parl	t IV, line 21, for any
	nat received more than			1		(f) Mathad of	1	1
	Idress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
2 Enter total numb	er of section 501(c)(3) a	I Ind government or	ganizations listed in th	ne line 1 table	1	l	1	I

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

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

Schedule I (Form 990) 2023

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	8282	0.	434,200.	DELIVERY/PICKUP	PERSONAL CARE ITEMS
Part IV Supplemental Information Provide the information rec	I wirod in Part I. lir	l o 2: Part III, column	(b): and any other a	I dditional information	1

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 T	HAN 200% OF
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 ROE	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)

09311114 767651 LCCARING

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2

23

Department of the Treasury Internal Revenue Service

Part I

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

LAKE	COUNTRY	CARING	INC	
Types of Property				_

		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	-
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution an	nount	5
1	Art - Works of art							
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods	Х		434,200.	INVENTORY 7	URNO	OVE	R
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded							
	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part V, L	Jonee Acknowledg	gement 29			<u>v</u>	
00-				and a bar David I. Baran 4 Alexand			Yes	No
	During the year, did the organization receive b							
	must hold for at least 3 years from the date of					200		Х
	exempt purposes for the entire holding period If "Yes," describe the arrangement in Part II.	<i>د</i>				30a		<u></u>
31	Does the organization have a gift acceptance	oolicy that r	equires the review	of any nonstandard contribu	itions?	31		х
	Does the organization have a gift acceptance							
JEa	boos are organization file of use third parties		-				x	
	contributions?					1322		
h	contributions? If "Yes," describe in Part II.					32a	21	

For Paperwork Reduction Act Notice	e, see the Instructions for Form 990.
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Schedule M (Form 990) 2023

LHA 332141 09-11-23

09311114 767651 LCCARING

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) 2023

LCCARIN1

332142 09-11-23

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 IS FIRST REVIEWED BY THE BOARD PRESIDENT,

TREASURER, AND SECRETARY. A DRAFT IS ALSO PROVIDED TO ALL DIRECTORS IN

ADVANCE OF 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. HOWEVER, IF

ANY ARE HIRED IN THE FUTURE, THE ORGANIZATION WOULD OBTAIN COMPARABILITY

INFORMATION THROUGH AN INDEPENDENT PROCESS IN SETTING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 1023 IS AVAILABLE UPON REQUEST. FORM 990 IS LINKED ON THE

ORGANIZATION'S WEBSITE.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
LHA 332211 11-14-23

Schedule O (Form 990) 2023

LCCARIN1

0070 TE		IRS E-fi	le Signature A a Tax Exempt	uthorization	F	OMB No. 1545-0047
Form 8879-TE	For calendar ve		-	3, and ending	20	0000
Dependence of the Trace we	i or oalondar ye		send to the IRS. Keep fo		, 20	2023
Department of the Treasury Internal Revenue Service		Go to www.ir	s.gov/Form8879TE for th	e latest information.		
Name of filer					EIN or SSN	
LAKE C	OUNTRY	CARING INC			39-19	83510
Name and title of officer or pe	rson subject to		STROMEI			
	<u> </u>	PRESID				
		d Return Inforn				
Form 5330 filers may enter or 10a below, and the amo	r dollars and o ount on that li	cents. For all other f ne for the return bei	orms, enter whole dollars (ing filed with this form was	applicable amount, if any, f only. If you check the box or blank, then leave line 1b, 2 hen enter -0- on the applical	n line 1a, 2a, 3 b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	nere	X b Total rev	venue, if any (Form 990, Pa	art VIII, column (A), line 12)		1b 604,905.
2a Form 990-EZ che		b Total rev	venue, if any (Form 990-EZ	, line 9)		2b
3a Form 1120-POL	check here					3b
4a Form 990-PF che	ck here			(Form 990-PF, Part V, line 5		4b
5a Form 8868 check	here	b Balance	due (Form 8868, line 3c)			5b
6a Form 990-T chec	k here	b Total tax	(Form 990-T, Part III, line	4)		6b
7a Form 4720 check	here	b Total tax	(Form 4720, Part III, line ⁻	1)		7b
8a Form 5227 check	here	b FMV of a	assets at end of tax year	(Form 5227, Item D)		8b
9a Form 5330 check	here	b Tax due	(Form 5330, Part II, line 19)		9b
10a Form 8038-CP ch				sted (Form 8038-CP, Part III	, line 22)	10b
		-		r Person Subject to T		
				I am a person subject to		
of entity)			, (EIN	N)ar	nd that I have	examined a copy of the
later than 2 business days payment of taxes to receiv personal identification nur	s prior to the p /e confidentia	ayment (settlement I information necess) date. I also authorize the sary to answer inquiries an	ntáct the U.S. Treasury Fina financial institutions involve d resolve issues related to t pplicable, the consent to ele	ed in the proce the payment. I	essing of the electronic have selected a
PIN: check one box only X authorize HI	NTZ GIU	IFFRE CPAS	s.c.		to enter my Pl	N 83510
			ERO firm name		····, ···,	Enter five numbers, but
						do not enter all zeros
with a state age on the return's o	ncy(ies) regula disclosure con	ating charities as pa isent screen.	rt of the IRS Fed/State pro	icated within this return that ogram, I also authorize the a	aforementione	d ERO to enter my PIN
return. If I have	indicated with	in this return that a	•	ny PIN as my signature on t g filed with a state agency(ie nt screen.	es) regulating o	•
Signature of officer or person subjection Part III Certifica		uthentication			Date	
			··			
ERO's EFIN/PIN. Enter yo	-	-	rication	3903687711	$\overline{\mathbf{a}}$	
number (EFIN) followed by	v your five-digi	t self-selected PIN.		Do not enter all zeros		
-	•	-		ectronically filed return indic l e-File (MeF) Information for		
ERO's signature				Date		
		ERO Must	Retain This Form - S	See Instructions		
	Do No			less Requested To D	o So	
For Privacy Act and Pape						Form 8879-TE (2023)
LHA 302521 01-05-24						

Form 8868

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

	Form 7004 to request an extension of time to file income	e tax retui	ms.			
	Ientification					
Type or				Taxpayer	axpayer identification number (TIN)	
Print	LAKE COUNTRY CARING INC			39-1983510		
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	a separa	te application for each return)			01
Applicati		Return				Return
Applicati		Code				Code
Form 990 or Form 990-EZ		01	Form 4720 (other than individual)			09
Form 4720 (individual)		03	Form 5227			10
Form 990-PF		04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			
Form 990-T (trust other than above)		06	Form 5330 (individual)			
Form 990-T (corporation)		07	Form 5330 (other than individual)			
Form 1041-A		08				14
Plar Part II - Au The bo	n Number		see instructions)			_
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