EXTENDED TO NOVEMBER 15, 2024

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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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

and ending A For the 2023 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change LAKE COUNTRY CARING INC Name change 39-1983510 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 2623676670 PO BOX 591 termin-ated 711,155. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ X Amended HARTLAND, WI 53029 H(a) Is this a group return Applica-F Name and address of principal officer: SUSAN STROMEI Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? (insert no.) Tax-exempt status: X = 501(c)(3)4947(a)(1) or If "No," attach a list. See instructions WWW.LAKECOUNTRYCARING.COM H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1998 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE BASIC NECESSITIES AT Activities & Governance NO COST TO THOSE IN NEED IN THE LAKE COUNTRY AREA. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 169 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 511,734. 660,969. Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 40,032. 12,786. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 37,400. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 551,766. 711,155. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 417,600. 540,450. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) O. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, surply

16a Professional fundraising fees (Part IX, column (A), line 11e)

2,125. Expenses 0. 97,591. 75,389. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 515,191. 615,839. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 36,575. 95,316. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 775,653. 899.438. Total assets (Part X, line 16) 0. О. 21 Total liabilities (Part X, line 26) 775,653. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SUSAN STROMEI, PRESIDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Paid MARY K. HINTZ, CPA P01300923 HINTZ GIUFFRE CPAS S.C. Firm's EIN 39-1679915 Preparer Firm's name Firm's address 3945 HICKORY KNOLL RD Use Only HARTLAND, WI 53029-9362 Phone no. (262)367-4829

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: TO PROVIDE BASIC NECESSITIES AT NO COST TO THOSE IN NEED IN THE LAKE	
	COUNTRY AREA.	
	Did the examination undertake any significant program convices during the year which were not listed on the	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□No
_	If "Yes," describe these new services on Schedule O.	₽
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	. No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$605, 798 • including grants of \$540, 450 •) (Revenue \$37, 40	0.)
	DONATIONS OF CLOTHING, HYGIENE PRODUCTS, FURNITURE, APPLIANCES, INFAN	T
	AND HOUSEHOLD ITEMS ARE ACCEPTED, SORTED AND GIVEN TO THOSE IN NEED	
	FREE OF CHARGE. THESE ITEMS AND COMMUNITY RESOURCE REFERRAL ARE PROVIDED TO AN AVERAGE OF 350 PEOPLE EACH MONTH WHO LIVE IN WAUKESHA,	
	WASHINGTON, DODGE OR JEFFERSON COUNTY. NEED IS ASSESSED UPON INITIAL	
	INTAKE AND VALIDATED ANNUALLY THEREAFTER. IT CAN BE SUBSTANTIATED IN	A
	NUMBER OF WAYS, INCLUDING DOCUMENTED PARTICIPATION IN STATE OR FEDERA	
	PROGRAMS SUCH AS THE NATIONAL SCHOOL LUNCH PROGRAM, WISCONSIN	
	FOODSHARE, MEDICAID, BADGERCARE, WISCONSIN WORKS OR PUBLIC HOUSING	,
	ASSISTANCE, A RECENT TAX RETURN SHOWING HOUSEHOLD ADJUSTED GROSS INCO	
	OF NO MORE THAN 200% OF THE FEDERAL POVERTY LEVEL, OR VERIFICATION TH	
	THE INDIVIDUAL IS A CLIENT OF ANOTHER NONPROFIT THAT SERVES LOW INCOM	Œ
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$	<u> </u>
4d	Other program services (Describe on Schedule O.)	
-r u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 605,798.	
	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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		
6	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	l		
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			٠,,
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Dort IV	Checklist of Required Schedules (continue	-11
Fail IV	Checking of Dequired Schedules (continue)	J)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
0.4	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "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,	20		
_,	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		х
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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			Х
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
ü	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?	000		
	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?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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023) LAKE COUNTRY CARING INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_				
	filed for the calendar year ending with or within the year covered by this return	2a 0				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b			
За	· · · · · · · · · · · · · · · · · · ·		За		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X	
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	,			37	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v	
	any contributions that were not tax deductible as charitable contributions?		6a		X	
р	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	CI			
-	were not tax deductible?		6b			
7	Organizations that may receive deductible contributions under section 170(c).	vices provided to the pover?	7-		Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a 7b		21	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		70			
С	to file Form 8282?	•	7c		Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		21	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f			
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
			8			
9	Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	 	12a			
	,	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a			
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
b	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a		100	14a		Х	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?		15		Х	
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х	
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6 Did the organization have members or stockholders?									
7a									
	more members of the governing body?	7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed WI								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	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, conflict of interest policy, an	d 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 books and records								
	NICOLE IRELAND - 2623676670								
	PO BOX 591, HARTLAND, WI 53029								

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.

(A)	(B)				C)	•		ed any current officer, (D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
name and title	hours per	(do	not c	heck ss ne	more	than	one h an	compensation	compensation	amount of
	week	box, unless person is both an officer and a director/trustee)			or/trus	tee)	from	from related	other	
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee c	rustee			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		loyee	comp		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1) GUGAN GERONET	line) 10.00	Ĕ	Ë	₽	- Ā	三三	요			
(1) SUSAN STROMEI	10.00	Х		x				0.	0.	0
PRESIDENT	1.00	Δ		^				0.	0.	0
(2) NICOLE IRELAND	1.00	Х		x				0.	0.	0
TREASURER	11.00	^		^				0.	0.	0
(3) SHIRLEY HANSEN	11.00	X		x				0.	0.	_
VICE PRESIDENT OF CLIENT SERVICES	13.00	^		_				0.	0.	0
(4) HAROLD BERG	13.00	Х						0.	0.	0
DIRECTOR	5.00	Δ						0.	0.	U
(5) KATHRYN BUONO	3.00	Х		x				0.	0.	0
SECRETARY (6) KAREN DALUM	4.00	Δ		^				0.	0.	U
	4.00			_v					_	0
VICE PRESIDENT OF COMMUNITY RELATION	ļ	Х		Х				0.	0.	0
	ļ									
	ļ									
	ļ									
		l								
		_	\vdash		\vdash					
		-								
		_	\vdash		\vdash					
		1								
		_	\vdash		\vdash					
								ì	1	

Fai	Section A. Officers, Directors, Trus	itees, Key Em	ploy	<u>rees</u>	, an	a H	gne	st C	compensated Employe	es (continuea)				
	(A) Name and title	(B) Average hours per week	Position (do not check more than or box, unless person is both officer and a director/truste				than	n an	(D) Reportable compensation from	(E) Reportable compensation from related		Es an		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)				e ion ed
			-											
			L											
			L											
			L											
С	Subtotal Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>d</u> 2	Total number of individuals (including but n									,000 of reportabl				0.
_	compensation from the organization										—		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual										3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-		elat	ted organization or indiv	dual for services		5		Х
1 1	tion B. Independent Contractors Complete this table for your five highest co	-	-								pensa	ation f	rom	
	the organization. Report compensation for (A) Name and business	_		endi ONI		vith	or w	ithir	n the organization's tax y (B) Description of s			(C	;) nsatio	n
	Name and Basiness	addioso	140	7141	<u> </u>				Doddiption of	GIVIGOS		ompo.	1001101	•
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se lis	stec	d above) who received m	nore than				
	+ . 2 . , see e. cempendation nom the organi											Form !	9 90 (2	2023)

332008 12-21-23

Pa	I L V	Ш				a in their Dark VIII			
			Check if Schedule O contains a re	sponse	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
						Total revenue	Related or exempt		Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Federated campaigns1						000110110 0 12 0 1 1
ant	'		Membership dues 1	_					
'n.G			Fundraising events 1						
ifts Ir A				d					
Contributions, Gifts, Grants and Other Similar Amounts				e					
Sir			All other contributions, gifts, grants, and						
ber		•	similar amounts not included above		660,969.				
ort		a			540,450.				
Cor		_	Total. Add lines 1a-1f	<u> </u>		660,969.			
		<u></u>	Total / Idd lines Ta 11		Business Code				
ø	2	а							
کار (_	b							
Program Service Revenue		c							
am eve		d							
ogr		e							
Pro			All other program service revenue						
			Total. Add lines 2a-2f						
	3		Investment income (including dividence						
			other similar amounts)			12,786.			12,786.
	4		Income from investment of tax-exempt						
	5		Royalties						
			(i) F		(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Sec	urities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
nue			and sales expenses 7b						
Revenue			Gain or (loss) 7c						
			Net gain or (loss)						
Other	8	а	Gross income from fundraising events (not						
0			including \$ c	ı					
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
	•		Net income or (loss) from fundraising e						
	9	d	Gross income from gaming activities. S Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming activ	··· <u> </u>	l .				
	10		Gross sales of inventory, less returns						
		_	and allowances	10a	36,034.				
		b	Less: cost of goods sold		•				
			Net income or (loss) from sales of inve			36,034.	36,034.		
<u></u>			, , , , , , , , , , , , , , , , , , , ,	<u>,</u>	Business Code				
Miscellaneous Revenue	11	а	OTHER		458000	1,366.	1,366.		
ane		b							
cell eve		С							
Mis		d	All other revenue	<u>-</u>					
		е	Total. Add lines 11a-11d			1,366.			
	12		Total revenue. See instructions			711,155.	37,400.	0.	12,786.

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	050 050	050 050		
	and domestic governments. See Part IV, line 21	252,850.	252,850.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	287,600.	287,600.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	550.		550.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,821.		1,821.	
g					
	column (A), amount, list line 11g expenses on Sch O.)				
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				
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.)				
а	CLIENT CARE	25,874.	25,874.		
h	LICENSES & FEES	4,077.	195.	3,651.	231
c	DELIVERY VEHICLE EXPENS	2,751.	2,751.	.,	-
d	SHOWROOM	1,899.	1,899.		
		533.	533.		
25	Total functional expenses. Add lines 1 through 24e	615,839.	605,798.	7,916.	2,125
<u>25</u> 26	Joint costs. Complete this line only if the organization	,	223,7300	.,,,,,	
20	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. 10.01.02		l		Earm 991 (202

<u>Part</u>	Х	Balance Sheet					
		Check if Schedule O contains a response or no	te 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 of	r forme	r officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			45,540.	8	45,540
⋖	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	496,669.			
	b	Less: accumulated depreciation	10b	177,139.	332,204.	10c	319,530
1	11	Investments - publicly traded securities			262,631.	11	297,458
1	12	Investments - other securities. See Part IV, line	11			12	
1	13	Investments - program-related. See Part IV, line		13			
1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	ıal line 3	3)	775,653.	16	899,438
1	17	Accounts payable and accrued expenses				17	
1	18	Grants payable		18			
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
S 2	22	Loans and other payables to any current or for	ner offic	cer, director,			
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
- 2	23	Secured mortgages and notes payable to unrel		F		23	
2	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			
		of Schedule D				25	0
- 2	26	Total liabilities. Add lines 17 through 25			0.	26	0
ဖွ		Organizations that follow FASB ASC 958, ch	eck her	e X			
ğ		and complete lines 27, 28, 32, and 33.			775 (5)		000 430
	27	Net assets without donor restrictions			775,653.	27	899,438
8 2 5	28	Net assets with donor restrictions				28	
들		Organizations that do not follow FASB ASC 9	958, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
) ts	29	Capital stock or trust principal, or current funds				29	
388	30	Paid-in or capital surplus, or land, building, or e				30	
۲ ع	31	Retained earnings, endowment, accumulated in		_	775 (5)	31	000 420
_	32	Total net assets or fund balances		ı	775,653.	32	899,438
3	33	Total liabilities and net assets/fund balances			775,653.	33	899,438 of Form 990 (2023

Pai	t 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		1,1					
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,8 5,3					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
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	89	9,4	38.				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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.							
3а	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 required audit or audits?								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

		LAKE	COUNTRY C	ARING INC				3	9-1983510
Pa	ırt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	his part.) S	See instruction	S.	
The	organ	ization is not a private found							
1		A church, convention of ch							
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:	·						
5		An organization operated for	or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental u	nit descrik	ped in
		section 170(b)(1)(A)(iv). (C		,	•	, ,			
6		A federal, state, or local go	•	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7		An organization that norma						ne general	public described in
		section 170(b)(1)(A)(vi). (C		, ,,	3			J	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	and-grant	college
		or university or a non-land-							
		university:		,		, ,	, ,	· ·	
10	X	An organization that norma	ıllv receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. membersh	nip fees, a	nd aross receipts from
		activities related to its exen							
		income and unrelated busin							
		See section 509(a)(2). (Co		,		•	,		,
11		An organization organized	•	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized	=	•	-			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							
а		Type I. A supporting orga							giving
		the supported organization							
		organization. You must o							
b		Type II. A supporting org			tion with it	ts support	ed organizatio	n(s), by ha	aving
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with,	and functional	ly integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organi	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and	l an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type	II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
		vide the following information	about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
Tota	al						1		l

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.)

Sec	tion A. Public Support						
Cale	ndar 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						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						_
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the						
<u> </u>	organization, check this box and stor	here					<u></u>
	tion C. Computation of Publ			. (0)		11	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
Iba	33 1/3% support test - 2023. If the content have The exceptation qualifies	•		•		•	
h	stop here. The organization qualifies 33 1/3% support test - 2022. If the o						
D							
170	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes and if the organization meets the fact						
	•		•	-		•	
h	meets the facts-and-circumstances tes 10% -facts-and-circumstances tes	~		• • •		17a and line 15 is	
b							1070 UI
	more, and if the organization meets the organization meets the facts-and-circle				-		
12	Private foundation. If the organization		-	•			e
10	i ilvate loulidation. Il tile organizatio	n did flot Clicck a	DON OIT III TO , TO	a, 100, 11a, 01 11	D, CHECK HIS DOX		Eorm 000) 2022

Scriedule A (Form 990) 2020

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

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

Sec	qualify under the tests listed beat cition A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
'	membership fees received. (Do not						
	include any "unusual grants.")	395,957.	276,858.	409 561	511,734.	660,969.	2255079.
•		373,737.	270,030.	400,001.	JII,/J4•	000,505.	2233073.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				33,397.	37,400.	70,797.
3	Gross receipts from activities that						_
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	395,957.	276,858.	409,561.	545,131.	698,369.	2325876.
	Amounts included on lines 1, 2, and	333,337	2,0,0001	105,001	313,1311	030,0031	
,,	3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
,	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2325876.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	395,957.	276,858.	(c) 2021 409, 561.	(d) 2022 545,131.	(e) 2023 698, 369.	2325876.
	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	0,713.	3,073.	4,339.	0,033.	12,700.	33,300.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	6 715	E 072	4 250	6 625	10 706	25 560
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	6,715.	5,073.	4,359.	6,635.	12,786.	35,568.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	402,672.	281,931.	413,920.	551,766.	711,155.	2361444.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	check this box and stop here	3					,
Se	ction C. Computation of Publ	ic Support Per					
	Public support percentage for 2023 (I			column (f))		15	98.49 %
	Public support percentage from 2022					16	98.61 %
	ction D. Computation of Inves						
17				ne 13 column (fl)		17	1.51 %
18						18	1.39 %
	33 1/3% support tests - 2023. If the						
136	more than 33 1/3%, check this box a						X
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

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.)

	Yes	No
1		
2		
За		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10h		
10b		

Par	irt IV Supporting Organizations (continued)			
			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		
	A family member of a person described on line 11a above?	11b		
	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		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10/19 tine		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	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		
	ction D. All Type III Supporting Organizations	<u>'</u>		l
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		
	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		
	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		
	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		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			l
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see i	 netructions)		
' a		isa acaonsj.		
b				
c		entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	critity (See matruotio	Yes	No
			103	140
	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.	2a		
		2.0		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization evergice a substantial degree of direction over the policies programs and activities of each	Ja		

Schedule A (Form 990) 2023

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

Sche	edule A (Form 990) 2023 LAKE COUNTRY CARING IN	C		39-1983510 Page 6
_	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
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	1 b		
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		

__ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2023

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) 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			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

Inspection

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

Employer identification number 39-1983510

	LAKE COUNTRY CARIN	IG INC	39-1983510	
Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
•	are the organization's property, subject to the organization's	· ·		No
6	Did the organization inform all grantees, donors, and donor a			
_	for charitable purposes and not for the benefit of the donor			
				No
Pai				
1	Purpose(s) of conservation easements held by the organizat	•	,	
-	Preservation of land for public use (for example, recreations)		f a historically important land area	
	Protection of natural habitat		f a certified historic structure	
	Preservation of open space	Treservation o	r a continea motorio chactare	
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the la	et
_	day of the tax year.	med concervation contribution in the form	Held at the End of the Tax	
а	Total number of conservation easements		2a	
b			ا ما	
c	Number of conservation easements on a certified historic st			
d	Number of conservation easements included on line 2c acqu			
	on a historic structure listed in the National Register	•	2d	
3	Number of conservation easements modified, transferred, re			
_	year		io organization doming the tax	
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe		:	
	violations, and enforcement of the conservation easements			No
6	Staff and volunteer hours devoted to monitoring, inspecting			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year	
8	Does each conservation easement reported on line 2d abov	e satisfy the requirements of section 170	(h)(4)(B)(i)	_
	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expens	e statement and	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stater	nents that describes the	
D	organization's accounting for conservation easements.	Chat Historical Tonganous	Nils and O'res'll and Assessed	
Pai	t III Organizations Maintaining Collections of		otner Similar Assets.	
	Complete if the organization answered "Yes" on Forn			
1a	If the organization elected, as permitted under FASB ASC 98			
	of art, historical treasures, or other similar assets held for pu			
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 98			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of public service,	
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		al gain, provide	
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1		·	
b	Assets included in Form 990, Part X		\$	

332051 09-28-23

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

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 LAKE COU	NTRY CARING	G INC		39-	-1983510) Page 2
Pai	rt III Organizations Maintaining Co	llections of Art,	Historical Tr	easures, or O	ther Similar A	\ssets (contin	ued)
3	Using the organization's acquisition, accession	n, and other records,	check any of the	following that mak	e significant use	of its	
	collection items (check all that apply).						
а	Public exhibition	d	Loan or excl	nange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain h	now they further th	ne organization's e	exempt purpose in	n Part XIII.	
5	During the year, did the organization solicit or r						
	to be sold to raise funds rather than to be mair		•	•		Yes	☐ No
Pai	rt IV Escrow and Custodial Arrange						
	reported an amount on Form 990, Part	•	g.		, ·	, ,	
	Is the organization an agent, trustee, custodiar		ary for contribution	ns or other assets	not included		
	on Form 990, Part X?	•	•			Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII ar						
	11 103, explain the arrangement in Fart XIII ar	id complete the follo	wing table.			Amount	,
С	Reginning halance				1c		
4	Beginning balance						
u	Additions during the year						
•	Distributions during the year				1e		
00	Ending balance					Yes	No
	Did the organization include an amount on For				•		No
	If "Yes," explain the arrangement in Part XIII. C						
Fai		(a) Current year	(b) Prior year	(c) Two years back		hack (a) Four	years back
	 	• •	(b) Filor year	(C) Two years back	(u) Tillet years	back (e) rour	ycars back
1a		262,631.	200 000				
b	Contributions	41 055	300,000.				
С	Net investment earnings, gains, and losses	41,255.	-35,665.				
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses	1,821.	1,704.				
g	End of year balance	297,458.	262,631.				
2	Provide the estimated percentage of the curre	nt year end balance ((line 1g, column (a	i)) held as:			
а	Board designated or quasi-endowment	9	%				
b	Permanent endowment	%					
С	Term endowment%						
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.					
За	Are there endowment funds not in the possess	sion of the organization	on that are held a	nd administered fo	or the	_	
	organization by:						Yes No
	(i) Unrelated organizations?					3a(i)	X
						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						
4	Describe in Part XIII the intended uses of the o						
Pai	rt VI Land, Buildings, and Equipme						
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Parl	: X, line 10.		
	Description of property	(a) Cost or other	er (b) Cost	or other (c	Accumulated	(d) Book	value
	=	basis (investme	' '	1 .	depreciation	(2, 230)	
	Land	 	,	5,000.		5!	5,000.
	D. didie			1 660	177 130		1 530

319,530. Schedule D (Form 990) 2023

e Other.

c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 LAKE COUNTRY	Y CARING INC	39	-1983510 Page 3
Part VII Investments - Other Securities			¥
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	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.	F 000 D+ IV II	11 - O - Farma 000 Bart V line 10	
Complete if the organization answered "Yes" (a) Description of investment			d of
	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
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)	<u></u>		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	'. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

Schedule D (Form 990) 2023

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...

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Par	T XI Reconciliation of Revenue per Audited Financial			
	Complete if the organization answered "Yes" on Form 990, Part	•		
1	Total revenue, gains, and other support per audited financial statement	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	·		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	<u> </u>		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 12.)	5	
Par	Reconciliation of Expenses per Audited Financia		nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part			
	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
	Other (Describe in Part XIII.)			
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
4				
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Other (Describe in Part XIII.)	4b		
a b c	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	4b		
a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, and The Supplemental Information	4b line 18.)	5	+ YI
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, and The Supplemental Information	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,
a b c 5 Par	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Int XIII Supplemental Information Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	line 18.) and 4; Part IV, lines 1b and 2b;	5	t XI,

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 39-1983510 LAKE COUNTRY CARING INC

Part I General Information on Grants a	ind Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibili	ty for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addi	tional space is need	.bet			
1 (a) Name and address of organization or government	(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
ST VINCENT DE PAUL STORE W359N5848 BROWN STREET					THRIFT SHOP	CLOTHING AND HOUSEHOLD	TO ASSIST FAMILIES IN NEED OF CLOTHING AND
OCONOMOWOC, WI 53066	80-0186993	501(C)(3)	0.	205,400.	VALUE	GOODS	HOUSEHOLD GOODS
HUMANE ANIMAL WELFARE SOCIETY OF WAUKESHA COUNTY - 701 NORTHVIEW ROAD - WAUKESHA, WI 53188	39-6108644	501(C)(3)	0.	9,200.	THRIFT SHOP VALUE	GOODS	TO ASSIST ANIMALS IN NEED OF HOUSEHOLD GOODS AND CARE ITEMS
MACCANNON BROWN SHELTER 2461 W CENTER STREET MILWAUKEE, WI 53206	46-3864539	501(C)(3)	0.	16,850.	THRIFT SHOP VALUE		TO ASSIST FAMILIES IN NEED OF CLOTHING AND HOUSEHOLD GOODS
GOODWILL 6055 N 91ST STREET MILWAUKEE, WI 53225	39-0808491	501(C)(3)	0.	10,700.	THRIFT SHOP VALUE	CLOTHING AND HOUSEHOLD GOODS	TO ASSIST FAMILIES IN NEED OF CLOTHING AND HOUSEHOLD GOODS
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in the	ne line 1 table				4.

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

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of non-	(e) Method of valuation	(f) Description of noncash assistance
(a) Type of grant of abolication	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	(i) Decemption of Heriodesia deciciance
				ESTIMATED VALUE OF	
				\$50/BOX AND \$100 PER	
GLOBULUG MONGRUOLD GOODS DEDGONIL SIDE THINS	5000	•	007.600	FURNITURE	CLOTHING, HOUSEHOLD GOODS,
CLOTHING, HOUSEHOLD GOODS, PERSONAL CARE ITEMS	7880	0.	287,600.	DELIVERY/PICKUP	PERSONAL CARE ITEMS
Part IV Supplemental Information. Provide the information re	quired in Part Llin	e 2: Part III. column	(b): and any other a	dditional information	
Capplemental information: Fowder the information to	quired ii i art i, iii	ic 2, i art iii, coluiiiii	(b), and any other a	dditional imormation.	
SCHEDULE I LINE 2					
501(C)(3) ORGANIZATIONS ARE SELEC	red based	ON ABILIT	Y TO RECEI	VE	
NON-CASH GIFTS THAT FURTHER THEIR	MTCCTONC				
NON-CASH GIFTS THAT FORTHER THEIR	MISSIONS	•			
INDIVIDUALS' NEED IS ASSESSED UPO	N INITIAL	INTAKE AN	D VALIDATE	D	

ANNUALLY THEREAFTER. IT CAN BE SU	BSTANTIAT	ED IN A NU	MBER OF WA	YS,	
INCLUDING DOCUMENTED PARTICIPATIO	ייביים אד זי	E OR FEDER	AL PROGRAM	S SIICH AS	
THE DOLLAR DOCUMENTED THE TELEVISION	. 11 51111	L OK I LDLI	III I I I I I I I I I I I I I I I I I	D DOCII IID	
THE NATIONAL SCHOOL LUNCH PROGRAM	, WISCONS	IN FOODSHA	RE, MEDICA	ID,	
BADGERCARE, WISCONSIN WORKS OR PU	BLIC HOUS		'ANCE, A RE	CENT TAX	
332102 11-01-23		31			Schedule I (Form 990) 2023

Part IV Supplemental Information							
RETURN SHOWING HOUSEHOLD ADJUSTED GROSS INCOME OF NO MORE THAN 200% OF							
THE FEDERAL POVERTY LEVEL, OR VERIFICATION THAT THE INDIVIDUAL IS A							
CLIENT OF ANOTHER NONPROFIT THAT SERVES LOW INCOME 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.							

Schedule I (Form 990)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Inspection

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

	LAKE COUNTRY CARING INC						39-1983510				
Pai	Part I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o			determining			
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5				539,400	INI.	ENTORY	TURN	OVE	R		
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded										
10	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										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other ()										
26	Other ()										
27	Other (
28	Other (
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions	1						
	for which the organization completed Form 82										
		, ,	•					Yes	No		
30a	During the year, did the organization receive b	y contributio	on any property re	oorted in Part I, lines 1 thro	ugh 28	s, that it					
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for										
	exempt purposes for the entire holding period?						30a		Х		
b	b If "Yes," describe the arrangement in Part II.										
31									Х		
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	contributions?						32a	Х			
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is ch	ecked						
	describe in Part II.	(5) 10	-71 3. 6. 5 501	, (2) 10 01		,					

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023 332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number 39-1983510

Internal Revenue Service Name of the organization

LAKE COUNTRY CARING INC

FORM 990 PAGE 1 - AMENDED RETURN EXPLANATION, LINE 8 AND LINE 13

THE FORM 990 IS BEING AMENDED TO CORRECT THE AMOUNT OF NON-CASH

DONATIONS RECEIVED AND NON-CASH GRANTS TO ORGANIZATIONS AND

INDIVIDUALS. SCHEDULE I WAS ALSO UPDATED TO INCLUDE DONATIONS TO

ORGANIZATIONS VS. INDIVIDUALS.

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:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** LAKE COUNTRY CARING INC 39-1983510 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.

***** THIS IS NOT A FILEABLE COPY *****

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning , 2023, and ending

l ending , 20

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer LAKE COUNTRY CARING INC 39-1983510 SUSAN STROMEI Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here 7a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9b 9a **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | | authorize HINTZ GIUFFRE CPAS S.C. 83510 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🛘 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 39036877112 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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.

OMB No. 1545-0047

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 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. Part I - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpaver identification number (TIN) Print 39-1983510 LAKE COUNTRY CARING INC File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your PO BOX 591 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 separate application for each return) 01 Application Is For Return | Application Is For Return 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 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 08 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of NICOLE IRELAND PO BOX 591 - HARTLAND, WI $5\overline{3029}$ Telephone No. 2623676670 Fax No. If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this I request an automatic 6-month extension of time until NOVEMBER 15 .20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or , 20 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return 2 Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.