

May 28, 2024

To Don Wortham and the members of the Polk County General Government Committee,

The Polk County Historical Society has prepared our annual report for your review, including annual budget information, operational numbers, marketing information, and our ask for support in 2025.

To reiterate our 2025 request, the Polk County Historical Society is asking for \$55,000 for support so we can accomplish the following tasks:

- Create educational boxes for school use; ensuring to address various WI education standards and include education collection materials.
- Enhance education collection to allow for more visitor interaction with certain items.
- Create semi-permanent and rotating exhibits around Polk County highlighting various historical sites and organizations.
- Increase number of events throughout the year
 - Create new events between Wine Walk (September) & Christmas Stroll (December)
- Create rotating exhibits and displays to increase visitor traffic and engagement at the museum.
- Improve storage solutions for collections when items not used in current exhibits.
- Reconfigure display cases and update backboards in display cases to make changing exhibits easier and quicker.

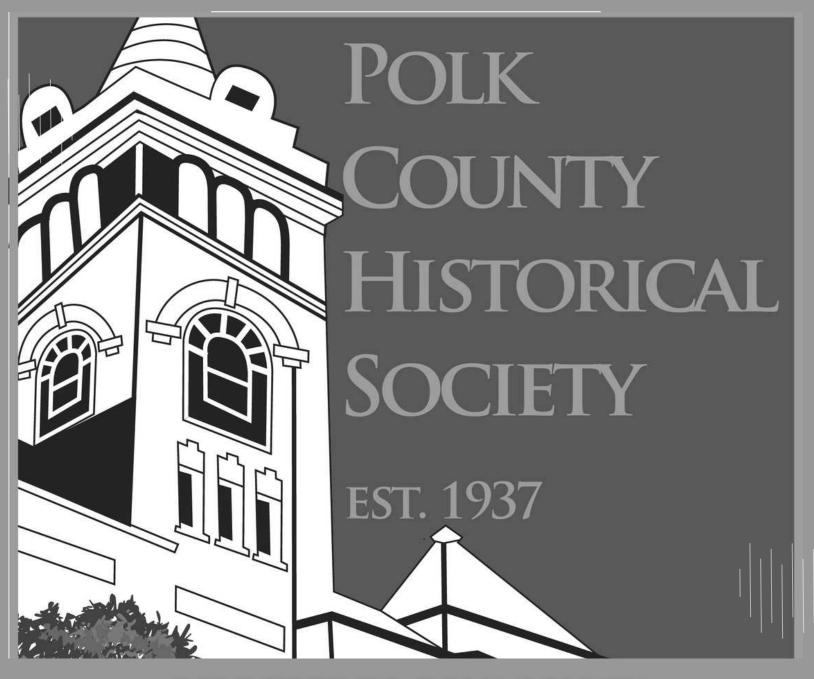
We are energized by the amount we have accomplished in 2023 and are excited to continue this trajectory in 2024 and beyond.

Respectfully submitted,

De West

Brenna Weston, Museum Director

ANNUAL REPORT



DELIVERED TO: POLK COUNTY

MAY 29, 2024

Preserving the Past for Future Generations



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Mission Statement, Organizational Structure, & Function

Mission Statement: Preserving the past for future generations by collecting a unique and enduring collection of Polk County History shared with the public through programs, exhibits, and research.

Organizational Structure: The Historical Society is a nonprofit organization with an 8-member Board of Directors, Director (Museum) and Historical Society Membership. The Society's mission is completed by Director, Board of Directors, Society members and community volunteers.

The Society is responsible for the Polk
County Museum and the Lanesdale
School in Balsam Lake. Both properties
are owned and maintained by Polk
County and the Society signs an annual
MOU agreement for the use of these
buildings.



Mission Statement, Organizational Structure, & Function

Function: The Society's main function is to collect and preserve artifacts pertinent to local culture and Polk County history. Through programs and exhibits, the Polk County Museum and Lanesdale Schoolhouse are places to educate, celebrate a collective heritage, and develop a sense of community. Admission is free to the public. The museum and schoolhouse averaged between one and two thousand visitors from Memorial Day to Labor Day 2023 and have recently opened for year round hours in 2024. In the last couple of years, thanks to continued technology usage, the Society has spread beyond the physical Museum space. Social media and the website have allowed more visitors to access the Museum's collections and will continue to improve as we develop more immersive and interactive ways of learning about Polk County.

2023 Days & Hours Open to Public*

- March: 2 days | 8 hours
- April: 2 days | 8 hours
- May: 7 days | 28 hours
- June: 18 days | 72 hours
- July: 22 days | 88 hours
- August: 20 days | 80 hours
- September: 5 days | 22 hours
- October: 2 days | 8 hours
- November: 1 day | 4 hours
- December: 1 day | 4 hours
- Approx. 322 hours total reported (number may be higher)
- *If month is not included in list, number was 0
- Museum season: Memorial Day through Labor Day,
 Thursday through Sunday, 12:00 4:00

2023 Number of Visitors by Month*

March: 109

o April: 14

May: 173

June: 254

 July: 2,626 (466 from Freedom Fest Weekend & 1,954 from Polk County Fair)

August: 236

September: 389

October: 410

November: 17

o December: 81

 Approx. 4,309 visitors total reported (number may be higher)

- *If month is not included in list, number was 0
- Museum season: Memorial Day through Labor Day, Thursday through Sunday, 12:00 - 4:00

2023 Number of Education Events by Month (including School Tours)*

- March: 1 school tour
- April: 1 organization presentation
- May: 2 school tours, 1 Speaker Series
- June: 1 Speaker Series, 1 library event
- July: 1 Speaker Series, 1 Pioneer School tour,
 1 library event
- August: 1 Speaker Series, 2 Pioneer School Sessions, 1 organization visit
- September: 1 Speaker Series
- October: 1 Speaker Series
- Total: 16 Education Events
- *If month is not included in list, number was 0
- Museum season: Memorial Day through Labor Day, Thursday through Sunday, 12:00 - 4:00

4th Grade School Tours

• 2023: 242 students from four Polk County Schools (approx. 61% increase from 2022)

Summer Pioneer School

2023: 39 attendees

2023 Number of Volunteer Hours by Month

January: 88 hours

February: 74 hours

o March: 96 hours

April: 144 hours

May: 182 hours

June: 128 hours

July: 161 hours

August: 85 hours

September: 84 hours

October: 49 hours

November: 88 hours

December: 42 hours

- Approximately 1,220 hours total reported (number may be higher)
- Museum season: Memorial Day through Labor Day,
 Thursday through Sunday, 12:00 4:00

Additional 2023 & 2024 Data

- 2023 Research & Archive Requests
 - 53 requests (341% increase from 2022)
- 2023 Exhibit Development
 - Restored jury box
 - New "road to jail exhibit" across from jail cell
 - Sorted multiple storage rooms and exhibits
- Senior Scholarship
 - Awarded in 2023 to Osceola recipient
 - Awarded in 2024 to Osceola recipient
- 2023 Polk County Fair Historical Exhibit
 - Estimated 1,954 visitors to booth
 (approximate 8% increase from 2022)
- Quarterly Newsletter, The Chronicler
 - Two issues published in 2023
 - Two issues published to date in 2024 with additional two issues scheduled for July and October publication

2024 to Date Number of Visitors by Month

- NEW: Museum season year round Wednesday -Friday & Saturdays Memorial Day - Labor Day weekend 12:00 - 4:00 PM
- Museum staffed and available to visitors (with prior notification) Monday - Friday 9:00 AM -3:00 PM

January: 24

• February: 110

March: 49

April: 167

May: 204

Approximately 554 visitors as of May 28

2024 Days & Hours Open to Public (as of May 28, 2024)

January: 13 days | 52 hours

February: 14 days | 54 hours

March: 13 days | 52 hours

April: 14 days | 50 hours

May: 15 days | 63 hours

- Approx. 271 hours total reported (number may be higher)
- NEW: Museum season year round Wednesday -Friday & Saturdays Memorial Day - Labor Day weekend 12:00 - 4:00 PM

2024 to Date Number of Volunteer Hours by Month

January: 54 hours

February: 54 hours

March: 65 hours

April: 50.5 hours

May: 63.25 hours (as of 5/24/2024)

 Approximately 286.75 hours total based on current volunteer self-reported hours (actual number may be higher)

2024 to Date Number of Educational Events by Month (including school tours)*

- February: 1 group tour, 1 Speaker Series
- March: 1 Speaker Series, 1 library event
- April: 1 school tour, 1 Speaker Series, 1 library event, 1 after-hours event
- May: 2 school tours, 1 Speaker Series, 1 library event
- To date: 12 events
- *If month is not included in list, number was 0
- Museum season year round Wednesday -Friday & Saturdays Memorial Day - Labor Day weekend 12:00 - 4:00 PM

Financial

- Federal tax form 990 see attachment
- 2023 quarterly financial statements see attachment
- 2023 fundraising (exclusive of Polk County)
 - Donations (items) valuation approximate: \$1,715
 - Grants: \$54,600
 - Donations (monetary, program income, membership, sales, etc.): \$10,014.40
 - Total: \$66,329.40
- Budget projections for 2025 see attachment
- Grants applied for to date:
 - 100 Women Who Care denied May 8, 2024
 - Fred C. & Katherine B. Andersen Foundation for operational costs - received May 14, 2024
 - Wisconsin Historical Society for storage solutions - applied April 2024
 - Wisconsin Library Systems for overhead scanner - applied April 2024

Marketing

2023 & 2024 To Date

- Google Web Analytics
 - See attached graph/spreadsheet
- Marketing strategy
 - Social Media
 - Facebook (250+ "likes", 387 followers)
 - Note: Facebook locked us out of our account last June and were unwilling to help us recover it. We have had to start a new page
 - Website
 - See attached graph/spreadsheet
 - Newspapers
 - Amery Free Press
 - Osceola Sun
 - Clear Lake Chronicle
 - Inter-County Leader
 - Museum Newsletter (Chronicler)
 - Polk County Tourism Guide (1/2 page ad)
 - Flyers/word of mouth
 - Local businesses, libraries, community boards

2023 and 2024 to Date

- I. Administration
 - Communication process implemented (April/May 2023) by Director to limit access to email and social media accounts, eliminate redundancy, and make it easier for contact with Museum
- III. Collections
 - New collections plan created by Director and board approved June 2023
 - Collections reduction/rotation
 - 2023 2024 will be reducing items in all of the collections (removing duplicates, items beyond repair, and items with no relation to Polk County)
 - Why: to make room for newly donated items and to create rotating exhibits/exhibits loaned from other museums to increase visitors in throughout the year

2022 and 2023 to Date

- III. Collections (cont.)
 - PastPerfect data entry started by Director (May 2023)
 - Grants submitted (May 2023) to install UV coverings (to protect collections from sun damage) on approximately 10 windows

• V. Exhibits

- Created rotating Baseball exhibit for summer 2023 and Boy Scouts and Red Cross exhibits for summer 2024
- Renting traveling exhibit from Wisconsin Historical Society (June, 2024)
- Removed items from General Store to uncover windows for natural light and easier movement

2022 and 2023 to Date

- V. Exhibits (cont.)
 - Added interactive and touch indicators in several exhibit spaces of museums to encourage visitor participation and interaction (April/May 2023)
 - Restored jury box to original state for more seating during speaking events
- VI. Public Engagement
 - Partnering with Polk County libraries for community events (2023 and beyond)
 - Continued participation in Balsam Lake
 Chamber of Commerce events (Freedom
 Fest, Wine Walk, Trick-or-treating,
 Christmas Stroll)
 - Director worked with several Polk County organizations to bring educational items into the community for presentations

2022 and 2023 to Date

- VII. Building Preservation
 - See "Building Needs" below
- VIII. Human Resources
 - Full time Director hired in April 2023
- IX. Technology
 - Increased social media postings about Museum events, upcoming reminders, calls for volunteers, etc. (near daily postings)

Additional Plans for 2024 and Beyond

- Donor offered to provide funding for archives work (i.e. preservation, cataloging supplies and staffing) in 2025
- Continue to work with and build relationships with Polk County organizations for more events
- Continue to create new and rotating exhibits to increase visitor numbers

2025 Ask

PCHS is asking for \$55,000 for support/tasks the museum would like to complete, including, but not limited, to:

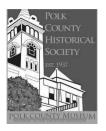
- Create educational boxes for school use; ensuring to address various WI education standards and include education collection materials
- Enhance education collection to allow for more visitor interaction with certain items
- Create semi-permanent and rotating exhibits around Polk County highlighting various historical sites and organizations
- Increase number of events throughout the year
 - Create new events between Wine Walk
 (September) & Christmas Stroll (December)
- Create rotating exhibits and displays to increase visitor traffic and engagement at the museum
- Improve storage solutions for collections when items not used in current exhibits
- Reconfigure display cases and update backboards in display cases

Building Needs

List has been provided to Rod Polk for clarity and informational purposes

- Decorative tile on west door broken up, potential slip/fall hazard
- Roof leaks throughout upper floor and some coming down to main floor ceiling tiles; black mold forming
- Loose bricks various spots around the building
- Awning above south door is pulling away from building - ask to remove it
- Downspouts & fascia repainted or replaced
- Stairs on South door pulling away from building, open holes, causing rodents to get inside

2022 – 2027 Strategic Plan



VISION (WHO IS SERVED, WHERE)

Preserving the past for future generations; establishing a unique and enduring collection of artifacts and archival documentation, exhibited in the Polk County Museum, representing the rich history of the Polk County people.

MISSION (HOW TO ACCOMPLISH VISION)

Preserving the past for future generations by collecting a unique and enduring collection of Polk County history shared with the public through programs, exhibits, and research.

I. Administration

Goal: Through a clear chain of command, develop a forward-thinking team to ensure the work of the Society and the Museum is completed.

- Strategy #1: Establish clear directives for the board members, museum director, interns and other staff.
- Strategy #2: Develop a communication process for board members and staff. (Identify who/what position is responsible for each type of communication(s) we are addressing. This includes, but is not limited to: archive requests, phone messages, emails, website via our website & social media, letters, etc.)

II. Finance

Goal: Enhance the financial stability of the Museum

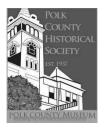
- **Strategy #1:** Increase number of businesses engaged with the museum by creating new avenues that appeal to specific demographics incorporating new programs and traditional programs.
- **Strategy #2:** Increase giving through careful annual planning of a fund-raising project to place before our membership.
- Strategy #3: Develop a plan for micro giving for item-specific contributions (such as display sponsorships.)
- Strategy #4: To seek broader Grant avenues, identifying a committee whose focus is on-going grant writing.
- Strategy #5: To be pro-active in seeking donations in appeals to all visitors, members, and via our media connections.
- **Strategy #6:** Encourage growth in the endowment to a level that will support museum operations, ensure financial stability and adequate levels of staffing.

III. Collections

Goal: The Polk County Museum will strengthen and improve access, knowledge and preservation of the Collections.

- **Strategy #1:** Evaluate the Collections and develop a Collections Plan that will assess the Collections strengths, weaknesses and relevance. This plan will guide all acquisitions and deaccessions.
 - Tactic #1: Create a plan that will help highlight the gaps in the collection, such as the need for mid-20th Century objects. The plan will also help narrow the scope of objects accepted into the collection to those of significance and interpretive value to the region's history and artistic and cultural development.

2022 - 2027 Strategic Plan



- Tactic #2: The plan will also help identify those areas that are no longer significant or do not support the mission of the museum, in turn guiding a deaccession plan.
- **Strategy #2:** Digitize 50% of the objects and 25% of the archives into PastPerfect. Improve the quantity and quality of data on the collection input into PastPerfect.
- Strategy #3: Increase the conservation budget for the collections care by raising awareness of need through public discourse and gift program.
 - Tactic #1: Create a Collections Conservation Plan consisting of the current list generated by Museum Director/Curator.
- Strategy #4: Contribute to knowledge of Native American life through research.
 - Tactic #1: Create and sustain partnerships with state and local archaeologists, and Native American representatives to improve and preserve knowledge of Native American history in Polk County.
- **Strategy #5:** Improve the preservation environments of collections in outdated storage equipment and those collections in environments lacking climate control.
 - Tactic #1: Rehouse artwork collection in new quality mobile painting screens. Funding for new storage solutions will try to be obtained through available grants.
 - Tactic #2: Rehouse the costume/textile collection with new storage equipment in a climatecontrolled area. Funding for rehousing and climate control will try to be obtained through available grants.

IV. Education

<u>Goal:</u> The Polk County Museum will educate and inspire the public through interpretive programs on regional life and culture in history and through the present day.

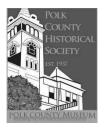
- **Strategy #1:** Strengthen partnerships with school systems through meetings with leadership and teachers. Work with schools to create a teacher's tour of the museum and collections once a year.
- **Strategy #2:** Increase students served by creating programs for various grade levels and reaching out to neighboring communities and home school students.
- **Strategy #3:** Partner with schools and community organizations to showcase artwork or history projects, as well as offering classes on history and art.
- **Strategy #4:** Develop a plan to make greater use of the Pioneer School including visits and programs each summer.
- **Strategy #5:** Develop an educator's brochure and on our website that provides information on our resources, curriculum kits and programming.
- **Strategy #6:** Create curriculum kits based on our collections and shared history for schools and home school students using reproductions.
- Strategy #7: Increase capacity for programming and outreach through the addition of a part-time educator.

V. Exhibits

Goal: The Polk County Museum will produce permanent and temporary exhibitions that promote understanding and personal connections to life in the Polk County.

- **Strategy #1:** Create exhibitions based on history and art that connect our visitors with the local community, its history and its culture, both past and present.
- Strategy #2: Rotate exhibitions several times a year to encourage repeat visitation.
- **Strategy #3:** Create exhibitions that encourage community participation.

2022 - 2027 Strategic Plan



- Strategy #4: Create exhibitions that are multi-generational and inclusive of diverse backgrounds and experiences.
 - Tactic #1: Include technology, when possible, that complements the exhibits and enhances understanding.
- Strategy #5: Cultivate relationships with other community organizations to co-sponsor exhibitions
- Strategy #6: Increase use of outdoor space as part of larger exhibitions.
- Strategy #7: Increase off-site programming and exhibits by partnering with community organizations.

VI. Public Engagement

<u>Goal:</u> Increase attendance at the Museum, drive more revenue from Museum events and memberships, and increase our interaction with various communities, businesses, and residents, to enhance the understanding of what the Museum is and what it does.

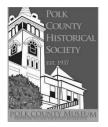
- **Strategy #1:** Increase opportunities for interaction: attendance and/or participation to reach new prospective Museum visitors, generate earned revenue, and convert one-time visits to return memberships.
 - o Tactic #1: In 2022 we will establish baselines and processes for counting interactions
 - o Tactic #2: In 2023 we will establish targets for new interactions
 - o Tactic #3: Design programs to appeal to specific community groups
- **Strategy #2:** Increase Sustaining Friends memberships by 20% annually. Increase focus on SF's to increase Annual Fund results and grow base at same time.
- Strategy #3: Develop a Business Partners Program.
- **Strategy #4:** Expand existing contacts with assisted living communities, long term care facilities and senior centers with "portable Museum" events
- **Strategy #5:** Develop Partnership Programs with other non-profits, civic organizations, select businesses, clubs and community organizations
- **Strategy #6:** Participate in joint programs with Chamber, Festival Committees, Downtown Committees, etc.
- Strategy #7: Enhance on-line capability to include on-line exhibits, greater social media presence.
- Strategy #8: Increase traditional memberships by 5% annually

VII. Building Preservation

<u>Goal:</u> Working with Polk County, the PCHS will sustain best practices in museum stewardship by proactively preserving the integrity of the 1899 historic structure, as well as its supporting systems and infrastructure, through monitored plans and long-range budgeting.

- **Strategy #1:** Work with Polk County Facilities team to establish and sustain an annual maintenance plan for the Museum buildings and grounds.
 - o Includes an annual roofline to basement inspection and review by Facilities Committee which will be presented to Board of Trustees each year.
 - This plan will include and address all annual facility maintenance needs and procedures and promote aggressive preventative maintenance.
- **Strategy #2:** Partner with the County to establish a Deferred Maintenance Plan to formalize capital works to be completed over five years.
 - Tactic #1: Create a "Historic Preservation Fund" as part of the endowment to fund these projects.

2022 - 2027 Strategic Plan



- To be included in Plan:
 - Gallery lighting upgrades.
 - Damp-proof basement.
 - Re-designing front entrance and first gallery
- Strategy #3: Explore additional museum parking opportunities in the surrounding area.
- **Strategy #4:** Improve storage with new shelving and climate control. This would include insulation for the addition of climate control. In doing this, many pressures for increased storage would be solved.
- **Strategy #5:** Maintain accurate and comprehensive plans, policies, and long-range budgets regarding the ongoing care of the historic structure and support systems. Committed to on-going investigation and documentation of the historic building and its history to guide any future renovations of the interior or exterior.

VIII. Human Resources

Goal: Support the Polk County Museum's needs through board, staff, and volunteer development that will allow the Museum to successfully increase its capacity.

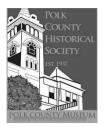
- Strategy #1: Gain two additional staff positions to support Museum operations:
 - Part-time Educator to enhance the Museum's educational mission in the community by developing and producing year-round programming
 - Part-time Engagement Coordinator who will ensure day-to-day service of members, donors and visitors, as well as coordinate volunteers.
- **Strategy #2:** Re-energize and strengthen the volunteer program to have the capacity to create and carry-out engaging programming and events; create opportunities in a changing world.
 - Tactic #1: Develop community pool of volunteers interested in a variety of aspects of the Museum. (Possibly find liaisons to Tribal entities, Veteran's groups, Scouting, 4H, and other Community organizations.
 - Tactic #2: Create opportunities for volunteers to join committees to carry out Museum work. This
 can be a "training ground" for later board membership.
 - o Tactic #3: Recruit board members from Museum's volunteer pool.
 - Tactic #4: Take further advantage of RSU21's volunteer hours requirement to create "junior volunteer" program.
- Strategy #3: Ensure institutional sustainability through succession planning.
 - Tactic #1: Strengthen the Museum's Professional Development Fund to support interns and graduate students' work at the Museum; and career training for staff. Investment will allow Museum to grow as a leader in the Museum field for career training.
- **Strategy #4:** Board of Trustees to develop "Game Changer" Protocol to respond to unpredictable events in our community, not readily apparent at time of writing.

IX. Technology

Goal: Ensure that technology keeps up with demand and use over time.

- **Strategy #1:** Utilize technology in creative ways to further our digital presence and in-gallery use for learning about the museum.
- Strategy #2: Include technology in exhibitions to enhance learning and create new paths of understanding.
- Strategy #3: Utilize technology to provide Board Members and staff access to on-line materials (including Meeting agendas, Meeting minutes, any documents used by museum staff (Emergency Procedure Guidelines,

2022 **–** 2027 Strategic Plan



Volunteer Guidelines, Archive Request forms, Membership forms, etc.). Board Members and staff need access to an on-line calendar that is kept up-to-date.

• Strategy #4: Enhance online presence with virtual exhibits and outreach.

Polk County Historical Museum		2023	2024	2024 Jan - May 2024	2025
			Current	Current	Proposed
Income		Actual	Budget	Expenses	Budget
	Direct Public Support				
	County Contributions	63,000.00	50,000.00	48,000.00	55,000.00
	Gifts in Kind - Goods				
	Individual, Business Contributions	8,437.40	-	2,362.00	
	Direct Public Support - Other				
	Total Direct Public Support				
	Donations	1,577.00	11,000.00	1,130.32	11,500.00
	Gift Shop	94.50		12.00	
	Grant Donations	54,600.00	25,000.00		29,000.00
	Indirect Public Support				
	United Way, CFC Contributions				
	Indirect Public Support - Other				
	Total Indirect Public Support				
	Investments				
	Interest-Savings, Short-term CD	7,285.98	2,800.00	3,599.35	5,200.00
	Investments - Other				
	Total Investments				
	Other Types of Income				
	Miscellaneous Revenue	183.43	100.00	61.00	100.00
	Other Types of Income - Other				
	Total Other Types of Income				
	Program Income				
	Membership Dues	1,340.00	1,200.00	390.00	1,200.00
	Program Service Fees	1,340.00	1,400.00	90.57	1,400.00
	WWII Fundraiser				
	Program Income - Other	2,771.50	1,000.00	0.00	1,000.00
	Uncategorized Income				
Total Income		140,629.81	92,500.00	55,645.24	104,400.00

Expenses

Advertising		680.06	500.00	50.00	700.00
Archiving M	aterial	-	1,200.00	209.95	1,200.00
Artifacts					
Business Ex	rpenses				
	Business Registration Fees	139.00	25.00	100.00	150.00
	Business Expenses - Other				
Total Busine	ess Expenses				
Cash Box					
Check Order	r				
Cleaning Se	rvice	3,007.41	3,060.00	1,298.75	3,391.00
Contract Se	rvices				
	Accounting Fees	877.00	675.00	750.00	800.00
	Computer Services	3,346.98	3,000.00	609.17	3,000.00
	Legal Fees				
	Outside Contract Services	780.34			
	Contract Services - Other		200.00		200.00
Total Contra	act Services				
Display Sup	plies	130.58	2,500.00	43.70	2,500.00
Donation		3.56			
Facilities an	d Equipment	3,708.34			
	Computer/Technology Equipment	2,712.47			1,000.00
	Depr and Amort - Allowable				
	Donated Facilities				
	Equip Rental and Maintenance	476.90	1,500.00 ***	5,195.97	3,000.00
	Property Insurance	2,756.00	2,300.00	2,910.00	3,100.00
	Rent, Parking, Utilities				
	Facilities and Equipment - Other				
Total Faciliti	ies and Equipment				
Grant Bonus	S				
Grant Donat	tion				
Grounds/Garden		214.21			300.00

Membership/WHF	145.30	130.00	18.04	130.00
Operations	-			
Books, Subscriptions, Reference				
Gift Shop				
Office Supplies and Postage	1,153.97	2,000.00	141.08	2,000.00
P.O. Box Rental	65.00	65.00	72.00	75.00
Printing	247.25	1,500.00	331.90	1,500.00
Printing and Copying				
Supplies				
Telephone, Telecommunications	933.84	816.00	332.63	1,000.00
Operations - Other				
Total Operations				
Other Types of Expenses				
Insurance - Liability, D and O	697.00	1,100.00		1,100.00
Other Costs	459.54			
Refund				
Other Types of Expenses - Other				
Total Other Types of Expenses				
Payroll Expenses	43,254.46	68,000.00	27,057.24	74,100.00
Stipend				
Payroll Expenses - Other	3,308.97		3,183.95	
Total Payroll Expenses				
Program Expense				
giveBIG	100.00	100.00		100.00
Halloween	113.82			
July 4th	44.86	500.00		500.00
Pioneer School Program	-	200.00		200.00
Scholarship	-	1,000.00	3,500.00	2,000.00
Program Expense - Other	1,218.77	500.00	641.35	1,400.00
Total Program Expense				
Reconciliation Discrepancies				
Taxes				
Trash Removal	162.50	360.00	26.00	360.00

Travel	and	Meeti	ngs

Conference, Convention, Meeting	30.00	500.00	500.00
Travel		500.00	500.00

Travel and Meetings - Other

Total Travel and Meetings

Uncategorized Expenses

Fundraising 266.69

Uncategorized Expenses - Other

Total Uncategorized Expenses

WWII Expenses

Total Expense		71,034.82	92,231.00	46,471.73	104,806.00
Net Ordinary Income	**	69,594.99	269.00	406.00	(406.00)

^{*2023} County Contributions includes \$15,000 reimbursed to Museum for the Deposit on wood doors

^{**2023} Museum - Outstanding Obligation for the windows at the school house work not completed

^{***2024} Equip. Rental and Maintenance - Install Automatic door button on the North side of the building for handicap accessible

INFORMATION SENT TO PAPERS

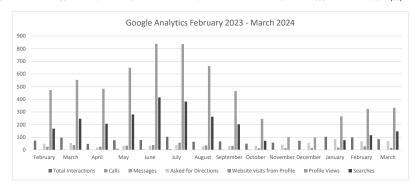
Year	Number of articles sent to papers	Number of papers contacted
2023	10	4
2024	4	5

2023-2024 SOCIAL MEDIA

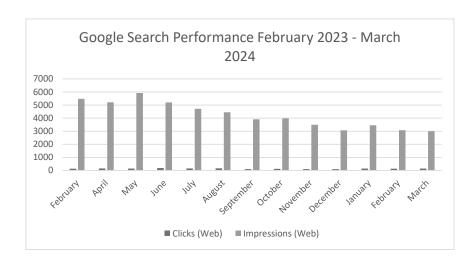
Year FB Audience Reach	Instagram Audience Reach						
2023	22,534	137					
2024 '	9,300	N/A; still locked out					

Note: Facebook locked us out of our accounts in June of last year; we have not been able to recover them and have had to start a new page

Month	Year	Total Interactions Calls		Messages	Asked for Directions	Website visits from Profile	Profile Views	Searches	Top Search Term 1	Top Search Term 2	Top Search Term 3
February	2023	74	0	0	49	25	473	168	Museum (46)	Museums near me (42)	Polk County Historical Society (30)
March	2023	97	3	0	55	39	553	247	Museum (65)	Museums near me (57)	Museums (39)
April	2023	48	3	0	19	26	483	207	Attractions (68)	Museum (44)	Museums near me (27)
May	2023	77	11	0	32	34	649	280	Attractions (115)	Museum (47)	Museums near me (38)
June	2023	79	5	0	35	39	838	415	Attractions (206)	Museum (52)	Museums (45)
July	2023	104	7	0	40	57	836	382	Attractions (190)	Museums (46)	Museum (41)
August	2023	65	1	0	28	36	663	262	Attractions (128)	Museum (48)	Museums (34)
September	2023	68	2	0	35	31	465	203	Attractions (83)	Museum (48)	Museums (32)
October	2023	50	4	0	33	13	246	72	Attractions (34)	Museum (22)	Museums near me (16)
November	2023	57	2	0	41	14	102	None	N/A	N/A	N/A
December	2023	72	1	0	56	15	99	None	N/A	N/A	N/A
January	2024	104	1	0	85	18	266	77	Museum (25)	Museums (18)	Polk County Historical Society (18)
February	2024	99	2	0	69	28	325	117	Attractions (28)	Museums (26)	Museum (24)
March	2024	86	0	0	70	16	333	147	Museum (39)	Attractions (27)	Museums (26)

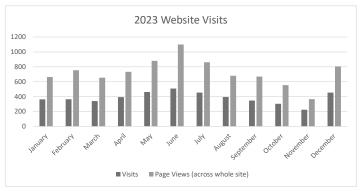


Month	Year	Clicks (Web)	Impressions (Web)	Top Performing Page 1	Top Performing Page 2	Top Performing Page 3	Top Device Used by click	Top Country
February	2023		130	5,480	Main Site	History Blog	Museum Schedule	Desktop	USA
April	2023		153	5,210	Main Site	History Blog	One Room Schoolhouse	Desktop	USA
May	2023		144	5,920	Main Site	History Blog	Museum Schedule	Desktop	USA
June	2023		181	5,200	Main Site	Museum Schedule	History Blog	Mobile	USA
July	2023		151	4,710	Main Site	History Blog	One Room Schoolhouse	Mobile	USA
August	2023		160	4,450	Main Site	History Blog	Museum Schedule	Mobile	USA
September	2023		104	3,910	Main Site	History Blog	Museum Schedule	Mobile	USA
October	2023	:	127	3,980	Main Site	History Blog	Museum Schedule	Mobile	USA
November	2023	:	103	3,490	Main Site	History Blog	Blog- Doc Squirt	Mobile	USA
December	2023	:	102	3,070	Main Site	Blog- Doc Squirt	Museum Schedule	Tie - Mobile/Desktop	USA
January	2024	:	144	3,450	Main Site	History Blog	Museum Schedule	Mobile	USA
February	2024	:	136	3,080	Main Site	Museum Schedule	History Blog	Mobile	USA
March	2024		142	3,000	Main Site	Museum Schedule	History Blog	Desktop	USA



2023 WEB VISITS

Month	January	February	March	April	May	June	July	Αι	ıgust	September	October	November	December
Visits	364	365	341	L	393	463	508	455	395	348	304	225	454
Page Views (across whole site)	664	754	655	5	733	880	1100	862	680	670	554	367	806



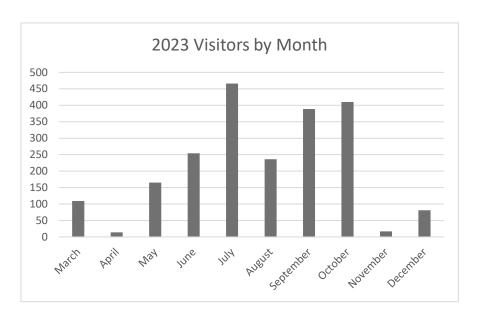
2024 WEB VISITS

Month	January	February	March	April	May
Visits	345	368	315	342	396
Page Views (across whole site)	605	647	650	657	721



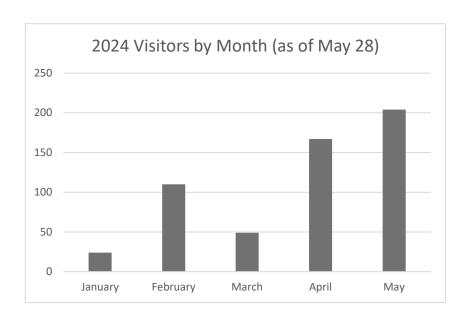
2023 Visitors by Month

Month March April May June July August September October November December Visitors 109 14 165 254 466 236 389 410 17 81



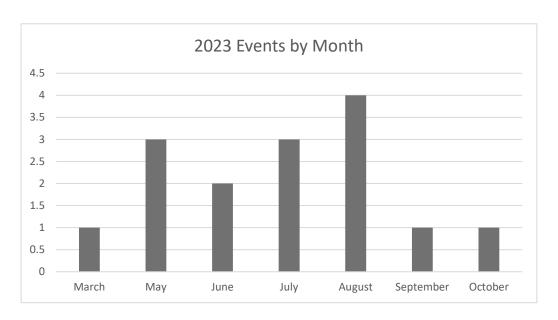
2024 Vistors by Month

Month Januar February March April May Visitors 24 110 49 167 204



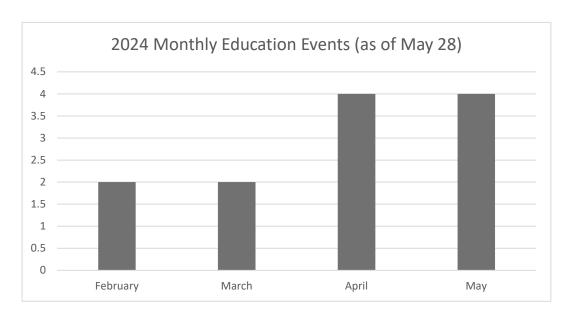
2023 Events By Month

Month March May June July August September October Events 1 3 2 3 4 1 1



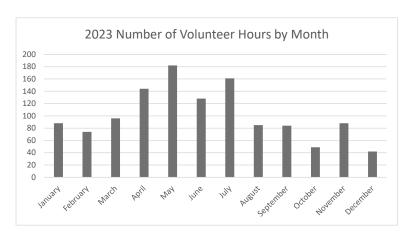
2024 Events By Month

Month February March April May Events 2 2 4 4



2023 Monthly Volunteer Hours

Month January February March April May June July August September October November December Hours 88 74 96 144 182 128 161 85 84 49 88 42



2023 Monthly Volunteer Hours

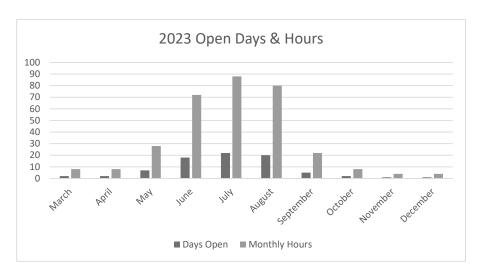
 Month
 January
 February
 March
 April
 May

 Hours
 54
 54
 65
 50.5
 63.25



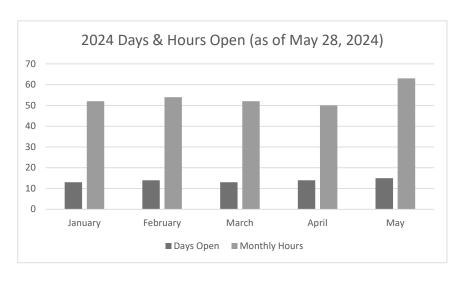
2023 Open Days & Hours

Month	March	April	May	June	J	luly	August	Septemb	er	October	No	ovember	Decem	ber
Days Open		2	2	7	18	22	2	20	5		2	1	_	1
Monthly Hours		8	8	28	72	88	8	80	22		8	4	ļ	4



2024 Open Days & Hours

Month	January	February	March	April	May
Days Open	13	14	13	14	15
Monthly Hours	52	54	52	50	63



Profit and Loss

	TOTAL
Income	
Direct Public Support	
Individ, Business Contributions	8,437.40
Total Direct Public Support	8,437.40
Donations	1,577.00
Gift Shop	94.50
Grant Donations	54,600.00
Investments	
Interest-Savings, Short-term CD	6,446.26
Total Investments	6,446.26
Other Types of Income	
Miscellaneous Revenue	393.01
Total Other Types of Income	393.01
Program Income	
Membership Dues	1,340.00
PCHS Events	2,771.50
Program Service Fees	1,340.00
Total Program Income	5,451.50
Services	63,000.00
Total Income	\$139,999.67
GROSS PROFIT	\$139,999.67
Expenses	
Advertising	680.06
Business Expenses	
Business Registration Fees	139.00
Total Business Expenses	139.00
Cleaning Service	3,007.41
Contract Services	
Accounting Fees	877.00
Computer Services	3,346.98
Outside Contract Services	780.34
Total Contract Services	5,004.32
Display Supplies	130.58
Donation	3.56
Facilities and Equipment	78.34
Computer/Technology Equipment	2,712.47
Equip Rental and Maintenance	476.90
Property Insurance	2,756.00
Total Facilities and Equipment	6,023.71
Grounds/Garden	214.21
Membership/WHF	145.30

Profit and Loss

	TOTAL
Operations	
Office Supplies and Postage	1,166.99
Printing	247.25
Telephone, Telecommunications	933.84
Total Operations	2,348.08
Other Types of Expenses	
Insurance - Liability, D and O	697.00
Other Costs	108.98
Total Other Types of Expenses	805.98
Payroll Expenses	
Taxes	6,736.29
Wages	43,254.46
Total Payroll Expenses	49,990.75
Program Expense	
giveBIG	100.00
Halloween	113.82
July 4th	44.86
PCHS Events - Expenses	1,218.77
Total Program Expense	1,477.45
Trash Removal	162.50
Travel and Meetings	
Conference, Convention, Meeting	30.00
Total Travel and Meetings	30.00
Uncategorized Expense	4,084.84
Uncategorized Expenses	
Fundraising	266.69
Total Uncategorized Expenses	266.69
Total Expenses	\$74,514.44
NET OPERATING INCOME	\$65,485.23
NET INCOME	\$65,485.23

Profit and Loss

	TOTAL
Income	
Direct Public Support	
Individ, Business Contributions	8,437.40
Total Direct Public Support	8,437.40
Donations	1,577.00
Grant Donations	54,600.00
Total Income	\$64,614.40
GROSS PROFIT	\$64,614.40
Expenses	
Total Expenses	
NET OPERATING INCOME	\$64,614.40
NET INCOME	\$64,614.40

Transaction Report January 1-December 31, 2023

ACCOUNT		TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT FULL NAME	ACCOUNT	AMOUNT BALANC
3400 Direct Public Support								
43450 Individ, Business Contributions								
43450 Individ, Business Contributions	06/06/2023	Deposit		Bos Realty Group	For downtown gardens	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$100.00 \$100.00
43450 Individ, Business Contributions	06/21/2023	Deposit				43400 Direct Public Support:43450 Individ, Business Contributions	RCU Checking	\$50.00 \$150.00
43450 Individ, Business Contributions	06/27/2023	Deposit		Deborah D. C. Canine	GiveBig donation	43400 Direct Public Support:43450 Individ, Business Contributions	RCU Checking	\$100.00 \$250.00
43450 Individ, Business Contributions	06/28/2023	Deposit		Brian J. Hill	Donation	43400 Direct Public Support:43450 Individ, Business	Royal Credit Union MM	\$150.00 \$400.00
43450 Individ, Business Contributions	07/03/2023	Deposit			Donations	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$164.00 \$564.00
43450 Individ, Business Contributions	07/03/2023	Deposit		Brian J. Hill	Contribution	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$150.00 \$714.00
43450 Individ, Business Contributions	07/11/2023	Deposit		Burnley, Judy	Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$25.00 \$739.00
43450 Individ, Business Contributions	07/18/2023	Deposit		Knutson, David	Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$150.00 \$889.00
40450 leading Dunings Constitutions					Departies	Contributions	Account	
43450 Individ, Business Contributions	07/25/2023	Deposit			Donation	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$50.00 \$939.00
43450 Individ, Business Contributions	07/31/2023	Deposit			Donation	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$25.00 \$964.00
43450 Individ, Business Contributions	07/31/2023	Deposit			Cash box donations	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$241.00 \$1,205.00
43450 Individ, Business Contributions	08/04/2023	Deposit			Donation	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$25.00 \$1,230.00
43450 Individ, Business Contributions	08/09/2023	Deposit			Donations	43400 Direct Public Support:43450 Individ, Business	Royal Credit Union MM	\$105.00 \$1,335.00
43450 Individ, Business Contributions	08/17/2023	Deposit			Cash donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$35.00 \$1,370.00
43450 Individ, Business Contributions	08/18/2023	Deposit		Carlson, Richard	Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$100.00 \$1,470.00
43450 Individ, Business Contributions	08/18/2023	Deposit			Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account RCU Checking	\$20.00 \$1,490.00
43450 Individ, Business Contributions	08/23/2023	Deposit			Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Royal Credit Union MM	\$50.00 \$1,540.00
43450 Individ, Business Contributions	08/23/2023	Deposit			Donation for light upgrades	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$1,250.00 \$2,790.00
43450 Individ, Business Contributions	09/18/2023	Deposit			Cash donations	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$7.00 \$2,797.00
43450 Individ, Business Contributions	09/19/2023	Deposit			Donations or sales	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$172.00 \$2,969.00
43450 Individ, Business Contributions	09/21/2023			Smetak, Larry1	Purchase of tomatoes	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$8.00 \$2,977.00
,				Silletak, Larry i		Contributions	Account	
43450 Individ, Business Contributions	11/06/2023	Deposit			Cash donation	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$20.00 \$2,997.00
43450 Individ, Business Contributions	11/09/2023	Deposit			Donation	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$50.00 \$3,047.00
43450 Individ, Business Contributions	11/09/2023	Deposit		Knutson, David	Donation for changing various locks	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$486.40 \$3,533.40
43450 Individ, Business Contributions	11/27/2023	Deposit		Hofmann, Lois	Donation	43400 Direct Public Support:43450 Individ, Business Contributions	Royal Credit Union MM Account	\$1,500.00 \$5,033.40
43450 Individ, Business Contributions	12/04/2023	Deposit			Donation	43400 Direct Public Support:43450 Individ, Business	Royal Credit Union MM	\$15.00 \$5,048.40
43450 Individ, Business Contributions	12/04/2023	Deposit			Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$100.00 \$5,148.40
43450 Individ, Business Contributions	12/14/2023	Deposit		Toenjes, Wayne	Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$100.00 \$5,248.40
43450 Individ, Business Contributions	12/14/2023	Deposit		Toenjes, Wayne	Donation	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$40.00 \$5,288.40
43450 Individ, Business Contributions	12/20/2023	Deposit		Knutson, David	Donation to cover cost of handicap	Contributions 43400 Direct Public Support:43450 Individ, Business	Account Royal Credit Union MM	\$3,149.00 \$8,437.40
Total for 43450 Individ, Business Contribution					access	Contributions	Account	\$8,437.40
,								· ·

Transaction Report
January 1-December 31, 2023

ACCOUNT	DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT FULL NAME	ACCOUNT	AMOUNT	BALANCE
46450 Donations									·
46450 Donations	01/07/2023	Deposit		Toenjes, Wayne		46450 Donations	Checking at First Bank of Bald (deleted)	\$100.00	\$100.00
46450 Donations	02/02/2023	Deposit				46450 Donations	Checking at First Bank of Bald (deleted)	\$40.00	\$140.00
46450 Donations	03/02/2023	Deposit		Hallquist, JoAnn		46450 Donations	Checking at First Bank of Bald (deleted)	\$100.00	\$240.00
46450 Donations	04/05/2023	Deposit		Ryan, Ouliana		46450 Donations	Checking at First Bank of Bald (deleted)	\$100.00	\$340.00
46450 Donations	04/13/2023	Deposit		Bone Lake Management District	Memorial Bob Murphy	46450 Donations	RCU Checking	\$200.00	\$540.00
46450 Donations	04/27/2023	Deposit			giveBig	46450 Donations	RCU Checking	\$50.00	\$590.00
46450 Donations	04/27/2023	Deposit			giveBig	46450 Donations	RCU Checking	\$100.00	\$690.00
46450 Donations	04/27/2023	Deposit			giveBig	46450 Donations	RCU Checking	\$100.00	\$790.00
46450 Donations	05/23/2023	Deposit		GiveBig Donation	Donations through Mightycause GiveBig	46450 Donations	Royal Credit Union MM Account	\$423.00	\$1,213.00
46450 Donations	10/06/2023	Deposit		Walsh, Charles	Donation	46450 Donations	Royal Credit Union MM Account	\$50.00	\$1,263.00
46450 Donations	11/22/2023	Deposit		John Adams	Donation for video camera	46450 Donations	Royal Credit Union MM Account	\$314.00	\$1,577.00
Total for 46450 Donations								\$1,577.00	

Transaction Report

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
Grant Donation	ons							
06/06/2023	Deposit		Fred and Katherine Andersen Foundation		Grant Donations	Royal Credit Union MM Account	15,000.00	15,000.00
07/04/2023	Deposit		Hugh J. Andersen Foundation	Lanesdale Rural Schoolhouse capital support	Grant Donations	Royal Credit Union MM Account	20,000.00	35,000.00
07/11/2023	Deposit		Polk-Burnett Electric Co-Op	Operation Round Up donation	Grant Donations	Royal Credit Union MM Account	1,000.00	36,000.00
11/06/2023	Deposit		Wisconsin Federation of Museums	Mini grant	Grant Donations	Royal Credit Union MM Account	1,000.00	37,000.00
11/13/2023	Deposit		AnnMarie Foundation	For UV window covers	Grant Donations	Royal Credit Union MM Account	800.00	37,800.00
11/17/2023	Deposit		Kohler Foundation	For History How-to: Workshops for Learning About the Past	Grant Donations	Royal Credit Union MM Account	700.00	38,500.00
12/05/2023	Deposit		Hofmann, Lois	Scholarship donation	Grant Donations	Royal Credit Union MM Account	1,000.00	39,500.00
12/11/2023	Deposit			Grant	Grant Donations	Royal Credit Union MM Account	10,000.00	49,500.00
12/12/2023	Deposit		Wakefield Family Foundation	Grant	Grant Donations	Royal Credit Union MM Account	4,000.00	53,500.00
12/15/2023	Deposit		Mary & John Gelderman	Grant	Grant Donations	Royal Credit Union MM Account	100.00	53,600.00
12/20/2023	Deposit		Cantisano Marilyn & Southward Donald	Donation	Grant Donations	Royal Credit Union MM Account	1,000.00	54,600.00
Total for Gran	nt Donations						\$54,600.00	
TOTAL							\$54,600.00	

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form, as it may be made public.

Go to www.irs.gov/Form990EZ for instructions and the latest information.

<u>A</u>	For the	e 2023 calen	dar year, or tax year beginning , and ending			
В	Check if	applicable:	C Name of organization	T) Employe	er identification number
	Address	change				
	Name ch	nange	POLK COUNTY HISTORICAL SOCIETY		39-6	5100798
	Initial ret	turn	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
	Final ret	turn/terminated	P.O. BOX 41		715-	-485-9269
	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code	1	Group I	Exemption
	Application	on pending	BALSAM LAKE WI 54810		Number	
G	Accour	nting Method:	Cash X Accrual Other (specify)	H Check	if 1	the organization is not
I	Websi			require	d to attach	Schedule B
J	Tax-exe	empt status (c	heck only one) — \mathbf{X} 501(c)(3) 5 501(c) () (insert no.) 4 4947(a)(1) or 5	27 (Form	990).	
K	Form o	of organization	n: X Corporation Trust Association Other			
L	Add lin	nes 5b, 6c, an	d 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	or if total assets		
(Pa	ırt II, col	lumn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ		. \$	140,630
F	Part I		ue, Expenses, and Changes in Net Assets or Fund Balances (
	_	Check	if the organization used Schedule O to respond to any question in this Pa	rt I	<u> </u>	
	1		gifts, grants, and similar amounts received		1	64,614
	2	Program ser	vice revenue including government fees and contracts		2	68,452
	3	Membership	dues and assessments		3	
	4	Investment	income		4	7,286
	5a	Gross amou	nt from sale of assets other than inventory			
	b	Less: cost o	r other basis and sales expenses	4		
	С	Gain or (loss)	from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming and	I fundraising events:			
	а	Gross incom	ne from gaming (attach Schedule G if greater than			
ine		\$15,000)			4	
Revenue	b	Gross incom	ne from fundraising events (not including \$ of contribution)	ons		
æ			sing events reported on line 1) (attach Schedule G if the			
			gross income and contributions exceeds \$15,000) expenses from gaming and fundraising events 6c		4	
	С		4			
	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
					- 6d	
	7a		of inventory, less returns and allowances 7a	95	의	
	b	Less: cost o	f goods sold 7b		┥_ ┃	0.5
	C		or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	95
	8		ue (describe in Schedule O)		8	183
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	140,630
	10		similar amounts paid (list in Schedule O)		10	
	11		d to or for members		11	46,563
es	12	Salaries, our	ner compensation, and employee benefits		12	877
ens	13	Ossumanav	fees and other payments to independent contractors		13	163
Expenses	14	Drinting out	rent, utilities, and maintenance		15	247
	15 16	Other eyes	plications, postage, and shipping ses (describe in Schedule O)		16	23,135
	17		nses. Add lines 10 through 16		17	70,985
	18	Fyces or /c	deficit) for the year (subtract line 17 from line 9)		18	69,645
şţs	19	Net accete	or fund balances at beginning of year (from line 27, column (A)) (must agree with		'0	07,043
Net Assets	'3		figure reported on prior year's return)		19	187,943
¥Α	20		es in net assets or fund balances (explain in Schedule O)		20	20.,533
Š	21		or fund balances at end of year. Combine lines 18 through 20		21	257,588

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2023)

Part II Balance Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (A) Beginning of year (B) End of year 188,904 260,428 22 Cash, savings, and investments 0 23 23 Land and buildings 0 24 Other assets (describe in Schedule O) 24 260,428 25 Total assets 188,904 25 Total liabilities (describe in Schedule O) 961 2,840 26 187,943 257,588 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 27 Statement of Program Service Accomplishments (see the instructions for Part III) X Check if the organization used Schedule O to respond to any question in this Part III **Expenses** What is the organization's primary exempt purpose? (Required for section EDUCATIONAL - LOCAL HISTORY 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.) persons benefited, and other relevant information for each program title. EDUCATIONAL - LOCAL HISTORY 70,985 28a If this amount includes foreign grants, check here 29 (Grants \$) If this amount includes foreign grants, check here 29a 30) If this amount includes foreign grants, check here 30a (Grants \$ 31 Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a 70 985 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated Part IV see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits, contributions to employee (b) Average hours per week devoted to position (e) Estimated amount of compensation (Forms W-2/1099-MISC/ 1099-NEC) (a) Name and title other compensation benefit plans, and deferred compensation (if not paid, enter -0-) JAN CARLSON PRESIDENT 1.00 0 0 0 JOHN ADAMS TRESURER 0 0 0 1.00 ALLAN FOXWELL DIRECTOR 1.00 0 0 0 LISA MOSAY 1.00 DIRECTOR n n 0 LARRY SMETAK DIRECTOR 1.00 0 0 0 JOHN PARKS DIRECTOR 0 0 1.00 0 LENNEZ HITZEMANN 0 0 DIRECTOR 1.00

Pä	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	k /	,	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
_	change on Schedule O. See instructions	34		X
85a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			3.2
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	250		x
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
6	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a]	30		- 22
b b	Did the organization file Form 1120-DOL for this year?	37b		Х
ь 88а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were	3/6		
юа	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	30a		
39	Section 501(c)(7) organizations. Enter:	-		
a	Initiation for and applied contributions included on line O			
b	Cycon year included on line O few public year of all the facilities	1		
l0a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
roa	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
~	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		
•	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
_	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
11	List the states with which a copy of this return is filed WI			
l2a		-48	5-9	269
	PO BOX 41			
	Located at BALSAM LAKE WI ZIP + 4 548	310		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			_
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			L
	and enter the amount of tax-exempt interest received or accrued during the tax year 43		T.,	T
			Yes	No
l4a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	l		32
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	l		3,5
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		32
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			v
	Form 990-EZ. See instructions	45b	l	X

										Yes	No
		he organization engage, directly or indirectly, in political indidates for public office? If "Yes," complete Schedule	, ,						[46	x
Par		Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must anso 50 and 51. Check if the organization used Schedule O t	wer questions 47	-49b ar	nd 52, and con	nplete the			s	/	. 🗆
47	Did t	he organization engage in lobbying activities or have a	section 501(h) elec	tion in e	ffect during the t	ax				Yes	No
		If "Voe " complete Schodule C. Bort II							L	47	x
		e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co	omplete	Schedule E				L	48	X
		he organization make any transfers to an exempt non-	4:0							49a 49b	X
50	Com	es," was the related organization a section 527 organiza- plete this table for the organization's five highest compo oyees) who each received more than \$100,000 of comp	ensated employees	(other t		ectors, trust	ees, an	d key	L	+30	
		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) co (Forms	Reportable impensation W-2/1099-MISC) 099-NEC)	(d) Heal contribution benefit	th benef s to emp plans, ar	benefits, to employee ans, and mpensation (e) Estimated amount other compensation			
NO	NE										
51	Com	number of other employees paid over \$100,000		nt contra		received m	ore than	n			
		(a) Name and business address of each independent cor	ntractor		(b) Typ	e of service			(c) Co	ompensatio	n
NON	E										
		······									
52	Did t	number of other independent contractors each receiving the organization complete Schedule A? Note: All section bleted Schedule A	n 501(c)(3) organiz						X	Yes	No
Under	penal	ties of perjury, I declare that I have examined this return, inclu, and complete. Declaration of preparer (other than officer) is b	ding accompanying s	chedules	and statements, a	nd to the be		knowledg			
Sign		Signature of officer			Da	nte					
Here		JAN CARLSON Type or print name and title			PRESIDEN	T					
	1	Print/Type preparer's name	eparer's signature			Date		Check X	【 if	PTIN	
Paid		DIRK A. PRINDLE, CPA DI	RK A. PRINDLE,	CPA		05/:	14/24	self-emplo	yed	P0045691	
Prepa		Firm's name CARLSONSV LLP					Firm's E	in 4	41-	15623	98_
Use (Unly	Firm's address 301 KELLER AVE S AMERY, WI 54001-	.1283				Di	. 71	5_0	54-49	95
Mav t	he IF	RS discuss this return with the preparer shown above?					Phone r	10. / 1		34-49 Yes	No
		and the property of the state o			······					990-EZ	

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 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.

2023

Open to Public Inspection

Name of the organization Employer identification number POLK COUNTY HISTORICAL SOCIETY 39-6100798 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 X described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

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

Schedule A (Form 990) 2023

(D)

(E)

Total

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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						
Caler	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.")	24,066	27,480	CTIO 71, 989	78,688	64,614	266,837
2	Tax revenues levied for the organization'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	24,066	27,480	71,989	78,688	64,614	266,837
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)						66,808
6	Public support. Subtract line 5 from line 4						200,029
	tion B. Total Support	lI					2007023
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	24,066	27,480	71,989	78,688	64,614	266,837
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,516	868	459	1,053	7,286	11,182
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.)	11,039		637	130	95	11,901
11	Total support. Add lines 7 through 10						289,920
12	Gross receipts from related activities, etc.	(see instructions) .				12	131,768
13	First 5 years. If the Form 990 is for the or	ganization's first, se	econd, third, fourth	n, or fifth tax year a	as a section 501(c))(3)	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2023 (line 6,	, column (f) divided	by line 11, colum	n (f))			68.99%
15	Public support percentage from 2022 Sche	edule A, Part II, line	· 14			15	80.85%
	33 1/3% support test — 2023. If the organization quality	fies as a publicly s	upported organiza	tion			X
b	33 1/3% support test — 2022. If the orga				15 is 33 1/3% or r	nore, check	
	this box and stop here. The organization of						L
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization meet	ts the facts-and-circ	cumstances test, o	heck this box and	stop here. Explai	n in	
	Part VI how the organization meets the fa organization		_	·			
b	10%-facts-and-circumstances test — 2015 is 10% or more, and if the organization	meets the facts-ar	nd-circumstances	test, check this box	x and stop here. E	Explain	
	in Part VI how the organization meets the	facts-and-circumsta	ances test. The or	ganization qualifies	s as a publicly sup	ported	_
18	organization Private foundation. If the organization dic						
	instructions						L

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	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.")	Ins				ion	V
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						J
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's first, s	second, third, fourtl	n, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop her				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 School					16	%
	etion D. Computation of Investme			2 h (C)			
17	Investment income percentage for 2023 (I	ine 10c, column (f)	, divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2022 S	ocnequie A, Part II	i, ille 1/		io mara than 22 1/	29/ and line	%
19a	33 1/3% support tests — 2023. If the org 17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests — 2022. If the org		=				
	line 18 is not more than 33 1/3%, check the		_			-	
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions	

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POLK COUNTY HISTORICAL SOCIETY

Part IV **Supporting Organizations**

(Complete only if you checked a box on line 12 on 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 6 7 8 8			Yes	No
1 2 3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6				
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6	ч.			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6	r			
3a 3b 3c 4a 4b 4c 5a 5b 5c 6				
3b 3c 4a 4b 4c 5a 5b 5c 6	-	2		
3c 4a 4b 4b 5a 5b 5c 6		3a		
3c 4a 4b 4b 5a 5b 5c 6				
3c 4a 4b 4b 5a 5b 5c 6		2h		
4a	F	30		
4b 4c 5a 5b 5c 6	L	3с		
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5a 5b 5c 6	F	4a		
5a 5b 5c 6				
5a	-	4b		
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5a				
5b 5c 6 7	-	4c		
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10b	chod	10b	(Eorm (200/ 2022

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Par	t 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	_	
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		/	
24	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the organization operate for the benefit of any supported organization other than the supported	1		
2	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		
Secti	on C. Type II Supporting Organizations			
	71 11 3 3		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2	\vdash	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Secti	supported organizations played in this regard. on E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
1 a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization satisfied the redivited rest. Somplete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		i I	

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

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A – Adjusted Net Income (A) Prior Year						
1 Net sho	ort-term capital gain	1		(optional)		
2 Recove	ries of prior-year distributions	2		UV		
3 Other g	ross income (see instructions)	3				
4 Add line	es 1 through 3.	4				
5 Depreci	ation and depletion	5				
6 Portion	of operating expenses paid or incurred for production or collection					
of gross	s income or for management, conservation, or maintenance of					
property	held for production of income (see instructions)	6				
7 Other e	expenses (see instructions)	7				
8 Adjuste	ed Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1 Aggrega	ate fair market value of all non-exempt-use assets (see					
instructi	ons for short tax year or assets held for part of year):					
a Average	e monthly value of securities	1a				
b Average	e monthly cash balances	1b				
c Fair ma	rket value of other non-exempt-use assets	1c				
d Total (a	add lines 1a, 1b, and 1c)	1d				
e Discou	nt claimed for blockage or other factors					
(explair	n in detail in Part VI):					
2 Acquisit	ion indebtedness applicable to non-exempt-use assets	2				
3 Subtrac	t line 2 from line 1d.	3				
4 Cash d	eemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see ins	structions).	4				
5 Net val	ue of non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply	line 5 by 0.035.	6				
7 Recove	ries of prior-year distributions	7				
8 Minimu	m Asset Amount (add line 7 to line 6)	8				
Section C -	Distributable Amount			Current Year		
1 Adjuste	d net income for prior year (from Section A, line 8, column A)	1				
2 Enter 0	.85 of line 1.	2				
3 Minimu	m asset amount for prior year (from Section B, line 8, column A)	3				
4 Enter g	reater of line 2 or line 3.	4				
5 Income	tax imposed in prior year	5				
6 Distribu	utable Amount. Subtract line 5 from line 4, unless subject to					
emerge	ncy temporary reduction (see instructions).	6				
7 Che	ck here if the current year is the organization's first as a non-functionally integrated	Type II	II supporting organization			

Schedule A (Form 990) 2023

(see instructions).

POLK COUNTY HISTORICAL SOCIETY 39-6100798 Schedule A (Form 990) 2023 Page **7** Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Section E – Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020_____ **d** From 2021 e 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. Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2019 **b** Excess from 2020

Schedule A (Form 990) 2023

c Excess from 2021
 d Excess from 2022
 e Excess from 2023

Part VI	III, line 12; Par B, lines 1 and 2 3a, and 3b; Pa	t IV, Section A, I 2; Part IV, Section	lines 1, 2, 3b, 3c on C, line 1; Par V, Section B, lir	c, 4b, 4c, 5a, 6 t IV, Section I ne 1e; Part V,	6, 9a, 9b, 9c, 11 D, lines 2 and 3 Section D, lines	a, 11b, and 11c; ; Part IV, Section s 5, 6, and 8; and	1/a or 1/b; Part Part IV, Section E, lines 1c, 2a, 2b Part V, Section E	Э,
PART	II, LINE 10		Incr		tion	CC	OV	
OTHER	INCOME			\$	11,806		1 3	
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

ეტევ

Schedule B (Form 990) (2023)

OMB No. 1545-0047

Name of the organization

POLK COUNTY HISTORICAL

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

SOCIETY

Employer identification number

39-6100798

Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
527 political organization							
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	overed by the General Rule or a Special Rule . 1, (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
_	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions.						
Special Rules							
regulations under sect 16b, and that received	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or I from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.						
contributor, during the contributions totaled m during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such nore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions e during the year \$						
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line the filing requirements of Schedule B (Form 990).						

Employer identification number

POLK COUNTY HISTORICAL SOCIETY 39-6100798 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 1.... Person **Payroll** 15,000 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2.... Person **Payroll** 20,000 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 Person **Payroll** 10,000 Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE 0 (Form 990)

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.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

HISTORICAL

COUNTY

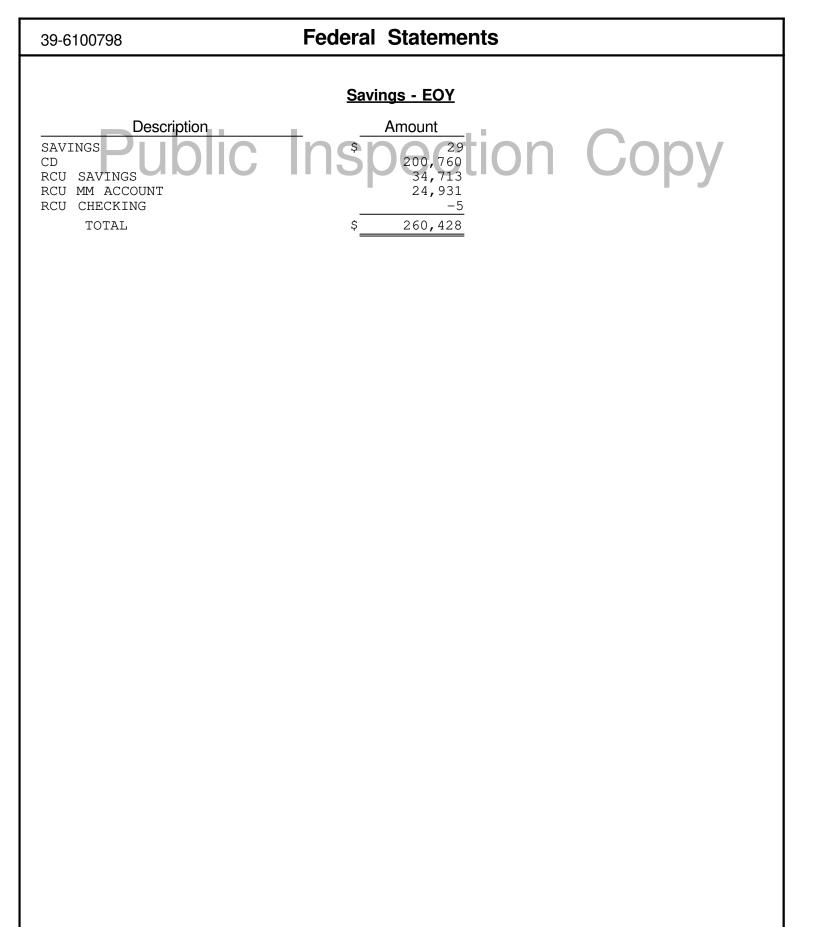
POLK

Employer identification number

39-6100798

SCRIPTION		AMOUNT	
HER REVENUE	\$	183	
To	OTAL \$	183	
ORM 990-EZ, PART I, LINE 16 -	OTHER EXP	ENSES	
ESCRIPTION		AMOUNT	
XPENSES			
ADVERTISING	\$	680	
OFFICE SUPPLIES	\$	1,219	
CONFERENCE / MEETINGS	\$	30	
PROPERTY INSURANCE	\$	2,756	
LIABILITY INSURANCE	\$	697	
BUSINESS EXPENSES	\$	139	
CLEANING	\$	3,007	
CONTRACT SERVICES	\$	4,127	
DISPLAY SUPPLIES	\$	131	
EQUIPMENT RENTAL AND MAIN	\$	6,898	
MISCELLANEOUS EXPENSES	\$	773	
PROGRAM EXPENSE	\$	1,477	
TELEPHONE	\$	934	
FUNDRAISING	\$	267	
ጥ	OTAL \$	23,135	

	Employer identification number
POLK COUNTY HISTORICAL SOCIETY	39-6100798
DESCRIPTION BEG. OF	YEAR END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES \$	961 \$ 2,840
FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT	······································
	T
EDUCATIONAL - LOCAL HISTORY	
	PAGE 1 OF 1





May 23, 2024

Don Wortham General Government Director - Polk County Administration 100 Polk County Plaza Balsam Lake, WI 54810

Mr. Wortham,

The Polk County Economic Development Corporation (PCEDC) supports, drives and promotes economic vitality throughout Polk County. From pioneering new and innovative ways to retain and recruit a sustainable workforce, to tackling tough issues like housing and assisting new and existing businesses, the PCEDC has the experience and professional access to ensure success.

This letter is in response to your requests regarding the 2025 county budgeting process. This has been a very active year for the PCEDC. Our top three initiatives continue to be: Workforce attraction and retention, housing, childcare and additionally, promoting our quality-of-life characteristics. These are just a few of the many economic drivers we engage.

Many individuals and businesses who utilize the tools and resource the PCEDC provides do so without direct contact. This can make it very difficult to effectively track the outcomes of our programs and initiatives, especially since many larger impact initiatives can take several years of working together to bring to fruition. We do have numerous measurable Key Performance Indicators (KPI's) for our board and the county as addressed in our Strategic Plan included with this request. As to the specific questions in your letter, please reference the bullet points below.

1. Operations

- A) Polk County has seen many expansions in the 2023-24. Economically, this is a positive sign that employers are re-investing in their Polk County facilities in employees. Here is list of the business expansion and new operations:
 - a. TDI Thermal Plastics 30,000 Sq Ft Expansion
 - b. InvestCast Expansion will be continued in partnership with the WEDC in 2025
 - c. OXBO Regional task force lead by the Polk County EDC to retain and expand operations
 - d. Plastech Corp. 20,000 Sq Ft expansion in addition to MN operations
 - e. UniPunch/Noble-X/MRL Mfg. Amery operations expansion
 - f. Schaffer Manufacturing New expansions including operations, childcare and education
 - g. Rockshield Rubber New 30,000 Sq Ft Facility to open in new Milltown Industrial Park
 - h. Raveling Companies Expansion from Amery to second facility in Clear Lake
 - i. Downtown Retail and Restaurants Work closely with chambers throughout Polk County
 - j. Precision Stainless New WI operations near Dresser
 - k. Viresco New de-pack expansion and land acquisition

- B) I am combining 1) b) with 3) Marketing from your request letter as our operational structure covers Programs and Marketing under similar categories. The Polk County EDC offers numerous marketing initiatives and economic growth-based programs that are targeted to deliver valuable resources to impact economic sustainability and growth.
 - a. Talent Attraction, Retention and Housing Breakfast Seminars: This has been a very successful program that brought together housing and talent attraction experts specific to Polk County to share valuable industry and regional information. There were initially two events scheduled for Amery and Osceola. But, due to the great success and positive response, a third event was added in Luck.
 - b. **Annual Polk County Economic Development Awards Breakfast:** Annually honors new and existing business and industry leaders in four different categories.
 - c. ProsperInPolk.com website: Initially launched as a completely separate talent attraction tool for employers in Polk County. It has continued to be effective, having over 3 million impressions to social media campaigns directed at Industry and tourism features of Polk County to assist in the attraction and retention of a quality workforce.
 - d. **Housing Update and Employer Assistance Program Breakfast:** This program featured resources from industry experts on current housing program along with hiring and training programs that local employers can use to attract and retain workers
 - e. **Family Friendly Workplaces Seminar:** Sponsored the program along with Northwood Technical College of Balsam Lake to inform Polk County Employers about the advantages of attracting workforce and talent by offering a competitive wage, benefit package
 - f. In Focus Polk County EDC Newsletter: This bi-monthly publication goes out to over 1,000 active followers and members to keep them up to date on programs, opportunities and economic topics particular to Polk County. This publication also features a Polk County specific business in each issue
 - g. **The Dashboard Polk County EDC Statistical Overview:** This publication is produced twice a year and is a concise resource tool for local industry, government and businesses to track key economic indicators that can assist with important operational decisions as it relates to current economic environment trends.
 - h. **Social Media Channels:** We are actively engaged in Facebook, Instagram, Twitter and YouTube. The younger generation that Polk County desires to attract has proven to be a valuable user of these tools. We are continually posting new content to keep engagement.

2. Financial

- a. Form 1099 Attached
- b. Budget Attached

3. Marketing

a. Answered in 1b above

4. Strategy

a. The Polk County EDC updates its overall strategic plan every 3 years. During that 3-year period we revisit the plan occasionally at our monthly board meetings to ensure we are either meeting our objectives or if corrections are necessary - Current Strategic Plan Attached

5. 2025 Financial Support Request

a. We appreciate the financial support and close working relationship Polk County provides. Our financial request to Polk County is the same \$70,000 annual as the previous year.

We will continue to proudly promote economic development and capital investment in Polk County in order to create and retain attractive jobs, enhance our community's tax base, and facilitate positive sustainable economic growth.

Sincerely,

Terry Hauer, Executive Director

Polk County Economic Development Corporation 100 Polk Plaza, Suite 226, Balsam Lake, WI 54810

director@polkcountyedc.com

715-405-3400

POLK COUNTY ECONOMIC DEVELOPMENT CORPORATION

Strategic Plan 2022-2024



WELCOME

The Polk County Economic Development Corporation's (PCEDC's) Board of Directors invites you to explore our 2022-2024 Strategic Plan.

Board of Directors

The following Board members participated in the development and approval of this plan and agree to support its execution during 2022-2024.

Steve Stroshane, Pres. ('15) Polk-Burnett Electric Cooperative	Curtis Carlson ('20) Rocket Powder Coating	Debra Rudquist ('20) Amery Medical Center
John Klatt, VP ('17) Lakeland Communications	Martin Dikkers ('21) Cardinal Business Advisors	Dan Ruck ('18) Frontier Ag & Turf
Kelly Hibbs, Treasurer ('14) Lakeland Communications	Mark Erickson ('19) MidwestOne Bank	Janice Schott ('21) Village of Frederic
Dave Hammers, Sec'y ('18) First Bank of Baldwin	Brian McAlpine ('18) Bremer Bank	Terry Hauer PCEDC Executive Director

PCEDC Snapshot

The PCEDC was launched in 2004 and has served the economic and development interests of Polk County for more than 18 years.

In 2004 the Polk County Board formed a committee of business and municipal leaders to evaluate the merits of launching an economic development corporation.

The organization was to represent the population, business and commerce, the proposed Economic Development Corporation was conceived as a tri-lateral structure, with funding coming from Polk County, municipalities, and businesses.

Since forming in 2004, the PCEDC has been cultivating and driving economic initiatives that deliver sustainable economic vitality throughout all the communities of Polk County.



MISSION, VALUES, & GUIDELINES

Mission

The purpose of the Polk County Economic Development Corporation (PCEDC) is to promote Economic Development in Polk County by encouraging the creation and expansion of businesses that provide good paying jobs and support our communities' tax bases and economic vitality.

Values

- The PCEDC along with its staff and stakeholders, are committed to these values:
- Building Relationships
- Collaboration
- Promotion
- Support
- Integrity
- Organizational Sustainability

Guidelines

- i The PCEDC Board acknowledges the following guidelines:
- Service area is Polk County, WI
- Adheres to IRS 501(c)(6) code
- Follows Roberts Rules of Order
- A maximum of 15 Directors serve up to two terms of three years each (may extend if Board approves)
- Directors to remain in good standing, act ethically, and support the aims of PCEDC
- The PCEDC operates through the oversight of an Executive Director

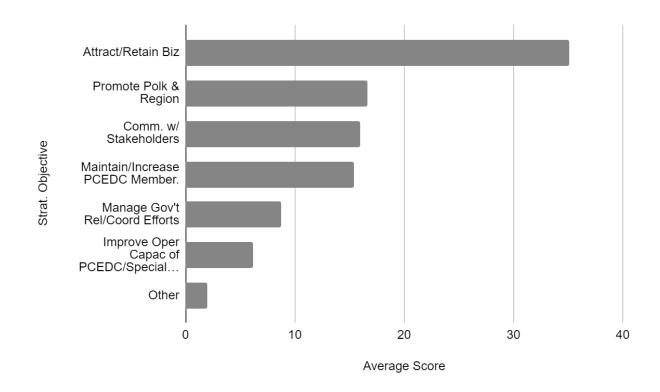


STRATEGIC OBJECTIVES 2022-2024

Strategic Objectives are PCEDC's broadest, highest-level goals. Board members began considering Strategic Objectives in October of 2021.

An organization's Strategic Objectives are its guiding goals and are the ways that its Mission Statement are manifested. Typically, Strategic Objectives do not specify particular actions, but show the direction that the organization should take.

In October of 2021, Board Members considered the following six potential Strategic Objectives via an online survey. The results below show how the ten participating Board Members spent 100 points across the six objectives, and "other."





At its January 2022 meeting, the PCEDC Board affirmed the following four top-level Strategic Objectives, along with two secondary objectives.

Top-level Strategic Objectives

- 1. Attract and Retain Businesses.
- 2. Promote Polk County (and the region).
- 3. Communicate with Stakeholders.
- 4. Maintain/Increase PCEDC Membership.

Secondary Strategic Objectives

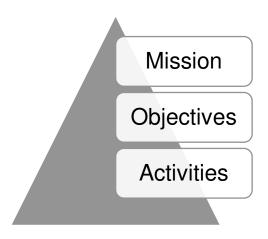
- 5. Manage Government & Other Relationships/Coordinate Efforts
- 6. Improve Operational Capacity/Execute Special Projects



STRATEGIC ACTIVITIES 2022-2024

In its January 2022 Board Meeting, the ratified the following strategic activities.

Strategic Activities are how an organization tackles its Strategic Objectives, and by achieving these Objectives, how the organization fulfils its Mission.



The following Strategic Activities were ratified by the PCEDC Board in January of 2022 and were associated with specific Strategic Objectives in February of 2022.

Board members recognized that over the course of the three-year planning cycle, some Strategic Activities would be completed, others elevated, and that periodically PCEDC staff would report out on progress toward completing Activities and meeting Strategic Objectives.



Priority Level	Strategic Activity	Associated Strategic Objective
1	Participate in the recruitment of new business to the area	3
1	Be a promoter of Polk County	2
1	Support productive relationships with existing companies	3, 4
1	Perform business retention visits to existing businesses to ensure they know of available P{CEDC resources and other area businesses where collaboration may be possible.	3, 4
2	Meet, collaborate and respond to site selectors, brokers, developers and business owners looking for growth and RFI Inquiries	3
2	Demonstrate PCEDC value to local businesses; increase business PCEDC contributions and grow membership	3, 4
2	Work with local municipalities to expand housing availability	3, 5, 6
2	Identify workforce needs and work with PCEDC board to address approaches to mitigate shortcomings	3, 4
2	Promote the "Telecommuter and Broadband Forward" initiative and the need for expanded broadband access in the county	3, 5
2	Maintain up to date inventory of available C&I land for development (web page)	3, 6
2	Lead and participate in relevant committees, commissions, and specialty groups; make contacts and be engaged with key local, state and national legislators serving the area	5
2	Continue existing marketing campaign to promote Polk County as a good place to live and work; ensure the content on the website and social media channels remains current and relevant	2, 6
2	Maintain economic development contacts at each municipality; work closely with city and village Chambers to promote economic vitality; Work with other county agencies to promote county economic development and strive for minimal duplication of effort between entities	2, 5
2	Provide regular updates to municipalities and to the Polk County Board of Supervisors; likewise, communicate program effectiveness and economic news to PCEDC members	3, 4, 5
2	Enhance EDC back-office technology and automation through CRM software tracking/documenting business contacts; select and manage vendors and suppliers needed to facilitate PCEDC objectives	6



KEY PERFORMANCE INDICATORS (KPIs)

Overall, improving the economic climate throughout the county is a top priority of all PCEDC initiatives. Economic development initiatives often involve numerous factors, -- some controllable and some not controllable—and are frequently characterized by long lead-times, the PCEDC is committed to tracking and reporting progress, including more granular efforts directed at enhancing the Polk County economic climate. For the 2022-24 planning cycle, these key performance indicators (KPIs) will be tracked:

Financial

Private member contributions

Business Attraction and Retention

- Member visits
- Non-member visits

Communication

- Website Activity and Engagement
- "In Focus" and "The Dashboard" interaction and click-through rates (CTR)
- Special Events Participation (Seminars, Online presentations, Events)



ENVIRONMENTAL SCAN





ISSUES & OPPORTUNITIES 2022-2024

i PCEDC sees [five] key sets of issues/opportunities for 2022-2024. Two relate to the external work of the PCEDC; two focus on PCEDC itself.

Over the last several years, the PCEDC has focused on three key [external] issues related to the economic development of Polk County:

- Expanding broadband access.
- Increasing the availability of housing.
- Expanding the workforce in Polk County.

Likewise, PCEDC sees two prioritized internal items:

- Increasing membership.
- Communicating effectively with internal and external stakeholders.

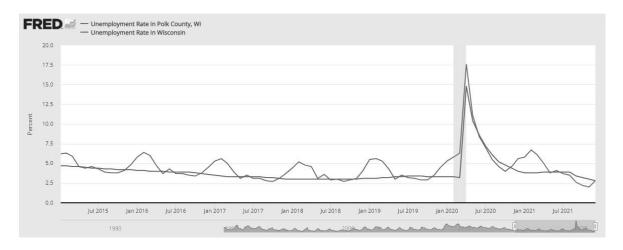
In the sections below, these [five] issues and opportunities, along with any derivative drivers or solutions, are addressed.



Environmental Scan: Worker Shortage

Many employers are challenged by a dearth of workers, which limits economic expansion in Polk County.

As the chart below from the Federal Reserve Bank of St. Louis shows, the unemployment rate in Polk County (blue line) is low—as of September of 2021, standing at less than 2.5%:



Source: St. Louis Federal Reserve Bank: https://fred.stlouisfed.org/series/WIPOLK5URN#0

The flip side of low unemployment is that many local companies lack the workforce they require to thrive. Drivers for the worker shortage in Polk County include:

- The "Great Resignation" and other disincentives to work following COVID-19.
- Population trends that over time have reduced the number of available workers.
- Lack of workforce housing in Polk County.
- Among potential workers, lack of awareness of Polk County's positives.

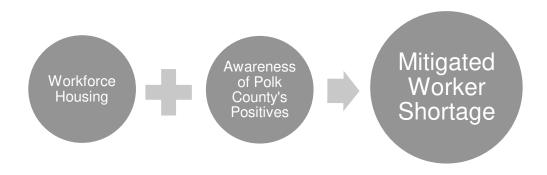
Polk County is not alone in feeling the worker shortage. Wisconsin's Northwest Regional Planning Commission,¹ in its 2020-2044 Comprehensive Economic

POLK COUNTY ECONOMIC DEVELOPMENT

¹ Polk County is not in the service area of the Northwest Regional Planning Commission, but the NWRPC has more recently looked at regional economic issues than the West Central Wisconsin Regional Planning Commission.

Development Strategy document,² identified the lack of workers as a significant weakness for the entire region.

Of the four drivers related to the worker shortage that are bulleted above, the last two— improving the workforce housing situation and generating awareness of the benefits of living in Polk—are potentially actionable for PCEDC.



Recognizing that Polk County might have a mismatch between its housing stock and its needs, in 2018 the PCEDC commissioned a housing study form the West Central Wisconsin Regional Planning Commission. Findings from the study confirmed that there was a gap in both rental and purchase options for workforce housing.

Worker Shortage - View for 2022-2024

Solving the worker shortage is a complex problem and requires finding solutions to underlying problems such as workforce housing and building awareness of Polk County's positive qualities.

Housing is addressed in a number of the PCEDC's planned Strategic Activities which are discussed in a section below.

Likewise, the PCEDC has planned Strategic Activities to increase workforce awareness of Polk County's positives.

POLK COUNTY ECONOMIC DEVELOPMENT CORPORATION

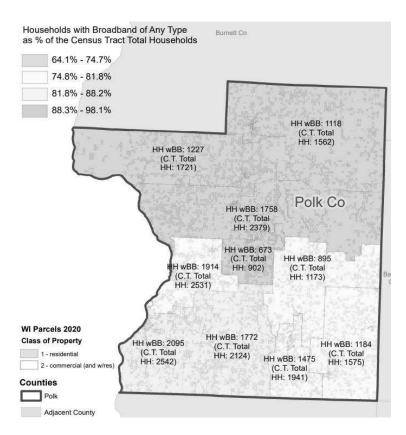
² Document is available at: https://www.nwrpc.com/DocumentCenter/View/1131/Northwest-Wisconsin-Comprehensive-Economic-Development-Strategy-2020-2024?bidId=

Environmental Scan: Broadband Gap

Broadband has historically been a challenge for Polk County. However, the gap has narrowed recently—a win for residents and businesses.

High-speed internet is becoming increasingly important, and nowhere is this more evident than in rural areas where businesses, students, and telecommuters need access to information and people in rapid fashion. Broadband—defined by the FCC as internet with download speeds of at least 25 megabits per second (Mbps) and 3 Mbps upload speeds--allows businesses and families to locate where they want to live and still succeed.

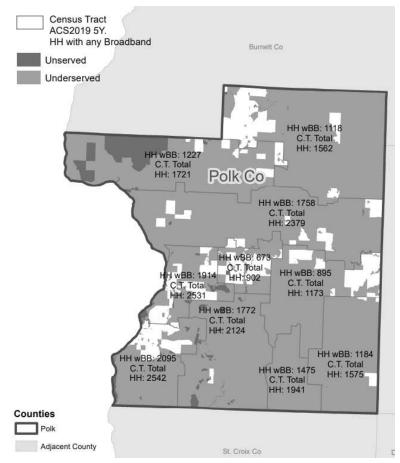
Current estimates from the Wisconsin Public Service are that approximately 77% of households in Polk County have access to broadband. As the graphic below shows, areas of greatest access are clustered in the southern half of the county, with the northern tier being less well served.



Source: WI Public Service Commission 2/2022



When viewing Polk County according to geographical areas served rather than households, a somewhat different picture emerges. In the graphic below, dark blue indicates areas without any broadband (25 Mbps or more); light blue signifies underserved geographic regions, and white signifies fully served.



Source: WI Public Service Commission 2/2022

Sizeable regions of the county remain underserved; these tend to be low-population areas. Those lacking broadband are at a disadvantage:

- At risk for reduced access to K-12 education, telehealth, and other services during periods when facilities are closed (e.g., due to COVID-19).
- Underserved areas being less attractive to remote workers and businesses.



Additionally, the overall burden of telecommunication expense across platforms (phone, internet, etc.) presents challenges to residents, many of whom are asset-limited, income constrained, but employed.

Realizing these issues, in 2020, the Polk County Board of Supervisors named broadband as a top-tier strategic issue for the county. The PCEDC, which has promoted the expansion of broadband since [2XXX], supports this direction.

Broadband Gap – View for 2022-2024

As the broadband map shows, about half of Polk County is served by internet at speeds classified by the FCC as "broadband." Over the past four years, via Broadband Expansion Grants (BBEGs), CARES Act funding, and ARPA funds, Polk County has seen more than \$6 million in subsidies made available to internet service providers for increasing service.

COUNTY	ARPA.2022	BBEG.2019	BBEG.2020	BBEG.2021	CARES.2020	Grand Total
Barron	\$3,811,013	\$166,500	\$194,586	\$3,170,828	\$662,733	\$8,005,660
Burnett	\$1,149,287		\$152,447	\$913,669	\$562,000	\$2,777,403
Polk	\$2,256,581	\$327,800	\$1,114,341	\$1,295,446	\$1,012,999	\$6,007,167
St. Croix	\$2,934,969	\$63,000	\$82,250	\$568,000		\$3,648,219
Washburn	\$12,137,759			\$1,263,791		\$13,401,550
Grand Total	\$22,289,609	\$557,300	\$1,543,624	\$7,211,734	\$2,237,732	\$33,839,999

Over time, as broadband more fully penetrates Polk County, the focus may shift to increasing service speed and reducing cost, and it is conceivable that at some point in the future the Broadband Gap may be retired as an effort area for the PCEDC.

However, for 2022-2024, broadband remains an effort area and is addressed in a number of the PCEDC's planned Strategic Activities (discussed in a section below).



Environmental Scan: Housing

Housing is a critical component to the economic vitality of Polk County.

Housing is instrumental in economic and business development. It is also key to a vibrant community and enjoyable lifestyle. When employees are unable to find affordable housing near their place of employment, they may choose to live and work elsewhere... Taking valuable tax revenue and employees for local employers out of our county. Businesses, schools, and healthcare employers may struggle to retain and recruit employees without a housing supply that meets the needs and preferences of the population. There is a strong connection between workforce and housing.

Housing - View for 2022-2024

Given the County's geographic location and attractive qualities for growth, there is a recognized need for housing development in Polk County. The county-wide housing study completed in March of 2020 documented this need for additional housing in residential, rental, and senior markets. Polk County businesses have indicated a specific need for housing to accommodate current and potential employees. Housing cost, style, and design, in addition to other quality of life amenities (parks, trails, etc.), influence an individual's decision on where to live, which in turn influences employment choices and opportunities.

tional Owner Needed*	2017 est.	2020	2025	2030	2035	2040	Net
d on WDOA ections	85 – 158	1,079	1,111	931	486	0	3,692 – 3,765

^{*}In addition to the 206 estimated owner units currently vacant. Assumes continued housing mix of 22% renter and 78% owner.

Additional Rental	2017						
Units Needed*	est.	2020	2025	2030	2035	2040	Net
Based on WDOA Projections	43 – 128	315	337	282	131	0	1,108 – 1,193

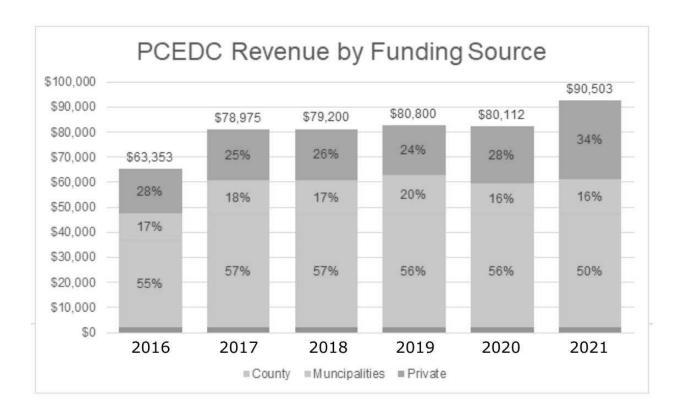
^{*}In addition to the 170 estimated rental units currently vacant. Assumes continued housing mix of 22% renter and 78% owner.



Environmental Scan: PCEDC Membership

To remain vital, the PCEDC must maintain or increase membership levels.

Member support has historically been, and continues to be, invaluable for developing tools and resources to enhance the economic vitality of Polk County. The PCEDC strives to ensure our communities continue to grow and prosper.



PCEDC Membership – View for 2022-2024

Although the PCEDC has had membership levels in the past, there were never specific benefits associated with the level of member sponsorship.



Beginning in 2022, the following membership levels listed below were established to enhance the deliverables of the PCEDC and drive further growth.

PLATINUM Sponsorship

All the benefits listed for the Bronze, Silver and Gold Level, plus Premium Level members receive:

- Four tickets to the Annual Awards Banquet
- o One featured 'Success Story" on the Polk County company of your choice
- Ability for promotional opportunities at PCEDC events

GOLD Sponsorship

All the benefits listed for the Bronze and Silver Level, plus Gold Level members receive:

- Two tickets to the Annual Awards Banquet
- o Premium listing on the http://www.propserinpolk.com/ website
- Sponsorship recognition on Polk County EDC promotional emails and notices
- Ability for promotional opportunities at Polk County EDC events

SILVER Sponsorship

All the benefits listed for the Bronze Level, plus Silver Level members receive:

- Your company logo recognition on the Polk County EDC website with a hyperlink to your home page
- Includes a link to the <u>www.proserinpolk.com</u> website with a link to your career/employment page
- Email of the PCEDC Quarterly Economic Index Report

BRONZE Sponsorship

- Regular newsletter and blog posts via email
- Special notifications of events, programs and announcements only available to members
- Your company name recognition on the PCEDC website and hyperlink to your home page from PCEDC website
- An invitation to the Annual PCEDC Awards Banquet
- Ongoing recognition of supporting the economic success of Polk County



Environmental Scan: Sharing the Vision, Communicating Information

To achieve its objectives related to economic development, PCEDC must communicate a shared vision and provide useful information to stakeholders.

Successful organizations communicate across several different channels. Over the past several years, PCEDC has led--and communicated progress--on several important initiatives related to economic development in Polk County:

- Provided news of upcoming events and community wins through the PCEDC Facebook, LinkedIn and Mailchimp social channels.
- Published the PCEDC newsletter.
- Published special reports such as the 2020 Housing Study.
- Promoted numerous initiatives through the PCEDC website.
- Hosted numerous onsite and webinar presentations and seminars
- Presented to the Polk County Board of Supervisors.

PCEDC Communications - View for 2022-2024

For PCEDC's triennial planning cycle, multi-channel communication remains very important. Along with all the existing communication and promotional mediums described above, we will be adding two new communication vehicles starting in 2022.

- In Focus (Bi-Monthly Newsletter)
 Designed managed and mailed from PCEDC Mailchimp account
 Audience = Full database members, non-member, subscribers
 First Mailing = Feb 2022
- The Dashboard (Quarterly Economic Update)
 Designed with InDesign, Mailed as a PDF attachment from PCEDC email
 Audience = Silver Members and above, All municipalities
 First Mailing = March 2022



BUILDING THE STRATEGIC PLAN





RATIONALE FOR THE PLAN

- The planning cycle for the 20220-2024 Strategic Plan was kicked off in September 2021. Initial Goals were:
- Build off of the previous (2019-2021) Strategic Plan where sensible.
- Stay focused on a limited number of achievable Strategic Objectives.
- Ensure that Strategic Activities (lower level, more granular) met the mission of the PCEDC and work in concert with Strategic Objectives.
- Identify ways to make both the Strategic Objectives and Actions in the new plan measurable.
- Periodically (e.g., quarterly) communicate progress to the Board and other stakeholders.

SCOPE OF THE PCEDC STRATEGIC PLAN

PCEDC's Strategic Plan is designed to guide the work of its Board and staff, and to provide an economic development framework for stakeholders.

The purpose of the Polk County Economic Development Corporation is to encourage and promote Economic Development and Capital Investment in Polk County to create and retain attractive jobs, enhance our community's tax base, and facilitate positive sustainable economic growth.

The PCEDC is committed to recruiting new business and industry to Polk County, supporting successful startups, and assisting existing businesses and individuals with improvement and expansion opportunities. This includes a range of economic impact factors including housing, education, adequate broadband service, tourism and many other economic impact initiatives. The PCEDC strives to create a county-wide economic environment that makes Polk County a great place to work, live and play.

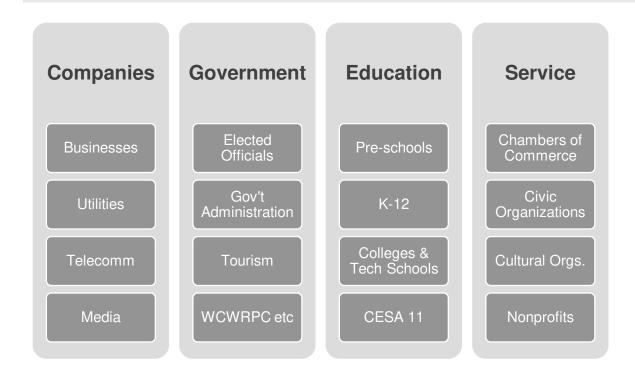
For overall success, the strategic plan must be worked in concert with both internal and external stakeholders. The PCEDC Board monitors and evaluates the Strategic Plan each quarter, and fully realigns the plan on a three-year cycle.

This Strategic Plan will set the direction for 2022-2024.



External Stakeholders

PCEDC recognizes the following types of organizations as external stakeholders.





2022-2024 PLANNING PROCESS

Developing the Strategic Plan followed a four-phase process.



1. Board Survey

- Designed by PCEDC with technical assistance from UW-Extension.
- Directors prioritized six potential Strategic Objectives (high level) and 25 Strategic Activities (more granular).
- Ten Directors (100%) completed, which was deployed online using Qualtrics and analyzed using MS Excel.

2. Discussion of Survey Results

- PCEDC Board Members participated to discuss survey results.
- Consensus reached on four Strategic Objectives as priorities and a number Strategic Activities.

3. Plan Drafted, Reviewed, and Approved

- PCEDC Executive Director and Board President, with technical assistance from UW-Extension, drafted plan based on priority Objectives and Activities.
- Plan reviewed and approved by the PCEDC Board.

4. Plan Implemented

- Plan was put into implementation in late Q1 2022.
- Board intends to review progress to plan bi-annually.



THANK YOU!

Thank you for taking the time to review PCEDC's three-year strategic plan.

Since its inception in 2004, the PCEDC has worked closely with the county, employers, education systems, builders, developers, and local organizations to make a positive impact on the economic viability of Polk County. These initiatives are only made possible through the financial success of our local economic initiatives.

If your organization is not a member of the PCEDC, please consider joining our organization!

Steve Stroshane
PCEDC Board President

Terry Hauer
PCEDC Executive Director

sstroshane@polkburnett.com 715-646-3339 director@polkcountyedc.com 715-405-3400



Total Expenses

Operating Difference

				I
<u>Income</u>		2024 Budge		Comments - 2024 Budget
	County - Operating	\$ 60,000.00	_	
	County - Tourism Marketing Initiative	\$ 10,000.00	_	
	Municipalities	\$ 14,574.00		
	Private Industry	\$ 36,074.0		
	PBEC Video project	\$ 1,500.0)	1
				Client to pay any associated credit
	Awards Banquet - Meal Reimbursement	\$ 2,250.00	_	card/payment fees
	Awards Banquet - Sponsorships	\$ 2,000.00)	
	Other - Grants	\$ -		
	Total Income	\$ 126,398.0) \$ -	
Expenses				
Payroll:		A 50 10 0	. 1	1
	Payroll - Execututive Director's Contract	\$ 62,187.00	_	
	Payroll - Assistant Contract	\$ 15,000.00		
	Total Payroll	\$ 77,187.0) \$ -	
Operating:			1	
				Includes \$150 Zoom license, Adobe
				Acrobat Pro License \$239, google
	Reimburse Expense / Meetings	\$ 10,000.0)	Workspace Office - 2 users - \$346
	Promotion & Marketing			
	Social Media Campaign and Promotion			Workforce Development \$10,000
				Tourism \$10,000 / \$500 housing study
		\$ 20,000.0		update in WD amount
	-Osceola corridor promo video	\$ 2,000.00)	
	- Magazine - Tourist	\$ 785.00		5 Star Media \$785
	- Photography	\$ 3,000.00)	Dusty Hokovec - photos
	Insurance Directors & Board	\$ 1,433.0)	\$507 Acuity, \$925 United States Liability
	Memberships / Partnerships (\$2500)			
	-ITBEC	\$ 1,500.00		
	-Momentum West	\$ 500.00		
	-Amery EDC	\$ 250.00	_	
	-Legislative Day	\$ 350.00	_	
	Computers & Equipment	\$750	_	New office tools/equipment
	- Membership Software - yearly fee	\$ 3,900.00)	2 users
	- Membership software - 1x implementation			
	fee	\$ 2,500.00	_	1x fee in 2024 only
	Office Supplies	\$ 1,200.00	_	The Staple
	Accounting & Legal	\$ 750.00)	1099 prep and tax return
	Annual Breakfast (\$3800)	A		
	- Meal	\$ 2,500.00	_	
	- Trophies	\$ 350.00		
	Training & Development	\$ 50.00		
	Phone	\$ 750.00	_	
	Rent to Polk County	\$ 1,872.00		
	Miscellaneous	\$ 2,000.00		
	Operating Expense Total	\$ 56,440.0) \$ -	

\$ 133,627.00

\$ (7,229.00) \$



433 3rd Ave - PO Box 385 Clear Lake, WI 54005 Polk County Economic Development Corporation 100 Polk Plaza STE 226 Balsam Lake, WI 54810

Polk County Economic Development Corporation

100 Polk Plaza STE 226 Balsam Lake, WI 54810

2022 Tax Return
Prepared By:



Kyle D. Overby, LLC 433 3rd Ave - PO Box 385 Clear Lake, WI 54005 715-263-4111

September 26, 2023

CONFIDENTIAL

Polk County Economic Development Corporation 100 Polk Plaza STE 226 Balsam Lake, WI 54810

Dear PCEDC:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Barbara J Waalen

433 3rd Avenue, P.O. Box 385, Clear Lake, WI 54005; 715-263-4111 102 N Washington Street, Suite 100, P.O. Box 147, St. Croix Falls, WI 54024; 715-483-3782 741 Harriman Avenue, P.O. Box 187, Amery, WI 54001; 715-268-2711

Filing Instructions

Polk County Economic Development Corporation

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended December 31, 2022

Federal Filing Instructions

Your Form 990 for the year ended 12/31/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to our office at your earliest convenience:

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

<u>A</u> _	For the	e 2022 calendar year, or tax year beginning	, and ending		_	
В	Check if a	applicable: C Name of organization POLK COUNT	TY ECONOMIC DEVELOPMENT		D Employ	er identification number
	Address of	change CORPORATIO	N			
Ħ	Nama aha	Doing business as			**-*	**7331
닏	Name cha	Number and street (or P.O. box if mail is not delive		Room/suite	E Telepho	ne number
Ш	Initial retu				715-	405-3400
	Final retur		foreign postal code			
H	terminated	BALSAM LAKE	WI 54810		G Gross re	eceipts\$ 135,375
\square	Amended	return F Name and address of principal officer:				
	Application	steve stroshane		H(a) Is this a	group return fo	r subordinates Yes X No
_		100 POLK PLAZA STE	226	H(b) Are all s	ihordinates in	cluded? Yes No
				1 ''		t. See instructions
		BALSAM LAKE	WI 54810		o, attaon a no	t. Occ mandenons
<u></u>	Tax-exen	mpt status: 501(c)(3) X 501(c) (6) (inse				
J	Website:		–	H(c) Group ex		ber
K	Form of	organization: X Corporation Trust Association	Other	L Year of formation: 2	2004	M State of legal domicile: WI
F	Part I	Summary				
	1 E	Briefly describe the organization's mission or mos	t significant activities:			
8		TO CREATE AND RETAIN ATTRACT	IVE JOBS, ENHANCE OUR	COMMUNITY	TAX	BASE AND
ä	•	FACILITATE POSITIVE SUSTAINA				
Governance		TACIBITATE TODITIVE CONTAINS	BEE ECONOMIC GROWIN.			
š	1 . :					
		Check this box if the organization discontinued				1
∞ಶ	3 1	Number of voting members of the governing body	(Part VI, line 1a)		3	12
es	4 1	Number of independent voting members of the go	verning body (Part VI, line 1b)		4	12
Activities	5 7	Total number of individuals employed in calendar	year 2022 (Part V, line 2a)		5	0
댦	6 7	Fotal number of volunteers (estimate if necessary	١		٠ ا	12
⋖	727	Fotal unrelated business revenue from Part VIII, o				0
						ŏ
	l Di	Net unrelated business taxable income from Form	990-1, Part I, line 11	Prior Y		Current Year
		Contributions and grants (Part VIII line 1h)			9,553	
Revenue		Contributions and grants (Part VIII, line 1h)			9,333	
Ģ	9 1	Program service revenue (Part VIII, line 2g)				0
ě	10 li	nvestment income (Part VIII, column (A), lines 3,	4, and 7d)			0
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8	3c, 9c, 10c, and 11e)			0
	12 7	Total revenue – add lines 8 through 11 (must equ	al Part VIII, column (A), line 12)	. 11	9,553	135,375
	13 (Grants and similar amounts paid (Part IX, column	(A), lines 1-3)			0
		Benefits paid to or for members (Part IX, column (0
w	1 4- 6	Salaries, other compensation, employee benefits ((Part IX column (A) lines 5–10)			0
Se	162	Professional fundraising fees (Part IX, column (A)	line 11e)			0
Expenses	ha					
ᄶ	1 .5	Total fundraising expenses (Part IX, column (D), li			1 061	107.045
	17 (Other expenses (Part IX, column (A), lines 11a-1	1d, 11f–24e)		4,864	
		Total expenses. Add lines 13–17 (must equal Part		. 8	4,864	
_	19 F	Revenue less expenses. Subtract line 18 from line	e 12		<u>4,689</u>	
26	3			Beginning of C		End of Year
<u> </u>	20 ⊺	Total assets (Part X, line 16)		. 8	<u>7,513</u>	115,843
\$5	21 7	Total liabilities (Part X, line 26)			0	
Net Assets or	22 N	Net assets or fund balances. Subtract line 21 from	line 20	. 8	<u>7,513</u>	115,843
F	Part II	Signature Block				
U	Jnder pei	nalties of perjury, I declare that I have examined this re	eturn, including accompanying schedules ar	d statements, and t	o the best of	of my knowledge and belief, it
tr	ue, corre	ect, and complete. Declaration of preparer (other than o	officer) is based on all information of which	preparer has any k	nowledge.	
e:	an	Signature of officer			Date	<u> </u>
Sig	_	*		m	Date	•
He	ere	STEVE STROSHANE	PRESIDEN	T		
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	id	BARBARA J WAALEN	BARBARA J WAALEN	09/2	5/23 self-er	mployed *******
Pre	eparer	Firm's name KYLE D. OVERBY	, LLC		Firm's EIN	**-***1874
Us	e Only		PO BOX 385			
	-	Firm's address CLEAR LAKE, WI			Phone no.	715-263-4111
Ma	v the IF	RS discuss this return with the preparer shown ab		<u>I</u>	THORIC HU.	X Yes No

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any significant program services	during the year which	ch were not listed	I on the	\Box	₩
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	or note to any line	e in this Part i	<u>II</u>		<u>A</u>
		e in this Part I	<u>II</u>	<u></u>	X
e no e e e	le O contains a response of on's mission: ITAIN ATTRACTIVE IVE SUSTAINABLE e any significant program services ervices on Schedule O. Inducting, or make significant chaines on Schedule O. Inducting or make significant chaines on Schedule O. Ind	on's mission: TTAIN ATTRACTIVE JOBS, ENHA IVE SUSTAINABLE ECONOMIC G e any significant program services during the year which ervices on Schedule O. Inducting, or make significant changes in how it conducts on Schedule O. Inducting the year which ervices on Schedule	le O contains a response or note to any line in this Part I on's mission: ITAIN ATTRACTIVE JOBS, ENHANCE OUR OF TAIN ATTRACTIVE JOBS, ENHANCE OUR	le O contains a response or note to any line in this Part III on's mission: ITAIN ATTRACTIVE JOBS, ENHANCE OUR COMMUNITY IVE SUSTAINABLE ECONOMIC GROWTH. e any significant program services during the year which were not listed on the ervices on Schedule O. Inducting, or make significant changes in how it conducts, any program es on Schedule O. Inducting or make significant changes in how it conducts any program es on Schedule O. Inducting or make significant changes in how it conducts any program es on Schedule O. Inducting or make significant changes in how it conducts any program services as measured accomplishments for each of its three largest program services, as measured.	le O contains a response or note to any line in this Part III on's mission: ITAIN ATTRACTIVE JOBS, ENHANCE OUR COMMUNITY'S TAX E IVE SUSTAINABLE ECONOMIC GROWTH. e any significant program services during the year which were not listed on the cervices on Schedule O. Inducting, or make significant changes in how it conducts, any program es on Schedule O. Organ service accomplishments for each of its three largest program services, as measured by and 501(c)(4) organizations are required to report the amount of grants and allocations to others,

Form **990** (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			v
_	complete Schedule A	1	v	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		
5	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	Λ	
6				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		х
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Λ
7		7		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	١,		v
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	١,		v
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а				v
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	446		v
	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	144-		v
لم	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d		11d		х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			^
12a	Schedule D, Parts XI and XII	12a		х
h		124		^
D	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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		1
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	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 families and the O. M. W. Constant of Contracting T. Dorde H. and D. C.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	and the second s	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u></u>
••	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	—		
	Dort VIII. For a Assemble On the War II accomplete Only adult On Booth III.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u>		
	If "Yes," complete Schedule G, Part III	19		х
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		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	g		000	

	990 (2022) POLK COUNTY ECONOMIC DEVELOPMENT **-***7331		P	age 4
_ Pa	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	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 Schedule J	23		х
24a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		
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?			ĺ
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		v
^^	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	. 31		
32	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32		
33	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,	. 33		
J-T	and Vand Dark V. Sugar	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	. 000		_ <u></u>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	. 555		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		х

Part 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

	Check if Schedule O contains a response of note to any line in this Fa	<u>ιι ν .</u>	<u> </u>			ᆫ
					Yes	N
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	b				
	reportable gaming (gambling) winnings to prize winners?			1c		2

Form **990** (2022)

	990 (2022) FOLK COUNTI ECONOMIC DEVELOPMENT	<u> </u>			Page :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (co.	<u>ntinu</u>	ed)	Y	<u>'es No</u>
2a					
	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		s?	2b	175
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o		•	1	.
	a financial account in a foreign country (such as a bank account, securities account, or other financial account a	inciai a	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 Finan			-	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a 5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	ırısacı	OH?	5c	^
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	id the		50	
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	ilu li le		6a	x
b	If "Yes," did the organization include with every solicitation an express statement that such contri	 hution	e or	Ua	- 22
D	gifts were not tax deductible?	DULION	5 01	6b	
7	Organizations that may receive deductible contributions under section 170(c).			OD	
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for ac	nods		
u	and convices provided to the payor?	_		7a	х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which			-2	
	required to file Form 8282?			7c	x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- 4	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene	efit co	ntract?	7e	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f	Х
g	If the organization received a contribution of qualified intellectual property, did the organization fil			7g	Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	anizati	on file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund main	tained	by the		
	sponsoring organization have excess business holdings at any time during the year?			8	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	?		9b	
10	Section 501(c)(7) organizations. Enter:		1		
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:		1		
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	1	1041?	12a	
		12b		-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10	
а				13a	
	Note: See the instructions for additional information the organization must report on Schedule O	•			
b	Enter the amount of reserves the organization is required to maintain by the states in which	ا مد ا	1		
	the organization is licensed to issue qualified health plans	13b		+	
C 1/12	Enter the amount of reserves on hand	13c		140	v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	odule		14a 14b	X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sch</i>			140	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in ren			15	v
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investi	ment i	ncome?	16	х
	If "Yes," complete Form 4720, Schedule O.	HEIIL I	HOOHIG!	10	72
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any	activit	ies		
• •	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17	
	If "Yes" complete Form 6069			''	

Form **990** (2022)

Form	990 (2022) POLK COUNTY ECONOMIC DEVELOPMENT **-***7331				Pa	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 three	ough	7b below,	and fo		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Check if Schedule O contains a response or note to any line in this Part VI				instr	uction
Sec	tion A. Governing Body and Management					
					Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	1a	12			
	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	12			
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi	led?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6		X
- 7а	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
_	and an income manufacture of the annual income had a			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stackholders or persons other than the reversing hadre?			7b		Х
В	Did the organization contemporaneously document the meetings held or written actions undertaken during the					
	The accomplished to 1.0	-	-	8a	х	
a h	Each committee with authority to act on behalf of the governing body?			8b	X	
b				00	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			9		х
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Otion B. Policies (This Section B requests information about policies not required by the I				0de)	
	tion b. I officies (This Section b requests information about policies not required by the r	HILLI	iai iteveiii	<i>a</i> C C	Yes	No
Nα	Did the organization have local chapters, branches, or affiliates?			10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			Iva		
D				10h		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	iling t	ne ionn?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-		v
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise	to conflicts?	12b		
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		37
3	Did the organization have a written whistleblower policy?			13		X
4	Did the organization have a written document retention and destruction policy?			14		X
5	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 decisio	n?				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to 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		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed NONE					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(sec	tion 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)					
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of it	ntere	st policy,			
	and financial statements available to the public during the tax year.					

LUCK WI 54853 715-405-3400
DAA Form 990 (2022)

2547 WISCONSIN 35

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KELLY HIBBS

Form 990 (2022) POT.K	COLIMITA	FCONOMIC	DEMENT ODMENT	**-***7331
Form 990 (2022) POTIN	1.000	P.C.C. JINIC JIVI I C.	しして・ひ に・しょし とばに・は	00-000/.3.31

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and	d
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Section A.

- 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 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-NEĆ) 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.

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

(A) Name and title	(B) Average hours per week	box	, unle	ss pe	ition more rson i	than or is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) STEVE STROSHANE											
PRESIDENT	1.00	х		х				0	0	0	
(2) JOHN KLATT	1 00										
VICE PRESIDENT	1.00	x		x				0	0	0	
(3) KELLY HIBBS	0.00	^		Λ		H		U	0	<u> </u>	
(5) ICHHHI IIIBBB	1.00										
TREASURER	0.00	$ \mathbf{x} $		x				0	0	0	
(4) BRIAN MCALPINE											
	1.00										
DIRECTOR	0.00	X						0	0	0	
(5) DAVE HAMMERS											
	1.00	_									
SECRETARY	0.00	X		Х		\vdash		0	0	0	
(6) CURTIS CARLSON	1.00										
DIRECTOR	0.00	x						0	0	0	
(7) MARK ERICKSON	0.00	ı				\vdash			<u> </u>	<u> </u>	
(//Partit Litterson	1.00										
DIRECTOR	0.00	$ \mathbf{x} $						0	0	0	
(8) DEBRA RUDQUIST											
	1.00										
DIRECTOR	0.00	X						0	0	0	
(9) MARTIN DIKKERS											
<u></u>	1.00	_									
DIRECTOR	0.00	X				\vdash		0	0	0	
(10) JANICE SCHOTT	1.00										
DIRECTOR	0.00	$ \mathbf{x} $						0	0	0	
(11) BRAD OLSON	0.00	┢┸				\vdash			<u> </u>	<u> </u>	
(,Dian Oncor	1.00										
DIRECTOR	0.00	x						0	0	0	

Pa	art VII Section A. Officer	s, Directors, T	rust	ees,	Key	/ Em	nploy	yees	s, and Highest Compens	ated Employees (continu	ued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	x, unle icer a		rson i	is both	n an tee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	or	(F) timated of othe compens from tl ganizatio ed orga	er ation ne n and	s
(12	2) RYAN WOOD	1					8							
DII	RECTOR	1.00	х						0	0				0
2 	Total from continuation sho Total (add lines 1b and 1c) Total number of individuals (i reportable compensation from	eets to Part VII including but no in the organizati	, Se t lim ion	ited	n A	ose	liste	ed al	,				Yes	No
3 4 5	Did the organization list any temployee on line 1a? If "Yes For any individual listed on linorganization and related organization and related organization and person listed on line Did any person listed on line	r," complete Sch ne 1a, is the su anizations great	edui m o er th	<i>le J</i> f rep nan∹	for s ortal \$150	uch ole c 0,000	indiv comp)? If	vidu ens "Ye.	al	tion from the		3		x
	for services rendered to the	organization? If	"Ye	s," c	ompi	ete	Sche	edul	e J for such person			5		X
<u>Sec</u>	Complete this table for your	five highest con												
	compensation from the organ	(A) d business address	com	ipen:	satio	n to	r tne	cai		(B) tion of services	tax year		(C)	ion
2	Total number of independent received more than \$100,000									0				

Form 990 (2022) POLK COUNTY ECONOMIC DEVELOPMENT **-***7331 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function revenue (C) Unrelated business revenue (A) (D) Revenue excluded Total revenue from tax under sections 512-514 1a Federated campaigns **b** Membership dues 1b Gifts, **c** Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 82,395 1e **f** All other contributions, gifts, grants, and similar amounts not included above . . 1f 52,980 g Noncash contributions included in lines 1a-1f 7,150 1g |\$ h Total. Add lines 1a-1f 135,375 Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b C Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory Other Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) **8a** Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10a** Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code iscellaneous Revenue d All other revenue

135,375

0

Total. Add lines 11a-11d

Total revenue. See instructions

Sect	ion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a res			st complete column (A).	
D		<u> </u>	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7 9b, and 10b of Part VIII.	b, (A) Total expenses	Program service	Management and	(D) Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
J	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				
	Legal				
С	Accounting	505		505	
	Lobbying				
е	Professional fundraising services. See Part IV, line	7			
f	Investment management fees				
g	,				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	15,310	15,310		
13	Office expenses	2,050		2,050	
14	Information technology				
15	Royalties	7.005	7.005		
16	Occupancy	7,825	7,825		
17	Travel				
18	Payments of travel or entertainment expense	es 			
40	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		1,432	1,432		
24		1,432	1,452		
	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 O.)				
а	CONTRACT SERVICES	69,990	69,990		
b	EXPENSE REIMBURSEMENT	4,747	4,747		
С	ASSOCIATION DUES	2,930	2,930		
d	MEALS	2,016	2,016		
е	All other expenses	240	240		
25	Total functional expenses. Add lines 1 through 24e	107,045	104,490	2,555	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check her if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) POLK COUNTY ECONOMIC DEVELOPMENT **-***7331 Page 11 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 87,513 115,843 Cash—non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 87,513 115,843 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other 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 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 **26 Total liabilities.** Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check he X and complete lines 29 through 33. Capital stock or trust principal, or current funds 29

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

115,843 Form **990** (2022)

115,843

115,843

30

31

87,513

87,513

87,513

31

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Forn	n 990 (2022) POLK COUNTY ECONOMIC DEVELOPMENT **-***7331			Pag	је 12			
Pa	art XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		35,3	ot			
1 Total revenue (must equal Part VIII, column (A), line 12)								
2								
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	37,5	<u> 513</u>			
5	Net unrealized gains (losses) on investments	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						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	11	15,8	<u> 343</u>			
Pa	art XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response or note to any line in this Part XII				_Ш_			
				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a							
	separate 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				l			
	the 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							
	Schedule O.							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				l			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Forn	1 990	(2022)			

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning, 2022, and ending, 20

CORPORATION

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information. 2022

Department of the Treasury Internal Revenue Service Name of filer

POLK COUNTY ECONOMIC DEVELOPMENT

-*7331

EIN or SSN

Name and title of officer or person subject to tax STEVE STROSHANE PRESIDENT

Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. 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, which	never is	applicable, blank (do not enter -0-). But, if you ent	ered -0- on the return, th	nen enter -0- on the
applicable line below. Do not complete r				
1a Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column	n (A), line 12)	1b 135,375
2a Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)		3b
4a Form 990-PF check here	b	Tax based on investment income (Form 990-PF	, Part V, line 5)	4b
5a Form 8868 check here	b	Balance due (Form 8868, line 3c)		5b
6a Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)		6b
7a Form 4720 check here	∐ b	Total tax (Form 4720, Part III, line 1)		
8a Form 5227 check here	∐ ь	FMV of assets at end of tax year (Form 5227, I	em D)	8b
9a Form 5330 check here	∐ ь	Tax due (Form 5330, Part II, line 19)		9b
10a Form 8038-CP check here		Amount of credit payment requested (Form 803		
Part II Declaration and Signature	gnatu	re Authorization of Officer or Person S	Subject to Tax	
complete. I further declare that the amount intermediate service provider, transmitter acknowledgement of receipt or reason for the date of any refund. If applicable, I au (direct debit) entry to the financial instituting return, and the financial institution to debit 1-888-353-4537 no later than 2 business processing of the electronic payment of	g scheont in P, or electric rejection account the estays taxes t	am an officer of the above entity or (EIN) Jules and statements, and, to the best of my knowled art I above is the amount shown on the copy of the ctronic return originator (ERO) to send the return to tion of the transmission, (b) the reason for any delete the U.S. Treasury and its designated Financial Agrount indicated in the tax preparation software for property to this account. To revoke a payment, I must be originated for the payment (settlement) date. I also authors or receive confidential information necessary to answer cation number (PIN) as my signature for the electrons.	and that I have exa edge and belief, they are electronic return. I consorb the IRS and to receive ay in processing the return ent to initiate an electror ayment of the federal tacontact the U.S. Treasurize the financial institution wer inquiries and resolves	amined a copy of the e true, correct, and event to allow my e from the IRS (a) an rn or refund, and (c) nic funds withdrawal xes owed on this y Financial Agent at ons involved in the e issues related to
X I authorize KYLE D. O	VERI	BY, LLC to er	ter my PIN 10071 Enter five nu do not enter	,
•	s part	return. If I have indicated within this return that a confitne IRS Fed/State program, I also authorize the	opy of the return is being	g filed with a state
filed return. If I have indicated wi	thin thi	th respect to the entity, I will enter my PIN as my s s return that a copy of the return is being filed with er my PIN on the return's disclosure consent scree	a state agency(ies) regu	
Signature of officer or person subject to tax			Date	
Part III Certification and A				
ERO's EFIN/PIN. Enter your six-digit ele				1
number (EFIN) followed by your five-digi	t self-s	elected PIN.	*****	

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

BARBARA J WAALEN ERO's signature _

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

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

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

Name of the organization
POLK COUNTY ECONOMIC DEVELOPMENT

CORPORATION

Employer identification number

-7331

Organization type (chec	ck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(6) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
, ,	n is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ey or property) from any one contributor. Complete Parts I and II. See instructions for determining a I contributions.
Special Rules	
regulations under 16b, and that rec (2) 2% of the am	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the resctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or served from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or sount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.
contributor, during contributions total during the year for General Rule approximately	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such led more than \$1,000. If this box is checked, enter here the total contributions that were received or an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the opplies to this organization because it received nonexclusively religious, charitable, etc., contributions remore during the year \$
must answer "No" on Pa	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it it IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line t meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

PAGE 1 OF 1

Page 2

Name of organization

POLK COUNTY ECONOMIC DEVELOPMENT

Employer identification number **-***7331

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$ 7,150	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) PAGE 1 OF 1

Name of organization

Employer identification number **-**7331

POLK COUNTY ECONOMIC DEVELOPMENT **-***7331 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use dupite	ate copies of Part II if addition	ai space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
.1	IN KIND OFFICE RENT	\$ 7,150	12/31/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part	III.							
Nam	e of organization POLK COUNTY ECONOMI	C DEVELOPMENT		Employer iden	tification number				
	CORPORATION			**-***73					
Pa	rt I-A Complete if the organization is exe	mpt under section 501	l(c) or is a se	ction 527 organi	zation.				
1	Provide a description of the organization's direct and ind	lirect political campaign activit	ties in Part IV. Se	e instructions for					
	definition of "political campaign activities."								
2	Political campaign activity expenditures. See instructions	S		\$					
3	Volunteer hours for political campaign activities. See ins	structions							
<u>Pa</u>	rt I-B Complete if the organization is exe								
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955							
2	Enter the amount of any excise tax incurred by organiza	tion managers under section	4955	\$					
3	If the organization incurred a section 4955 tax, did it file								
	Was a correction made?				Yes No				
	If "Yes," describe in Part IV. rt I-C Complete if the organization is exe	ment conden anotion FO	1/a\ avaant a	tion F04/->/2\					
				ection 501(c)(s).					
1	Enter the amount directly expended by the filing organization	•		•					
•	activities			 \$					
2	3 3								
•	527 exempt function activities \$ Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,								
3	·		*	¢					
4	line 17b			Φ	☐Yes ☐ No				
5	Did the filing organization file Form 1120-POL for this ye Enter the names, addresses and employer identification	number (FIN) of all section 5	27 political organi	zations to which the t	Lies Live				
3	organization made payments. For each organization liste								
	the amount of political contributions received that were p	· ·							
	as a separate segregated fund or a political action comm			•					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
	(a) mano	(b) / tadiooo	(0) =	filing organization's	contributions received and				
				funds. If none, enter -0	promptly and directly				
					delivered to a separate political organization.				
					If none, enter -0				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

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

		CONOMIC DEV		**-***7331	Page 2
Part II-A Complete if the organ	ization is exen	npt under section	n 501(c)(3) and	d filed Form 5768	(election under
<u>section 501(h)).</u>					
A Check if the filing organization	n belongs to an a	ffiliated group (and	list in Part IV ea	ch affiliated group mo	ember's name,
address, EIN, expense	,	, , ,	,		
B Check if the filing organization			" provisions appl	у.	
	bying Expend			(a) Filing	(b) Affiliated
(The term "expenditures" i				organization's totals	group totals
1a Total lobbying expenditures to influence					
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1a					
d Other exempt purpose expenditures	lines 1s and 1d)				
 Total exempt purpose expenditures (add Lobbying nontaxable amount. Enter the 					
columns.	amount nom the for	lowing table in both			
If the amount on line 1e, column (a) or (b)	is: The lobbying no	ontaxable amount is:			
Not over \$500,000	20% of the amou				
Over \$500,000 but not over \$1,000,000		5% of the excess over \$	500 000		
Over \$1,000,000 but not over \$1,500,000		0% of the excess over \$			
Over \$1,500,000 but not over \$17,000,000		% of the excess over \$1			
Over \$17,000,000	\$1,000,000.	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	g Grassroots nontaxable amount (enter 25% of line 1f)				
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-				
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on					
reporting section 4911 tax for this year?					Yes No
	4-Year Averagi	ng Period Under S	Section 501(h)		
(Some organizations that made	_	_	٠,	all of the five colu	mns below.
Se	e the separate i	nstructions for line	es 2a through 2	f.)	
Lok	bying Expenditu	ures During 4-Year	· Averaging Per	iod	
Calendar year (or fiscal year	(-) 0040	(I-) 0000	(-) 0004	(-I) 0000	(-) T-4-1
beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

For oach "Va	(election under section 501(h)).	(8	1)	(k)
	s," response on lines 1a through 1i below, provide in Part IV a detailed fithe lobbying activity.	Yes	No	Amo	ount
1 During the legislation referends a Voluntee b Paid staff c Media and Mailings e Publication f Grants to g Direct conduction in Other and j Total. Act 2a Did the about 1f "Yes," c If "Yes,"	e year, did the filing organization attempt to influence foreign, national, state, or local in, including any attempt to influence public opinion on a legislative matter or im, through the use of: 's? for management (include compensation in expenses reported on lines 1c through 1i)? divertisements? to members, legislators, or the public? ons, or published or broadcast statements? of other organizations for lobbying purposes? Intact with legislators, their staffs, government officials, or a legislative body? Idemonstrations, seminars, conventions, speeches, lectures, or any similar means? tivities? d lines 1c through 1i citivities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912				
d If the filin	g organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 5	 (C)	(5) o	r section	
i dit iii 7t	501(c)(6).	, o i (o)	(0), 0	. 0001.011	
				_	Yes No
1 Were su	ostantially all (90% or more) dues received nondeductible by members?			1	X
2 Did the	organization make only in-house lobbying expenditures of \$2,000 or less?			2	X
	organization agree to carry over lobbying and political campaign activity expenditures from the prior				X
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No				
	answered "Yes."	OIN	(D) F	ait III-A,	illie 3, is
1 Dues. as	easements and similar amounts from members		1		
=	162(e) nondeductible lobbying and political expenditures (do not include amounts of				
	expenses for which the section 527(f) tax was paid).				
•	/ear		2a		
b Carryove	r from last year		2b		
c Total			2c		
	e amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	were sent and the amount on line 2c exceeds the amount on line 3, what portion of the				
	oes the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
			4		
	cal expenditures next year? amount of lobbying and political expenditures. See instructions		5		
Part IV	Supplemental Information		-		
Provide the de	scriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Part II	-A, line	s 1 and	
2 (See instruct	ions); and Part II-B, line 1. Also, complete this part for any additional information.				
`					

DAA Schedule C (Form 990) 2022

Schedule C (Form	1 990) 2022	POLK	COUNTY	ECONOMIC	DEVELOPMENT	**-***7331	Page 4
Part IV	Supplemental	Informa	ation (contil	nued)	DEVELOPMENT		
			,	,			
•							
			• • • • • • • • • • • • • • • • • • • •				

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number POLK COUNTY ECONOMIC DEVELOPMENT **-***7331 CORPORATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education | Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990. Part X...

Sche	dule D (F	Form 990) 2022	POLK	COUN	TY	ECONO	MIC	DEVELO	PMENT	**-**	**73	31			Pa	ge 2
Pa	rt III	Organizati	ons Mair	ntaining	Coll	ections	of Art,	Historica	l Treasur	es, or Ot	her S	imila	Assets	s (cor	ntinu	<i>led</i>
3	Using the	ne organization's	s acquisitior all that app	n, accessionly):	on, and	d other red	ords, ch	eck any of the	e following t	that make si	gnificar	nt use o	of its			
а	Pub	lic exhibition				d 🗆	Loan o	r exchange p	rogram							
b	\vdash	olarly research				e –	1		-							
C		servation for fut	ure general	tions		٠ ـ										
	_	a description of	_		ollectio	ns and ex	plain hov	v thev further	the organiz	ation's exen	npt pur	pose in	Part			
-	XIII.	a accop	o.ga		0000		p.u					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5		he year, did the	e organizatio	on solicit o	or rece	eive donatio	ons of ar	t historical tre	easures or	other similar	r					
•	_	o be sold to rai	-											Yes	П	No
Pa	rt IV	Escrow ar						g								
		Complete i	f the orga	anization			'es" on	Form 990,	, Part IV,	line 9, or	report	ted an	amoun	t on F	orn	n
	Is the o	rganization an a			ian or	other inter	mediary	for contribution	ons or other	assets not						
		on Form 990,												Yes	\Box	No
h	If "Yes"	explain the arr	angement i	n Part XIII	and c	complete th	ne followi	ng table:					∟		ш	
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	Did the	organization inc	clude an am	ount on F	orm 9	90 Part X	line 21	for escrow o	r custodial a	account liabi	 litv?			Yes	П	No
		explain the arr													Н	
	rt V	Endowme			. 0		10 0/10/10/1		o p.oaoa					<u></u>		
		Complete i			ans	wered "Y	es" on	Form 990.	. Part IV.	line 10.						
			<u> </u>			rrent year) Prior year	(c) Two y		(d) Thre	ee years	back (e	e) Four ye	ears b	ack
1a	Beginnir	ng of year balar	nce													
		itions														
		estment earning														
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Schedule D (Form 990) 2022 POLK COUNTY ECONOMIC	DEVELOPMENT	**-***7331	Page 3
Part VII	Investments - Other Securities.			<u> </u>
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	f valuation:
	(including name of security)		Cost or end-of-ye	ar market value
1) Financial				
	eld equity interests			
(B)				
(G)				
•	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	n Form 000 Dort IV	line 11e Coe Form O	00 Dort V line 12
	Complete if the organization answered "Yes" o	(b) Book value	(c) Method o	
	(a) Description of investment	(b) book value	Cost or end-of-ye	
(4)				
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Г <mark>otal</mark> . (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV,	line 11d. See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			I
	Complete if the organization answered "Yes" o line 25.	n Form 990, Part IV,	line 11e or 11f. See	Form 990, Part X,
 I.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				1

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

(7) (8)

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

Sch	edule D (Form 990) 2022 POLK COUNTY ECONOMIC DEVELOR	PMENT	**-***733	1	Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial State			r Return	
	Complete if the organization answered "Yes" on Form 990	, Part IV,	line 12a.		
1	, , , , , , , , , , , , , , , , , , , ,			1	135,375
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
a	Other (Describe in Part XIII.)	2d		20	
	Add lines 2a through 2d			2e 3	135,375
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 I I		•	133,373
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add the Address Address Alb			4c	
	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	135,375
	art XII Reconciliation of Expenses per Audited Financial State			er Retu	
	Complete if the organization answered "Yes" on Form 990				
1				1	107,045
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
С		1 0-1			
d					
е	Add lines 2a through 2d			2e	
3				3	107,045
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	107,045
	art XIII Supplemental Information.				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			e 4; Part X	, line
2; P	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ride any addi	tional information.		

Schedule D (F	Form 990) 2022	POLK	COUNTY	ECONOMIC	DEVELOPMENT	**-***7331	Page 5
Part XIII	Supplemen	ntal Info	rmation (co	ntinued)	DEVELOPMENT		
•							
•							
•							
•							

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

Name of the organization POLK COUNTY ECONOMIC DEVELOPMENT **-***7331 CORPORATION FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PROVIDED PROMOTION OF ECONOMIC DEVELOPMENT AND CAPITAL INVESTMENT IN POLK COUNTY, WISCONSIN THROUGH INFORMATIONAL MEETINGS, MARKETING AND NETWORKING. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RETURN IS PROVIDED TO THE SIGNING OFFICER FOR REVIEW. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

13. Grants and similar amounts paid

14. Benefits paid to or for members

16. Salaries, other compensation, and employee benefits17. Professional fundraising fees

15. Compensation of officers, directors, trustees, etc.

18. Other professional fees

19. Occupancy, rent, utilities, and maintenance

20. Depreciation and Depletion

22. Total expenses. Add lines 13 through 21

23. Excess or (Deficit). Subtract line 22 from line 12

25. Total unrelated revenue

26. Total excludable revenue

28. Total liabilities

30. Number of voting members of governing body

31. Number of independent voting members of governing body

32. Number of employees

29. Retained earnings

27. Total assets

33. Number of volunteers

24. Total exempt revenue

Two Year Comparison Report 2021 & 2022 Form **990** For calendar year 2022, or tax year beginning ending Taxpayer Identification Number Name POLK COUNTY ECONOMIC DEVELOPMENT **-***7331 CORPORATION Differences 2022 2021 1. Contributions, gifts, grants 40,150 52,980 12,830 1. 2. Membership dues and assessments 2. 79,403 82,395 2,992 3. Government contributions and grants 3. 4. Program service revenue 4. 5. Investment income 5. 6. Proceeds from tax exempt bonds 6. 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 8. 9. Net income or (loss) from gaming 9. 10. Net gain or (loss) on sales of inventory 10. 11. Other revenue 11. 135,375 15,822 119,553 12. Total revenue. Add lines 1 through 11 12.

13.

14.

15. 16.

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29.

30.

31.

32.

33.

410

7,825

76,629

84,864

34,689

87,513

87,513

12

12

0

119,553

505

7,825

98,715

28,330

107,045

135,375

115,843

115,843

12

12

0

95

22,086

22,181

-6,359

15,822

28,330

28,330

3210071 Polk County Economic Development

-*7331

FYE: 12/31/2022

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	_	Total Expenses		Program Service		Management & General		Fund Raising	
TROPHIES	\$	240	\$	240	\$		\$		
TOTAL	\$	240	\$	240	\$	0	\$	0	



2023 Kinship Report

Kinship of Polk County is a non-profit youth mentoring organization that provides one-to-one mentoring to children throughout Polk County, Wisconsin. Formed in 1980 by a group of concerned citizens of the county, Kinship is a preventative program, matching at-risk youth ages 5-18 with caring and supportive adult mentors in community-based mentoring. In 1998, as a response to an increasing need for mentoring services, Kinship of Polk County expanded to include a school mentoring program, matching high school students and adults with elementary and intermediate aged students.

Kinship of Polk County is an affiliate of the National Program, Kinship Inc. Kinship of Polk County must follow National standards, reports annually to, and is reviewed by, Kinship Inc.

Kinship of Polk County is led by an active Board of Directors including 6 volunteer members, 2 Service Coordinators a Program Supervisor and an Executive Director, a fundraising committee and more than 380 volunteer mentors.

Mission: Kinship of Polk County works to improve the quality of a child's life by establishing a relationship with a caring volunteer for the purpose of promoting stability, support, friendship and community.

Population Served

The children served by Kinship of Polk County are defined as at-risk with stress indicators that include social or emotional adjustment difficulties, mental health barriers, abuse or trauma, behavior struggles, an incarcerated parent, and lack of adult support and guidance. They often come from single-parent homes with environments that may include poverty, low levels of parental education, large numbers of adolescents, welfare dependence, family dysfunction, parental mental illness or substance abuse and family discord or illness. Common community risks for these children include drug and alcohol abuse, suicide, poverty, crime, depression, social anxiety and teen parenthood.

Many of our Kinship families are experiencing multiple stressors, putting children at an increased risk for harmful behavioral choices as they grow into young adults. In 2023, more than 50% of Kinship youth served qualify for free and reduced lunch, 53% of community-based youth live in single parent homes, and 17% live in non-parent homes. Kinship staff associate this with parental substance abuse, mental health struggles, incarceration and poverty, adding to an already considerable amount of adversity for youth.

Metrics

In 2023, Kinship managed a total of 411 matches. 25 more than in 2022. 66 of these were community-based matches and 345 were school-based matches. 176 of these matches were new in 2023. 5 of our community-based youth received Polk County services in 2023. Polk County made 2 referrals to our program in 2023. The majority of our referrals came from school districts. The average length of a community-based match is 3.75 years.

Kinship served a total of 369 unduplicated children and managed 389 volunteer mentors in 2023. 99% of the school mentors were high school students, resulting in significant learning and personal growth for young people of all ages. Overall, Kinship mentors volunteered 8,838 hours to Polk County youth in 2023. The Independent Sector values a volunteer hour equal to \$31.80. According to this rate, Kinship mentors volunteer worth in 2023 was equivalent to \$281,048.

In 2023, Kinship hosted 10 group activities including snow-tubing, an adventure course, ice fishing, bowling, fishing, an amazing race, a craft and swimming night, an appreciation picnic, crafts in the park, and a pumpkin carving contest.

Kinship also held 2 informational nights, 6 mentor gatherings and a mentor training focused on depression, anxiety and autism.

Evaluation

Kinship of Polk County evaluates the effectiveness of community-based and school-based mentoring each year through surveys and interviews completed by the families, mentors, teachers and children involved. Survey results are collected by Kinship staff who compile the data into a written report. Evaluations are reviewed annually by the Kinship staff and Board of Directors to ensure the mentoring program is effective, follows the Kinship mission and is meeting the current needs of youth and families.

Key results of the 2023 community-based survey are listed below.

Mentor Data Results: Effects of a Mentoring Relationship

- 95% feel like there are more people who care and are willing to help
- 78% have higher expectations of themselves (17%- no change needed or no basis for evaluation)
- 71% talk about school more positively (20%- no change needed)
- 81% are more honest in their time together (12%- no change needed)
- 90% are more able to express feelings/open (7%- no change needed)
- 68% feel they are a better person (17%- no change needed)
- 61% talk about relationships more positively (37%- no change needed or no basis for evaluation)
- 68% think he/she is a better person (32%- no change needed or no basis for evaluation)
- 78% view the future as more hopeful (20%- no change needed or no basis for evaluation)

Mentor Date Results: Perceptions of the Mentoring Program

- 98% received enough information and training before starting
- 100% received enough ongoing support from staff
- 93% feel comfortable with the amount of interaction with mentee's parent/guardian
- 95% have had enough time to talk with other mentors in the program
- 98% report that the program has surpassed their expectations.

Youth Data Results: Effects of a Mentoring Relationship

- 90% feel like there are people who care about them and will help them
- 86% feel like they can accomplish things if they try
- 64% feel like others see them as more responsible
- 86% expect to do well in school
- 68% have a better attitude toward school
- 82% get along better with teachers
- 55% go to school better prepared, with homework done
- 59% feel that their behavior in class is better
- 87% feel that it is important to try and help others
- 73% are more honest with family and friends
- 78% get along better with friends
- 87% say they get along better with family
- 77% think they are a better person

Youth's Emotional Engagement

• When I am with my mentor, I feel special: 90% agree/strongly agree

- When I am with my mentor, I am happy: 95% agree/strongly agree
- When I am with my mentor, I am bored: 91% disagree/strongly disagree
- When I am with my mentor, I feel disappointed: 95% strongly disagree

Requested Items

Operational (2023)

- Annual Report Attached (2022)
- Non-duplicated Youth Served = 369
- Number of Volunteer Mentor Hours = 8,838
- Number of Mentors = 389

Financial (2023)

- 990 Attached
- Fundraising Value
 - o Grants = 36%
 - o Individual Donations = 17%
 - Sponsorships = 8%
 - o Events = 23%
 - o Polk County = 16%
- Budget Projections: Our 2025 budget is not complete but we anticipate it will be similar to 2024.

Marketing (Current)

- Web analytics = 824 FB Followers
- Brief Synopsis of promotional activity
 - Kinship posts to FB approximately 2 times per week. We send out a quarterly program newsletter, and a donor newsletter bi-annually. We periodically send articles to the local papers and are guests on WPCA out of Amery. All 4 staff speak to churches, social organizations, businesses, etc. on a regular basis, averaging 1x per month.
- Event Calendar: Events are posted on the Kinship website (www.polkkinhip.org), our FB page (KinshipofPolkCounty) as well Kinship newsletters that go out 4xs per year to 600-1000 households. We host 10 group activities, 2-4 informational meetings and 6-8 mentor gatherings each year.

Strategy - Attached

2025 Ask = \$40,000

Kinship of Polk County has been financially supported by Polk County since 1980 and heavily relies on this funding to help diversify revenue.

Kinship is asking for \$40,000 in financial support from Polk County to cover program expenses associated with the following...

- recruiting, training and matching volunteer mentors with youth waiting in our program
- consistent follow up with mentors, families and school staff
- sufficient staff hours to manage current matches and provide ongoing training and support to mentors
- support for mentor trainings related to trauma, adolescent brain development, mental health including anxiety and depression, substance use and abuse and factors to increase resiliency

10



PO Box 68 Balsam Lake, WI 54810

715.405.3900









PAID

Balsam Lake, WI PERMIT NO. 3



United Way St. Croix Valley











2022 Annual Report Kinship of Polk County



Kinship of Polk County works to improve the quality of a child's life by establishing a relationship with a caring volunteer, for the purpose of promoting stability, support, friendship and community.



Contents

Board of Directors and Staff
Letter from Executive Director
Community Mentors
School Mentors
Kinship Contributors / Financial Report



2022 Board of Directors

Debra Rudquist, President
Rob Rorvick, Vice President
Nicole Svihel, Secretary
Rich Potvin, Treasurer
Andrea Skinner
Rick Palmer

Brandon Robinson 2022 Kinship Staff

Lisa Thanig, Executive Director

Karalee Tollakson, Program Manager

Amy Danielson, Service Coordinator

Shara Anderson, Service Coordinator



2022 Luau Committee:

Alicia Reinhardt, Kelly Lathrop, Shawn Lewis, Anne Sinclear-Prokop, Rene Lechman



Donors Continued.....

Kinship of Polk County extends its gratitude to all of our donors. We are strongly committed to maintaining an accurate donor list and sincerely apologize for any omissions.



Churches & Social Organizations

Amery Lions Club
Clear Lake United Methodist Church
Elim Lutheran Church - Amery
First Lutheran Church - Cushing
Frederic Lions Club
Holy Trinity United Methodist ChurchCenturia
Knights of the Lake 12609
Osceola Lions Club
Our Saviors Women of ELCA-Amery
Redeemer Lutheran Church
West Denmark Lutheran Church

West Immanuel Lutheran Church

IN MEMORY OF...

Ted Gonsowski

- Elaine Hagen

Paula Anderson

- Cynthia Morton

Sylvia Hansen

- Bruce & Sandra

-Bruce & Sandra Lundquist
Rey Muller

- David & Constance Muller

Mark Nelson

-Roxann Nelson

Bradley Taylor

-Renee Ones

Rey & Connie Muller

- David Muller

Pete Raye

-Dorrie Raye

Jean Brown

-Harold Brown

Dan Beal

-Russell & Luann Goldstein



IN HONOR OF... Vicki Seibel Betzold -Linda Millermon Andrew Jensen

-Kathryn Kienholz

Bruce Swenson

-Kari Erickson

Karalee Tollakson

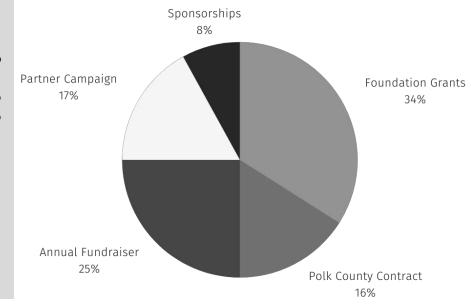
-Margo Dinneen

Revenue

Foundations and Grants
Polk County Contract
Annual Fundraiser
Partner Campaign
Sponsorships
Total Revenue = \$236,459

Expenses

Program 68%
Management and General 8%
Fundraising 24%
Total Expense = \$214,660



Donors Continued.....

We are strongly committed to maintaining an accurate donor list and sincerely apologize for any omissions.

Businesses

3 Arrows Coffee Shop Birchwood Beach Resort & Campground Buffalo Ridge Defense Compass Realty Country Financial - Gregary Nichols Deronda Holsteins **Edward Jones** Family Friendly Workplaces, INC First Bank of Baldwin **Gateway Bass Association** Grassworks Lawncare Industrial Safety Lakeland Communications Polaris Industries INC Schaffer Manufacturing The Law Firm of Williams and Davis The Wilder Inc. Wood Goods Industries

Grants & Foundations

Albert Victor Ravenholt Fund FNC Bank Fred C. & Katherine B. Andersen Foundation Hugh J. Andersen Foundation Otto Bremer Trust Polk-Burnett Operation Round Up St. Croix Valley Foundation United Way St. Croix Valley

Luau Sponsors 3 Arrows Roasting, LLC Amery Hospital & Clinic Cahill Studios **Dancing Dragonfly** FNC Bank Gionis & Murtaugh Law Office Hiawatha National Bank J.A. Counter Kage Innovation Lake Services Unlimited Lundeen Beef MidwestOne Bank Polk-Burnett River Birch Dental Royal Credit Union Saphire Realty Schaffer Manufacturing SF Insurance Sign-XPress Tröllhaugen Westconsin Credit Union White Bear Machine



School Districts Amery School District Clayton School District Clear Lake School District Frederic School District Luck School District

Osceola School Distict St. Croix Falls School District Unity School District

In-Kind Donors 3 Arrows Coffee Company 45th Parallel 7 Brothers Bar & Grill Alicia Monson & Family Amery Ale Works Amery Chevrolet Amery Family Restaurant Andréa Skinner Andrea Yuhas Annisseau LLC Balsam Lake Ace Hardware Barrel House Bergmann's Greenhouses Bill Alleva Bill's Ace Hardware **Brandon Robinson Bridget Cleven** Café Wren Chanhassen Dinner Theater Chateau St. Croix Winery Chet Johnson Drug- Ellie's Chrissy Bibeau Christi Cleveland Clayton BP Clear Lake Golf Club Clear Lake True Value Comedy Sportz Coming Home Crazy Apes Daeffler's Quality Meats Dancing Dragonfly Winery Danita Robinson Debbie Lundgren Debra Rudquist Deer Lake Winery Diana Anderson Dick's Fresh Market- Amery Endeavors Adult Development Center Fawn-Doe-Rosa Fiesta Loca Mexican Restaurant Flying Pie Pizza Green Bay Packers Hauge Dental Care Hit the Stage Day Spa Hooligan's Pizza Indianhead Supper Club Jan Nilssen Jeff Anderson Joe Snyder / Nan DelMonaco John Gauper Karisma Beauty Salon / Kelly Lathrop

Kate Koehler Kirk Anderson Marketing Krooked Kreek Golf Course Kwik Trip Laugh Camp Comedy Club Laura Rochford LeeAnn Vitalis Logger's Bar & Grill Lori Pfaff Luck Golf Course Lumber Jack's Saloon & Pizzeria Marcia Kulbitski Marnie Bergmann Mary Frances Flood McKenzie Lanes Michelle Jansen Milwaukee Brewers Nicole Svihel Nilssen's Foods Osceola Aerosport Osceola Lanes Pam Stratmoen Paul Oman Fine Arts Poco Loco Mexican Grill Pro-Lawn PY's Saloon & Grill Rebecca Curtis Red Maple Eatery Rene Lechman Rich Potvin RiverHouse ArtHouse LLC Royal Credit Union Shannon Sullivan Shelli Leverty Sheryl Holmgren Sister's She Shop Boutique and Unique Skunk Hollow Pottery Suzanne Imhoff Thyme at The Gables Tim White Tippy Canoes





Dear Kinship Friends,

Reflecting on 2022 has been one of complete satisfaction. Our program grew immensely, resembling 2019, before the pandemic hit. Our Kinship team worked diligently to recruit and train new mentors for the increased youth referrals, and our supporters showed up impressively. I can say without a doubt that 2022 was a complete success.

Kinship served a total of 342 youth in 2022, and our Kinship mentors volunteered a combined total of 8,366 hours of mentoring. Our mentors are incredible. They are our greatest assets, and we are committed to providing them with relevant training and support as they navigate the challenges our youth face.

As with any program, there is always room for growth and opportunity. So we move into 2023 with the same intensity, focused on continued growth and increased awareness of mentoring and its benefits to our youth. We are planning more recruitment strategies, mentor trainings, and group activities that will bring our Kinship community closer together.

With Gratitude,

Lisa Thaniq

Executive Director Kinship of Polk County



2022 COMMUNITY-BASED MENTORS—THANK YOU!

Volunteer mentors matched with children ages 5-18 share an hour or more, three to four times per month in an activity they both enjoy. Through these genuine friendships, Kinship youth grow their self-confidence and social skills while mentors claim to gain far more than they give.

Collette Early Sarah Kowal **Debra Strodthoff Amy Smith Angela Brassow Barry Tulkki Becky Kjeseth Bridget Cleven Bill Alleva**

Dale & Kate Koehler Dan Thiel Dawn Swanson **Dennis Tomfohrde** Diana Anderson **Dorene Delio**

Doug & Andrea Schmidt Doug & Debra Rudauist **Doug & Dianna Greene**

Geri Boyd **Grant Burdick** Jan Nilssen

Jana & John Kastanek

Jim Swanson Joe Snuder & Nanette DelMonaco

John & Adrienne Gyllen

Josh Nelson

Joe Weinberg

Justin & Erin Hosking Kayli Schounard Kelly Lathrop

Kent & Kyrsten Hughes

Kris Munson **Krystal Terlinde** Laura Rydberg Linda O'Donnell Liz & Mike Waltzer

Nancy Christensen

Lori Pfaff

Mandi Smith Marcia Kulbitsbi **Maria and Rich Potvin Mariette Knegendorf** Mike & Michelle Miller Mike and Bonnie McMartin

Nathan Steeber **Pat Adam**

Pat Carlson Pat Donahue

Phred Nelson Rebecca Curtis

Renee Lechman Ron Peterson

Tia Lisa Erickson

Travis & Alissa Norlund Vicki Seibel-Betzold

Warren White Zach Anderson

> Kinship managed 63 community-based friendships in 2022.





Thank You to Our 2022 Donors - We gratefully acknowledge those who made financial gifts.

Kyle Wheaton

Laura Rydberg

Lee & Sid Jones

Linda Millermon

Linda O'Donnell

Marcia Kulbitski

Margaret Bavin

Marian Zdrazil

Leslie Hessler

Lisa Murphy

Lucy Palmer

Laurene Regis Johnson

Lydell & Wendy Larson

Mackenzie Seidelmann

Mark & Deborah Kravik

Mark & Jolayne Nelson

Marvin & Mary Nevala

Martha Armstrong-Dorau

Matthew Johnson & Julie Hanlon-

Mary Beth Peterson

Matt & Rebecca Berg

Mary Hahn

Margo Dinneen & Jon Zoller

Corporate Sponsors **FNC Bank** Lake Services Unlimited MidwestOne Bank Schaffer Manufacturing

Individuals Adam & Barbara Jarchow Addie Tollakson Amy Middleton Angie Lundin Anna Hanson Barbara Jorgensen Barry Tulkki & Marge Peterson Becky Berhow Betsy Byker Bill & Pam Alleva Bob & Sherri Rasmussen Bonnie Cook Bradley & Susan Johnson



Brandon & Lisa Robinson Bruce & Sandra Lundquist Bryan Beseler Cade Anderson Carl & Kelli Eklof Chris & Kristin Boland Christopher & Mary Paul Cynthia Morton Dan & Linda Shober Dan Thiel Daniel & Sarah Campbell Daniel & Sue Tolan David & Arlene Zdrazil David & Kim Butler David & Martha Butler David & Constance Muller Dawn Swanson Dean & Andrea Skinner Dean & Diana Anderson Debra Strodthoff & Mark Koop Denise Sinclear-Todd Dennis & Renee Thania Diane Schmidt

Doug & Andrea Schmidt Doug & Debra Rudguist Douglas & Virginia Peterson Dorrie Raye **Baine Hagen Bla Anderson** Eric & Amy Danielson Eric & Amy Dueholm Gail Rustad **Garvin Raines** Glen & Jan Museus Glen & Kimberly Talmadge Harold Brown & Carole Ann Plattner Jake & Stacy Urich James & Lisa Thanig Jane Maki Janice NIssen

Don Waldbillig

Donald & Betty Steffen

Jason Prokop & Anne Sinclear-Prokop Jay Stackhouse & Brenda Johnson Mark & Barb Boyken Jeanne Young Jeff & Kathy Lundmark Jeff & Keri Uzpen Jennifer Griggs-Andress Jim & Laura Rochford John & Adrienne Gyllen John & Faith Lichtscheidl John Hobday Jon Cermin & Cheryl Anderson-Cermin

Joseph & Mary Weinberg

Joseph Snyder & Nanette

DelMonaco

Julie Wanek

Karen Krupa

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Kelly Briggs

Kristi Scheet

Judith Kaltenhauser

Julie Riemenschneider

Justin & Erin Hosking

Johnson Mcah & Katherine Bruns Michael & Bonnie McMartin

Michael & Kristin Stephan Mchael & Mary Sue Morris Mke & Shelli Leverty Molly GaleWyrick



Nancy Bulley Nancy Hardenbergh Nathan & Heather Grawe Nathan & Leanne Waterworth Pat Rohlman



Rebecca Curtis Rebecca Stenberg Reed & Rex Lundmark Renee L Rene Lechman Rhonda Dunham Rich & Maria Potvin Richard & Carolyn Johnson Rob & Laura Rydberg Robert Dueholm Roger & Judy Evans Ronald & Rita Skone Rosalie Vondrashek Roxann Nelson Russell & Luann Goldstein Sally Wulf Samuel & Stacie Bosley Samuel Thanig Sarah MacRae Sean Siegert

Peter Tangley

Philip & Valerie Memmer



Seth Peterson

Sharon Stoll Shirley Clinger Stan & Susan Heiderscheidt Stephanie Johnson Steve & Donna Schletty Steve & Lisa Stroshane Steven Dubois Steven & Rhoda Jensen Susan Lee Thomas & Sandra Morris Timothy & Linda Rominek Tom Hecht Troy Mynarczyk William & Jill Ties William & Judith Baldwin



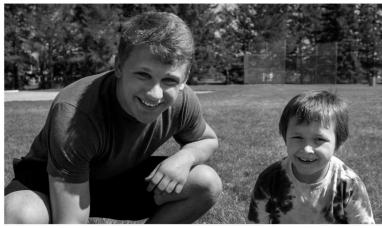














2022 SCHOOL MENTORS—THANK YOU!

Adason Gault Aiden Steffen **Allison Stob** Alv Sirovatka Amanda Fogelberg Amy Smith **Angela Brassow Anna Willeman Aubrey Johnson Ava Ulrich Brandon Newton Bridget Cleven Brooke McDonald Connie Basham Cooper Henneman Dale Dressel Danita Robinson** Deanna Getschel Elise Viebrock Ella Thomas Emma Stocker **Erin Peterson** Estella Mever **Gavin Almlie Gretchen Larson Hattie Fox** Isabelle Measner Izzy Libansky Jacob Sedivy **Julia Daniels** Karli Mayer Kiera Williamson Kya Krenz Lilly Awe Lilly Sycks Lucas Sedivy **Maddie Newton Margaret Nalen Markus Gilbertson** Mazie Gillespie Merri Johnson Merri Johnson **Olivia Cunningham** Olivia See **Pat Adam Peyton Everson Rachel Ulrich Renee Gothman Roxann Nelson** Savanna McClung **Tanner Viebrock Trinity White-Folstad Tyler Ulrich**

OSCEOLA

ST. CROIX FALLS
Aleah Jensen
Ali Lehman
Amber Bateman
Ashlin Waltz
Avery Krzystofiak

Brady Belisle Brianna Lee Brianna McCurdy Brooklin Hoverman Cole Steffan **Courtney Young** Eli Prokop **Emilie Glenna** Gretchen Schaffer **Griffin Marko** Ilie Jensen Jordan Lee Josie Johnson Julia Kloos **Kaylee Shingleton Kelsey Cooper** Liam McDonough **Lilly Root** Loganne Marks **Lucy Belisle Natalie Chartrand Natalie Gorres** Owen McDonough **Paige Haaf Pevton Park**

FREDERIC Allinty Swanson **Aubriannah Chenal Ben Ones Chyanna Hochstetler Desiree Hughes Grace Nelson Hattie Antinoch** Isabella Peterson Jada Nick Julia Fredericks Karli Bartlett **Kendall Lillehaug** Lilv Hansford Logan Williamson MaKenna Engen **Megan Chivers** Natalie Schommer **Ripplee Dunlavey** Roman Lahti Savannah Richter Scout Dodds Shaedyn DeMoe Sinyala Lupo

Abbey Blechinger
Abby Thoreson
Alayna Kelch
Anika Wicklund
Brayden Lipoff
Broc Carter
Connor Svoboda
Daisy Roehm
Ella Cook

LUCK

Emma Jensen **Jarod Netus** Jessica Blechinger Kally Svoboda **Keira Anderson Maddy Becker Molly Cook Olivia Walters** Raegan Davis Rebecca Gaspford Sara Sellent Sophie Eder Stella Johansen **Theodore Thompson** Tyler Van Atta **Wyatt Jensen Zoe Allen** UNITY **Addie McElhone**

Alex Erickson

Alexis Nadeau **Bella McKenzie Blake Frokier Chesea Bowers Chloe Roerick Colton Aune** Cora Schmidt **Emilie Albrecht Emma Johnson Erica Tiedman** Erica Tiedmann **Gabby Pecore Grace Owen Grace Strange Harrison Zipperer Hunter Carlson Jackson Cramlet** Jillian Fischer **Josie Fugate** Kira Kamish Lani Leilia Leah Raddatz **Lilly Pecore** Lucas Owen **Maci Mitchell Maddie Anderson Maddie Reed** Maggie Brown **Mason Brown Megan Collins Peyton Zipperer** Sabrina Aune Sam Majeske Sloan Horgan Sophia Crowe Sydney Smith Tia Jensen

AMERY Luciana Aizpurua

Gabi Albee **Addi Amans** Addison Amundsen **Kallie Anderson** Reese Benware **Ashlev Benusek Emily Braaten Kylie Burch Baylee Chang Caleb Danielson** Sophia Danielson **Logan Dockendorf** Alex Edwards **Hannah Elmer Kelly Fern Ella Fulton** Sammi Fulton **Rachel Garves** Suki Gatica **Anna Gould** Ella Gould **Zach Hahn** Sala Haves **Ali Hoffman** Kaileigh Hosking **Hadassah Ingham** Sarah Jensen Emma Johnson **Gracie Johnston Paige Komanec Peter Markee Lily Marguand** Greta Meilahn **Gavin Melberg** Ryan Moskal **Madera Pederson Kaitlyn Peterson Hailey Pulkerbeck** Jacklyn Reed **Elliott Roberts** Hannah Rosenberg Tiffani Schlussler **Aurora Schwartz** Mia Sigsworth Lyla Stone **Addison Thaver Natasha Tiry Darby Trent** Seth Waalen **Anna Waaner Cora Waterman Abbie Weber JC Wentz Anna Williamson**

David Williamson

Grace Williamson

Desiree Wishard

Haylee Witt

Megan Wolf

Carter Wollan

Ella Williamson

Kruse Yuhas Siri Yuhas

CLEAR LAKE Bailey Alvermann Alussa Anderson Isabella Anderson Lily Anderson Kallie Barthman **Tuson Blanchard Alexis Buhr** Lydia Buhr Tristan Erickson Ada Ernst Jordyn Goossen **Grace Grahovac** Sierra Groat **Blake Harris** Kellyn Hayden **Anthony Holloman** Lula Jarchow Krystin Katz Karl Kobernick **Dulan LaBeree** Lucy Meissner Shelby Meyer Kylie Monson **Brunn Olson Hunter Pickard Aldo Ramos Efren Ramos Emily Roessler** Kate Rosen **Maddie Rosen** Elizabeth Rosen Tena Schoggins **Brooklyn Tolzman Lizzie Tronrud Violet Wood Maddie Young**

CLAYTON Isabelle Bergmann Rhea Bodsberg **Madison Dodge Anna Hoffman Megan Hoffman** Chloe Jackson **Grace King Emily Lange** Nick Luoma **Brady Mumm Aidan Olson Eden Siemsen Avery Starzecki** Lily Pietz **Kyler Rundquist Emily Zemke**

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

2022
Open to Public Inspection

A	For the	e 2022 calendar year, or tax year beginning	, and ending					
В	Check if a	applicable: C Name of organization			D Employe	r Identification number		
\prod	Address o	change KINSHIP OF P	OLK COUNTY					
一	Name cha	Doing business as				485031		
=		Number and street (or P.O. box it mail is not delivered to s	street address)	toom/suite	Telephone	number 405-3900		
	Initial retu Final retur		postal code		713-	403 3900		
	terminated		54810	1.	• 0	eipts\$ 260,985		
	Amended		34610		G_Gross_reo ∴\			
\Box	Application	n pending DEBRA RUDQUIST		H(a) is this a grou	p return for s	subordinates? Yes X No		
	, ippiiosoo,	200 POLK COUNTRY PLAZ	A	H(b) Are all subo	bordinates included? Yes No			
		BALSAM LAKE	WI 54810	v ann 1/2 2/2/2/2/2/2/2/2	STATE OF THE PARTY	See instructions		
_						,		
			.) 4947(a)(1) or 527	Bray Game				
-	Website:		I. Voca	H(c) Group exem of formation: 19		M State of legal domicite: WI		
	art I		other L Year	or formation: 44	00	IN State of legal dofficile.		
	T	Summary	ificant activities	- `\\				
	1 8	Briefly describe the organization's mission or most signi KINDSHIP OF POLK COUNTY WORKS TO		A CHILDI				
ဦ		ESTABLISHING A RELATIONSHIP WITH			<i>.</i>			
Governance	٠ .	PROMOTING STABILITY, SUPPORT, F		FOREODE				
Ş.	_ ;							
	l .	Check this box if the organization discontinued its o			1 1	7		
•გ		Number of voting members of the governing body (Part				7		
ţį	1	Number of independent voting members of the governing	F			4		
Activities		Fotal number of individuals employed in calendar year 2						
Ac		Total number of volunteers (estimate if necessary)				344		
	i .	Total unrelated business revenue from Part VIII, column			7a	0		
	1 d	Net unrelated business taxable income from Form 990-T	「, Part I, line 11	<u> </u>	7b	<u> </u>		
ne	_ (2. 19. 6		Prior Year	,378	Current Year 217,576		
					,000	38,000		
Revenue		Program service revenue (Part VIII, line 2g)						
Şe		nvestment income (Part VIII, column (A), lines 3, 4, and		8	,390	5,409		
-		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,		170	7.60	0.60 005		
		Total revenue – add lines 8 through 11 (must equal Part		1/9	,768	260,985		
		Grants and similar amounts paid (Part IX, column (A), lir	Value C.			<u> </u>		
		Benefits paid to or for members (Part IX, column (A), line	• , , , , , , , , , , , , , , , , , , ,		701	1 71 000		
န္တ		Salaries, other compensation, employee benefits (Part D		158	,701	171,962		
Su	16a F	Professional fundraising fees (Part IX, column (A), line 1 Fotal fundraising expenses (Part IX, column (D), line 25)	(1e)			0		
Expenses	b⊺	Fotal fundraising expenses (Part IX, column (D), line 25)	51,779					
ш	17 (Other expenses (Part IX, column (A), lines 11a–11d, 11i	f–24e)		,233	52,026		
	18 T	Fotal expenses. Add lines 13–17 (must equal Part IX, co	olumn (A), line 25)		,934	223,988		
	19 F	Revenue less expenses. Subtract line 18 from line 12			,166	36,997		
≽ <u>8</u>				Seginning of Curre		End of Year		
Sage	20 T	Total assets (Part X, line 16)			,026	384,646		
Net Assets or Fund Balances	21 T	Total liabilities (Part X, line 26)			,204	11,904		
		Net assets or fund balances. Subtract line 21 from line 2	20	386	,822	372,742		
	art II	Signature Block						
Un	ider pen	nalties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules and statements	, and to the best	t of my kn	owledge and belief, it is		
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is	s based on all information of which preparer has	any knowledge.				
Sig	n	Signature of officer			Date			
Her	e e	DEBRA RUDQUIST	PRESIDENT					
		Type or print name and title						
		Print/Type preparer's name Prep	arer's signature	Date	Check	X if PTIN		
Paid	i	DIRK A. PRINDLE, CPA DIR	K A. PRINDLE, CPA	06/06/2	3 self-em			
Prep	parer	Firm's name CARLSONSV LLP		Fim	n's EIN	41-1562398		
Use	Only	301 KELLER AVE S						
		Firm's address AMERY, WI 54001-	-1283	Pho	ne no.	715-954-4995		
May	the IR	S discuss this return with the preparer shown above? S	ee instructions			X Yes No		

DAA

Form 990 (2022)

Pa	art 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,"			
•	assemble Colombia A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
3	and the second s	3		X
	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section contrib	4		х
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	<u> </u>		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		х
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	-		- 12
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to 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,			77
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			[
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
11				
	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	х	
	complete Schedule D, Part VI			<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	440		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		122
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	 		V
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	fundraising, business, investment, and program service activities outside the United States, or aggregate		ł	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15		15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	 	1 44
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_	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	demostic government on Part IX column (A) line 12 if "Yes." complete Schedule I, Parts I and II.	21		X

Page 4

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	22		x
	employees? If "Yes," complete Schedule J	23		
24a	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	24a		х
_	through 24d and complete Schedule K. If "No," go to line 25a	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d		270		
25a	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
L	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			:
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
<i>~</i> 1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ı
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			i
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		x
	or IV, and Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Jua		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		ĺ
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	335		
36		36		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38		X
Pa	art 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			Ш
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c	000	

	990 (2022) KINSHIF OF FORK COOKII 99 2 2 2 2 3	uad)			Yes	No
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ueu)			103	110
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	4			
	Statements, filed for the calendar year ending with or within the year covered by this return		L	2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the state of			20		x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			··· 2h		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	outhor	ity over			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other and the calendar year, did the organization have an interest in, or a signature or other figuresia.	autitoi Laccoi	ity Over,	4a		х
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	uni):			
b	If "Yes," enter the name of the foreign country	· · · · · ·	te /FR∆R\å	• • •		
_	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	1000ui	its (i DAIVA	5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?	·····			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line of the line o		STOREST STREET, STREET	5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		/	6a		x
	organization solicit any contributions that were not tax deductible as charitable contributions?	ns or				
b				6b		
_	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for organization.	aboor				
а			A	7a		
,.	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		Z	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	 IŠ				
С	required to file Form 8282?	J		7c		
_1		7d				
ď	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		
f	If the organization received a contribution of qualified intellectual property did the organization file Fo	rm 88	99 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by t	he			
•	sponsoring organization have excess business holdings at any time during the year?	•		8		
9	Sponsoring organizations maintaining donor advised funds:					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
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			a. personal property and the second property and the s		l
	against amounts due or received from them.)	11b				1
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				<u> </u>	
а				13a		ļ
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	ı	1			
	the organization is licensed to issue qualified health plans					
С	Enter the amount of reserves on hand	13c				37
14a	Did the organization receive any payments for indoor tanning services during the tax year?		,	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	еО	,	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		v
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		•			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16	 	X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any active	/ities		47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				1 00	

Part VI

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

Sec	tion A. Governing Body and Management				Vaa	No
	Establishment of refine members of the governing body at the and of the tay year	1a	7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		•	_		
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b\	7			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
2	the first threaten and have applicated to			2		x
,	Did the organization delegate control over management duties customarily performed by or under the direct		· · · · · · · · · · · · · · · · · · ·			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	\		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed)		4		X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	,		5		X
6	Did the organization have members or stockholders?	h.		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7				
<i>,</i> a	and or more members of the governing hody?			7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e followin	ig:		
а	The governing body?			Qα	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal Re	evenue	Code.)		
-				٠	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such 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 for	m?	11a		X
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		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b		
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		7.7
13	Did the organization have a written whistleblower policy?			. 13		X
14	Did the organization have a written document retention and destruction policy?			14		
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?			45.	v	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		
	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			160		x
	with a taxable entity during the year?			16a		- 22
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			16b		
_	organization's exempt status with respect to such arrangements?			100		
	List the states with which a copy of this Form 990 is required to be filed WI,MN		-1-74			
17	List the states with which a copy of this Form 990 is required to be filed WI,MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (so	ection 5	 01(c)			
18	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,,	0.(0)			
40	Own website Another's website Vipon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	est pol	cv.			
19	and financial statements available to the public during the tax year.		,.			
00	state the name, address, and telephone number of the person who possesses the organization's books and reco	rds				
20 T.	ISA THANIG 200 POLK CO PLAZA STE 100					
	ALSAM LAKE WI 5481	.0_	7	15-40	<u>5-3</u>	900
						_

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X Check this box if neither the org	anization nor an	y rel	ated	orga	niza	tion (com	pensated any current offic	er, director, or trustee.	
(A) Name and title	(B) Average hours per week	(dd bo) off	o not o	Posi check ess pe	c) ition more rson is	than o	ne an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
(1) DEBRA RUDQUIST PRESIDENT	2.00	x		x			4	0	0	0
(2) ROB RORVICK	0.00	A			-		76			
(2) ROD RORVION	2.00							(
VICE PRESIDENT	0.00	x		x			b,	0	0	0
(3) NICOLE SVIHEL					4	A))			
	2.00						l	·		
SECRETARY	0.00	X		X		V	B	0	0	0
(4) RICH POTVIN				100			F			
	2.00	A.			100				o	o
TREASURER	0.00	X	No.	X	A			0		<u> </u>
(5) ANDREA SKINNER	1 00		, 4		9					
BOARD MEMBER	1.00	x						O	o	O
(6) RICK PALMER	0.00	12				\Box				
(6) KICK PARMIK	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) BRANDON ROBINSON										
. ,	1.00								_	
BOARD MEMBER	0.00	X						0	0	0
(8)										
. ,										
(9)										
(10)										
(11)										
	1	1	I	L	L				<u></u>	

DAA

-	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	l Employees (continued)			-
(A) Name and title		(B) Average hours per week	verage box, unless person is both a cours officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	Estimate of compe	F) d amount other onsation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		n the ation and ganization	ns
												-18-4	

,													
							67						a:::
								,					
1b c d 2	Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII, S	Secti mite	ion À	Δ			5"	e) who received more than	\$100,000 of			
3	reportable compensation from Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dir complete Sched	ecto <i>lule</i>	J for	suc	h ind	dividu	ıal			3	Yes	No X
4 5	For any individual listed on lin- organization and related organ	e 1a, is the sum nizations greater	of ro	eport 1 \$18	lable 50,00	con 00? /	npen: If "Ye	satio s," (complete Schedule J for su	ıch 	4		X
	for services rendered to the o	rganization? If "Y	es,"	com	plete	Sc.	hedu	le J	for such person	<u> </u>	5		<u> </u>
1	Complete this table for your fi compensation from the organi	ve highest comn	ensa impe	ated ensat	inde lion	pend for th	lent one ca	cont	dar year ending with or with	than \$100,000 of nin the organization's tax you (B) tion of services	ear.	(C) Compensa	ution
	Name and	business address							Descrip	IDIT OF SELVICES		Compone	
						·,						. 000.000	
												20000	
	Total number of independent received more than \$100,000	contractors (inclu	ding	but	not	limite	ed to	tho	se listed above) who	0			
	received more than \$100,000	or compensation	1101	11 (1)	ال ت	jai IIZ	auol	·				om 99	0 (2022)

Pa	rt V	III Stateme Check if	nt of	f Revenue edule O conta	ains a	respor	se or note	to any line in thi	s Part VIII	,	
		OHOOK II						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t t	1a	Federated camp	aigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	h.u	Membership due	25		1b						
O E	c	Fundraising ever	nts		1c		60,620				
新門		Related organiza			1d						
		Government grants (or			1e					A	
Sis		All other contributions,									
真質		and similar amounts no			1f		156,956				
문리	g	Noncash contributions i			1g	¢	12,760		d		
E E	h	Total. Add lines			******			217,576	(F		
9		Total. Add lines	14-11				Business Code		7.7	Ŋ	
	2-	DOT W COLDINA	r cox	ampa cme			Buainess Gode	38,000	38,000	7	
<u>8</u>	2a	POLK COUNT							4 T 25 N	Ìà.	
Program Service Revenue	b	• • • • • • • • • • • • • • • • • • • •									
E S	C										
E,A	u										
품	e	A.II 41									
		All other program						38,000	N N		
		Total. Add lines Investment incor						50,003	. <i>I</i>		
	3							5,409	/		5,409
		other similar am	ootmo	nt of tay avama	bond	nroceeds		A)			
	4										
	5	Royalties	····	(i) Real			Personal				
	٥-	0	Co	(i) Neai		(11)	1 Gradital				
		Gross rents	6a								
		Less: rental expenses	6b				/=				
		Rental Inc. or (loss)	6c			<u></u>					
		Net rental incom Gross amount from	e or (I			1	.037				
		sales of assets	_	(i) Securities	•	(1	i) Other				
_		other than inventory	7a					1			
nu	b	Less: cost or other				(4)	b., ^{**} ** b. /	7			
i vel		basis and sales exps.	7b			_	***				
~ ~		Gain or (loss)	7c			Sa.					
Other Revenue		Net gain or (loss			. <u></u>		· · · · · / // 2 · · · · · · · <u>· · · · · · · · · · · ·</u>				
ŏ	8a	Gross income from			19		M				
		(not including \$			ľ		~				
		of contributions rep		on line							
		1c). See Part IV, lir			8a			-			
		Less: direct exp			8b	1					
		Net income or (I			events						
	9a	Gross income fr	_	•	_						
		activities. See P			9a			{			
		Less: direct exp			9b	<u> </u>					
		Net income or (I			vities .	· · · · · · · · · · · · · · · · · · ·	.,				
	10a	Gross sales of it		•							
		returns and allow			10a						
		Less: cost of go			10b						
	С	Net income or (I	oss) fr	om sales of inv	entory						
થ							Business Code				
leor Te	11a										
llan	b										
Miscellaneous Revenue	С										
ž	d	All other revenue					L				
		Total. Add lines						260,985	38,000	0	5,409
	12	Total revenue.	See in	nstructions				200,300	30,000		

Form 990 (2022) 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) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (C) Management and (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 36,465 10,272 99,797 146,534 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 2,549 662 13,239 10,028 Other employee benefits 9 854 3,033 12,189 8,302 Payroll taxes 10 Fees for services (nonemployees): 11 Management Legal 3,150 3,150 C Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 820 134 954 Advertising and promotion 12 3,203 8,152 19,679 8,324 Office expenses 13 3,569 397 3,966 Information technology 14 Royalties 15 360 840 12,000 10,800 Occupancy 16 5,408 5,408 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 780 780 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 12 85 100 Depreciation, depletion, and amortization 22 206 397 3,896 4,499 Insurance 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,490 1,490 TOT / PS OTHER EXPENSES All other expenses е 51,779 19,730 152,479 223,988 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) Form 990 (2022) DAA

KINSHIP OF POLK COUNTY 39-1485031 Form 990 (2022) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) End of year Beginning of year 72,061 140,282 1 Cash—non-interest-bearing 65,000 2 Savings and temporary cash investments 2 10,000 26,500 3 3 Pledges and grants receivable, net 10,875 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 8 Inventories for sale or use 2,056 900 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 2,897 5.741 10b b Less: accumulated depreciation 216,132 234,969 11 Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 384,646 397,026 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 10,204 11,904 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 11,904 10,204 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Balances

Net assets without donor restrictions

Organizations that do not follow FASB ASC 958, check here

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances _____

384,646 Form 990 (2022)

372,742

217,110

155,632

175,978

210,844

386,822

397,026

27

28

29

30

31

32

28

31

32

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

Fund

ö

orm	1990 (2022) KINSHIP OF POLK COUNTY 39-1483031		Pa	JE 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	20	50,9	
2	Total expenses (must equal Part IX, column (A), line 25)		23,	
3	Revenue less expenses. Subtract line 2 from line 1		36,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		36,8	
5	Net unrealized gains (losses) on investments 5		<u> 17,9</u>	<u>907</u>
6	Donated services and use of facilities 6			
7	Investment expenses 7		-3,:	<u>170</u>
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	3'	72 ,'	742
Pa	rt XII Financial Statements and Reporting			·····
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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			
	reviewed on a separate basis, consolidated basis, or both:			
	X 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 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	İ		
	the 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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		<u> </u>
		For	m 99 ((2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Name of the organization

KINSHIP OF POLK COUNTY

Employer identification number 39-1485031

				OTIL COOMIT			100 210				
P	art I	Reaso	on for Public Charity	Status. (All organizations	must c	omplete	this part.) See instruction	ns.			
				e it is: (For lines 1 through 12, c							
1	֓֟֟֟֟֟ <u>֟</u>			ociation of churches described i							
2	Н			A)(ii). (Attach Schedule E (Form			A				
	H			e organization described in se		(h)(1)(A)(ıın.				
3	H	A nospital of	a cooperative nospital service	e organization with a happital	daaarihad	in costic	n 170/b)/1)/A)/iii) Enter the b	oenital'e name			
4	Ш			in conjunction with a hospital of	Jeschbed	iii secilo	II Tro(b)(T)(A)(III). Little the fi	ospitars name,			
	_	city, and state						,			
5	Ш	An organization	on operated for the benefit o	f a college or university owned	or operate	ed by a g	overnmental unit described in				
			(b)(1)(A)(iv). (Complete Part				4. /				
6	Ш			overnmental unit described in s							
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
	described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8				1 70(b)(1)(A)(vi). (Complete Part							
9	П	An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant colle	ge			
		or university	or a non-land-grant college c	f agriculture (see instructions).	Enter the	name, cit	y, and state of the college or				
		university:					\$\				
10	П	An organizati	on that normally receives (1)	more than 33 1/3% of its supp	ort from	contributio	ns, membership fees, and gro	SS			
		receipts from	activities related to its exem	pt functions, subject to certain e	exceptions	s; and (2)	no more than 331/3% of its				
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax) from businesses				
), 1975. See section 509(a)(2).							
11	Ш	An organizati	on organized and operated ϵ	exclusively to test for public safe	ety. See s	ection 5)9(a)(4).	-			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of										
	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check										
	the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
	а	Type I. A	supporting organization ope	rated, supervised, or controlled	by its su	pported c	rganization(s), typically by givi	ng			
				er to regularly appoint or elect		of the di	rectors or trustees of the				
	supporting organization. You must complete Part IV, Sections A and B.										
	b	Type II. A	A supporting organization sup	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having	1			
		control or	management of the support	ting organization vested in the s	same pers	ons that	control or manage the support	ea			
			on(s). You must complete					***			
	С	its suppo	functionally integrated. A s rted organization(s) (see ins	upporting organization operated tructions). You must complete	l in conne Part IV,	ection with Sections	i, and functionally integrated w A, D, and E .	itn,			
	d	Type III	non-functionally integrated	. A supporting organization ope	rated in o	connection	with its supported organization	n(s)			
	_	that is no	t functionally integrated. The	organization generally must sa	atisfy a di	stribution	requirement and an attentiven	ess			
		requireme	ent (see instructions). You n	nust complete Part IV, Section	is A and	D, and P	art V.				
	е	Check thi	s box if the organization rec	eived a written determination fro	m the IR	S that it is					
		functional	ly integrated, or Type III no	n-functionally integrated suppor	ting orgar	nization.		ı			
	f	Enter the nur	nber of supported organizati	ons							
	g	Provide the fe	ollowing information about th	e supported organization(s).							
() Nam	e of supported	(ii) EIN	(Iii) Type of organization		organization	(v) Amount of monetary	(vI) Amount			
•		anization		(described on lines 1-10		ur governing	support (see	other support	•		
				above (see instructions))		ment?	instructions)	Instructions	5)		
					Yes	No					
(A)											
(B)											
(C)											
(0)											
(D)											
		:		Acceptance of the second secon							
(E)											
					-	l					

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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											
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total					
1	Gifts, grants, contributions, and membership fees received. (Do not											
	include any "unusual grants.")	159,952	186,058	186,633	133,378	217,576	883,597					
2	Tax revenues levied for the											
-	organization's benefit and either paid											
	to or expended on its behalf											
3	The value of services or facilities				431							
	furnished by a governmental unit to the					***						
	organization without charge	150.050	186,058	186,633	133,378	217,576	883,597					
4	Total. Add lines 1 through 3	159,952	186,038	186,633	133,379	217,370	000/001					
5	The portion of total contributions by each person (other than a											
	governmental unit or publicly											
	supported organization) included on			w Dilye								
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			, T			143,940					
6	Public support. Subtract line 5 from line 4			7 4			739,657					
	tion B. Total Support											
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	//(d) 2021	(e) 2022	(f) Total					
7	Amounts from line 4	159,952	186,058	186,633	133,378	217,576	883,597					
8	Gross income from interest, dividends,			2								
	payments received on securities loans,		/.	<u>.</u>								
	rents, royalties, and income from similar sources	4,971	4,008	3,829	8,390	5,409	26,607					
9	Net income from unrelated business			``.\}								
9	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	A.					2 020					
	(Explain in Part VI.)		3,038				3,038 913,242					
11	Total support. Add lines 7 through 10				1	12	190,000					
12	Gross receipts from related activities, etc.			h or fifth toy your			190,000					
13	First 5 years. If the Form 990 is for the or						П					
800	organization, check this box and stop her tion C. Computation of Public Su											
	Public support percentage for 2022 (line 6		7	on (f))		14	80.99%					
14 15	Public support percentage from 2021 Sche					1 4 2 1	79.73%					
16a	33 1/3% support test—2022. If the organ											
104	box and stop here . The organization quali						X					
b	33 1/3% support test—2021. If the organ	ization did not che	ck a box on line 1:	3 or 16a, and line	15 is 33 1/3% or m	ore, check						
_	this box and stop here. The organization	qualifies as a publ	licly supported org	anization			L					
17a	10%-facts-and-circumstances test—202											
	10% or more, and if the organization mee	ts the facts-and-cir	rcumstances test,	check this box and	stop here . Expla	in in						
	Part VI how the organization meets the fa	cts-and-circumstar	nces test. The orga	anization qualifies	as a publicly supp	orted						
	organization						L					
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line											
	15 is 10% or more, and if the organization	meets the facts-a	and-circumstances	test, check this bo	x and stop here.	Explain						
	in Part VI how the organization meets the	facts-and-circums	tances test. The o	rganization qualifie	es as a publicly su	pported	Г					
	organization			<u></u>			Ц					
18	Private foundation. If the organization did											
	instructions											

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.)

Cool	ion A. Public Support	1					
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2010	(0) 2020	(a) 2021	(0) 2022	(,, , , , , , , , , , , , , , , , , , ,
1	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					A	
3	Gross receipts from activities that are not an unrelated trade or business under section 513			- MANAGEM			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			\$ 1 m	>-//		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				j		
С	Add lines 7a and 7b			7			
8	Public support. (Subtract line 7c from line 6.)		j.				
	tion B. Total Support			<u> </u>	·		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6		(3.355	<u> </u>			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	A					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's first.	second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public S						
15	Public support percentage for 2022 (line 8			nn (f))		15	%
16	Public support percentage from 2021 Scho						%
	tion D. Computation of Investme						
17	Investment income percentage for 2022 (I			3, column (f))			
	Investment income percentage from 2021						%
19a	33 1/3% support tests-2022. If the orga	nization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a publ	icly supported orga	anization	L
b	33 1/3% support tests—2021. If the orgal line 18 is not more than 33 1/3%, check the	nization did not ch	eck a box on line 1	14 or line 19a, and	line 16 is more the	an 33 1/3%, and	<u></u>
20	Private foundation. If the organization did	no not check a hov	on line 14 10a or	19h check this h	ox and see instruct	ions	
20	Private roundation. If the organization di	a not theck a box	OITHIG 14, 184, U	too, or ook this be	on and ood mondor		ula A (Farm 000) 2021

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Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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.)	
Sect	on A. All Supporting Organizations			T
			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
С	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.	3c		
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.	4a		
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.	4b		
С	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.	4c		
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	1_		
	was accomplished (such as by amendment to the organizing document)	5a		<u> </u>
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line	8		
	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	۵۰		
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	nh nh		ļ
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	<u> </u>	
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	00		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
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	10a		
_	supporting organizations)? If "Yes," answer line 10b below.	iva	 	<u> </u>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
	determine whether the organization had excess business holdings.)	1 100	L	

Par	t IV Supporting Organizations (continued)			
		\Box	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
-	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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	~~~	
Secti	on B. Type I Supporting Organizations			
	d d		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	1 1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year,	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
J	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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ructions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
D	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
,	Parent of Supported Organizations. Answer lines 3a and 3b below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
b	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.	3b		
DAA	Sc	hedule A	(Form 9	90) 2022

Schedule A (Form 990) 2022 KINSHIP OF POLK COUNTY		39-14850	31 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rganizat		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			9
instructions. All other Type III non-functionally integrated supporting organizations n			
		(A) Prior Year	(B) Current Year
Section A – Adjusted Net Income		(A) Phoi real	(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	Å	
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		
		(A) Prior Year	(B) Current Year
Section B – Minimum Asset Amount	4	(A) TOT TOU	(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):			
a Average monthly value of securities	1a े	<u> </u>	
b Average monthly cash balances	1b	.4	
c Fair market value of other non-exempt-use assets	1c	\ <u>\</u>	
d Total (add lines 1a, 1b, and 1c)) 1d	Ŋ	
e 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		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		- Control of the Cont
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrate	ed Type II	I supporting organization	

(see instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continued)		
Section	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ils in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		A	6	
7	Total annual distributions. Add lines 1 through 6.		(1)	7	
8	Distributions to attentive supported organizations to which the organiza	tion is responsive		8	
•	(provide details in Part VI). See instructions.	·		à.	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		77))	10	
	Ento o dinoditi divided by into o dinoditi	(i)	(II)		(iii)
Sacti	on E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions		Distributable
Occu	on E Biothibution vinosulistic (coo mendations)	A A	Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
	Underdistributions, if any, for years prior to 2022		>//		
~	(reasonable cause required–explain in Part VI). See		.4		
	instructions.				
3	Excess distributions carryover, if any, to 2022		<i>Ŋ</i>		
а	From 2017		7		
	From 2018	<i>[</i> 3)			
	From 2019	/{.			
	From 2020				
	From 2021	7			
	Total of lines 3a through 3e	V			
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)	· .			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	4			
4	Distributions for 2022 from	7			
7	Section D, line 7:				
9	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See Instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h	/			
Ü	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
7					
0	and 4c. Breakdown of line 7:				
8					
	Excess from 2018				
	Excess from 2019				
	Excess from 2020		****		
	Excess from 2021				
e	Excess from 2022				Schedule A (Form 990) 2022

Schedule A (For	m 990) 2022	KINS	HIP OF	POLK	COUNTY		39-1485031	Page 8
Part VI	Supplementally, line 12; Paragraph B, lines 1 and 3a, and 3b; F	al Information art IV, Section A d 2; Part IV, Se Part V. line 1: P	. Provide to A, lines 1, 2 ection C, line art V. Secti	ne explar 2, 3b, 3c, e 1; Part ion B, line	nations requ 4b, 4c, 5a, IV, Section e 1e; Part V	6, 9a, 9b, 9c, 11 D, lines 2 and 3; , Section D, lines	e 10; Part II, line 17a o a, 11b, and 11c; Part IV Part IV, Section E, lines 5, 6, and 8; and Part V	s 1c, 2a, 2b,
	lines 2, 5, an	nd 6. Also comp	olete this pa	art for an	y additional	information. (See	e instructions.)	
PART I		LO - OTHEI					.,	
					^	2 020		
OTHER	INCOME				\$	3,038	<u></u>	
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KINSHIP OF POLK COUNTY

39-1485031

Page 8

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

KINSHIP OF POLK COUNTY

Employer identification number

39-1485031

Organization type (check one	a):
Filers of:	Section:
Form 990 or 990-EZ	▼ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is c Note: Only a section 501(c)(7) instructions.	covered by the General Rule or a Special Rule . (a), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
or more (in money or contributor's total con Special Rules	ing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a tributions. escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the
regulations under sect 16b, and that received	ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or if from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the literary, or educational	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering stead of the contributor name and address), II, and III.
contributor, during the contributions totaled n during the year for an General Rule applies	escribed in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one syear, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions the during the year \$
must answer "No" on Part IV,	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line at the filing requirements of Schedule B (Form 990).

Name of organization

KINSHIP OF POLK COUNTY

Employer identification number 39-1485031

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HUGH J ANDERSEN FOUNDATION HUGH J ANDERSEN FOUNDATIONS 342 FIFTH AVENUE N BAYPORT MN 55003	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 FRED C & KATHERINE B ANDERSEN FDN FRED C & KATHERINE B ANDERSEN FDN 342 FIFTH AVENUE N BAYPORT MN 55003	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
	/b)	(c)	noncash contributions.) (d)
(a) No.	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution
.3	OTTO BREMER FOUNDATION OTTO BREMER FOUNDATION 445 MINNESOTA ST, STE 2250 SAINT PAUL MN 55101	\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 ALBERT VICTOR RAVENHOLD FUND ALBERT VICTOR RAVENHOLD FUND 3156 E LAURELHURST DR NE SEATTLE WA 98105	Total contributions \$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

K	INSHIP OF POLK COUNTY	39-1485031
	ort I Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	A
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 advised	
Ū	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
Ů	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
, ,	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	1
	Purpose(s) of conservation easements held by the organization (check all that apply).	
'		ically important land area
	Protection of natural habitat Protection of natural habitat Preservation of a certification of a certifica	
	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a	conservation
2	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	
b		
С	Number of conservation easements on a certified historic structure included in (a)	20
d		2d
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conserva-	tion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense sta	tement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Of	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	•
2	If the organization received or held works of art, historical treasures, or other similar assets for financial ga	in, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	
а	To the first of France COO. Flood VIII. line 4	\$
a h	Assets included in Form 990, Part X Perspects Reduction Act Notice see the Instructions for Form 990.	
<u> </u>	Province in Production Act Notice and the Instructions for Form 990	Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 KINDRIF	OF POTIV CO) T.I. T. T.	<u> </u>	200002				go
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tre	easures, or Other	r Similar Ass	ets (c	<u> continu</u>	ed)	
3	Using the organization's acquisition, access collection items (check all that apply):								
а	Public exhibition	d 🗍	Loan or exchange prog	ıram					
b	Scholarly research		Other						
c	Preservation for future generations	ا ا							
4	Provide a description of the organization's of	collections and explain	how they further the o	organization's exempt	ourpose in Part				
~	XIII.	sonociono ana empiani	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•				
-	During the year, did the organization solicit	or receive donations	of art historical treasur	es or other similar					
5	assets to be sold to raise funds rather than	to be maintained as a	part of the organization	's collection?	A		☐ Yes	: F	No
Do			Part of the organization	o concononi	· · · · · · · · · · · · · · · · · · ·	<u></u>			
Pa	rt IV Escrow and Custodial A Complete if the organizatio	n answered "Yes"	on Form 990. Par	t IV. line 9. or rep	orted an amou	unt on	Form		
	990, Part X, line 21.	.,	,		_				
1a	Is the organization an agent, trustee, custo	dian or other intermed	iary for contributions or	other assets not					_
				A1607	7)		Yes	;	No
h	If "Yes," explain the arrangement in Part XI				N				
IJ	11 165, explain the arrangement in Fair XI	ii ana complete alo le	nottining talana				Amount		
_	Designing balance				1c				
	Beginning balance			5925	1d				
	Additions during the year			**************************************	1e				
	Distributions during the year			A STATE OF THE PARTY OF THE PAR	1f				—
f	Ending balance		04 6				Yes		No
2a	Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cust	lodial account liability?			res	, ⊢	INO
	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	xplanation has been pro	ovided on Part XIII				<u> </u>	L
Pa	rt V Endowment Funds.	1 112 4 11	- 000 D	1 D 1 Page 40					
	Complete if the organizatio		40200						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years be		(e) Four		
1a	Beginning of year balance	234,969	209,064	178,622	147,			<u>'</u>	738
b	Contributions	27,000	8,000	8,000	5,	000		32,	000
	Net investment earnings, gains, and					-			
	losses	-42,667	21,323	25,046	28,	550		12,	104
d	Grants or scholarships	A							
	Other expenditures for facilities and		/s, [*] ****						
-	programs	A.	/ A						
f	Administrative expenses	3,170	3,419	2,604	2,	487		2,	075
g	End of year balance	216,132	234,969	209,064	178,	622	1	47,	560
2	Provide the estimated percentage of the cu	470-00-00	1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	held as:					
a	Board designated or quasi-endowment		5 (mio 19) colaini (4)						
	Permanent endowment % Term endowment %								
C		aud agual 100%							
_	The percentages on lines 2a, 2b, and 2c st		tion that are hold and	administered for the					
за	Are there endowment funds not in the poss	session of the organiza	illon that are new and	administrated for the			Γ	Yes	No
	organization by:						3a(i)	103	X
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							X
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organi						3b	1	
	Describe in Part XIII the intended uses of t		owment funds.						
Pa	rt VI Land, Buildings, and Eq	uipment.	F 000 D	4 IV 1 lima 11a Caa	Form 000 D	ort V	lino 10	١	
	Complete if the organizatio						(d) Book v		
	Description of property	(a) Cost or other t		1 '''	Accumulated preciation		(a) BOOK V	aiuo	
		(investment)	(othe	', de	p. Johnson				
	Land								
	Buildings								
	Leasehold improvements				F 6744			2 (207
d	Equipment			8,638	5,741			2,8	397
	Other								207
Total	Add lines 1a through 1e. (Column (d) must	t equal Form 990. Part	X. column (B), line 10	c.)				۷, ۷	397

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securiti	ies.	<i>"</i> " "		- 000 D	4 11 4 15	446	Caa F	000	Dorf V	lino 19
		organization ar	swered	"Yes"	on I	orm 990, Par (b) Book va		9 11D.	See F	(c) Metho	d of valuation:	IIIIE 12.
	• • • • • •	n of security or category name of security)				(b) BOOK VA	140		C		year market	
(4) Einangial a					,							-4
	lerivatives d equity interests											
(A)												
(D)												
(17)										- 1		
											L.	
<u>(F)</u>	, ,									V		
(G)			,							7		
Total (Column	(b) must equal For	m 000 Part X col i				4.0000			12.7	7		
Part VIII		· Program Rela		.,				/ j		N _A		
1 414 1111	Complete if the	organization ar	nswered	"Yes"	on l	Form 990, Par	t IV, line	e ∕11c.	See Fo	orm 990	, Part X,	line 13.
		iption of investment				(b) Book va				(c) Metho	d of valuation	
								\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Cost or end-o	f-year market	value
(1)							4-					
(2)												
(3)								.A.J				
(4)						Æ)						
(5)						- A.		<u> </u>				
(6)						7		 				
(8)							·					
(9)												
	(b) must equal For	m 990, Part X, col.	(B) line 13	3.)	./,	(ETT)		ļ				
Part IX	Other Assets.			A						000	D-4 V	E 45
	Complete if the	e organization ar				-orm 990, Pai	rt IV, line	e 11d.	See F	orm 990	, Part X,	(b) Book value
			(a) [Description) // /	<u> </u>						(b) Dook value
(1)			- (2)	· ''@								
(2)				100	````() () () () () () () () () () () () () (
(3)			Car.	All a								
(5)			7	. 1								
(6)			A.	1								
(7)												
(8)		15.5										
(9)												
	n (b) must equal Fon		(B) line 15	5.)			<u></u>				··	
Part X	Other Liabiliti	i es. e organization ar	newarad	"Vas'	" on	Form 990 Pa	rt IV lin	e 11e	or 11f.	See Fo	rm 990. I	Part X.
	line 25.	; organization at	ISWEICU	103	OII	1 01111 000, 1 0		0 110	· · · · · ·			•
1.	IIIC ZO.		(a) Descr	ription of	liability							(b) Book value
	income taxes											
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)	n (b) must equal For	m 990. Part X. col	(B) line 2!	5.)								
2. Liability for	uncertain tax positio	ns. In Part XIII, pro	vide the to	ext of the	he foc	tnote to the orga	nization's	financia	l statem	ents that r	eports the	
	F = 3,000					_						1

Sche	edule D (Form 990) 2022 KINSHIF OF FORK COOKIT				
Pa	art XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Page 1				057 015
1	Total revenue, gains, and other support per audited financial statements			1	257,815
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1		1	
а	• • • • • • • • • • • • • • • • • • • •	2a 2b			
	Donated services and use of facilities				
С	Recoveries of prior year grants				
d		<u> </u>		2e	
е	•		.3	3	257,815
3	Subtract line 2e from line 1	1 1	·····		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a	3,170	À	
a					
b	,		4-3\	4c	3,170
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	260,985
Pa	art XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F	Return.	
1 6	Complete if the organization answered "Yes" on Form 990, P	art IV, lin	e 12a.		
1	Total expenses and losses per audited financial statements			1	220,818
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
- а	T. Frankling	2a:			
b		VIEW.	A		
c					
d			Ŋ		
е	Add lines 2a through 2d			2e	
3			*****	3	220,818
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,170		
b		, 4b			
С	Add lines 4a and 4b			4c	3,170
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	223,988
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	223,988
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b a	nd 2b; Part V, line 4; P	5	223,988
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	, lines 1b a	nd 2b; Part V, line 4; P	5	223,988
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	, lines 1b a	nd 2b; Part V, line 4; P	5	223,988
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P	5	223,988
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988
Prov 2; Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	, lines 1b a	nd 2b; Part V, line 4; P nal information.	art X, line	223,988

Schedule D (Form 99	0) 2022 F	KINSHIP	OF E	POLK	COUNTY		39-1485031	. Pag	e 5
Schedule D (Form 99 Part XIII Sup	plemental	Informatio	on (con	tinued)					
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SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

► Attach to Form 990 or Form 990-EZ. Department of the Treasury ► Go to www.irs.gov/Form990 for Instructions and the latest information. Inspection Internal Revenue Service Employer Identification number Name of the organization 39-1485031 KINSHIP OF POLK COUNTY Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (or retained by) (or retained by) (iv) Gross receipts (i) Name and address of individual custody or (II) Activity fundraiser listed in organization from activity or entity (fundraiser) control of col. (i) contributions? No Yes 5 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 KINSHIP OF POLK COUNTY Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts g	reater than \$5,000.				
			(a) Event #1		(b) Event #2	(c) Other events	(d) Total events
			FUNDRAISING	REV		NONE	(add col. (a) through
			(event type)	<u> 1411 A</u>	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	- 400 40	, 620			60,620
ď							60,620
		Less: Contributions	60	<u>, 620</u>		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	00,020
	3	Gross income (line 1 minus					
		line 2)				1/2-33	
	4	Cash prizes					
	5	Noncash prizes					
	-						
SS	6	Rent/facility costs					
Direct Expenses						1	
五	7	Food and beverages					
ಭ	_						
ā	8	Entertainment			No.	7	
	۵	Other direct expenses			B		
	9	Other direct expenses					
	10	Direct expense summary.	Add lines 4 through 9 in o	column ((d) // 🛴		
	11	Mad in a succession of the Col	htroat line 10 from line 3	column	(4)		1 - 1 4b
P	art	III Gaming. Com	plete if the organization	on ans	wered "Yes" on Form 990, F	art IV, line 19, or repor	ted more than
		\$15,000 on Fo	rm 990-EZ, line 6a.	-115	Les San Dall to be for story		(d) Total gaming (add
ē			(a) Bingo	Á	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				A.			
æ	1	Gross revenue		4.	()		
	Ė	0,000 1010					
χ	2	Cash prizes		78	3		
ense				. 4			
Expenses	3	Noncash prizes					
Direct 1	١.	Decelify with a seeks) "			
Ë	4	Rent/facility costs		1	AND AND AND AND AND AND AND AND AND AND		
	5	Other direct expenses	`\				
	٦	Other direct expenses	Yes	%	Yes %	Yes %	
	6	Volunteer labor	No		No	No	
		••••					
	7	Direct expense summary	. Add lines 2 through 5 in	column	(d)		
		Not gaming income sum	many Subtract line 7 from	line 1 c	olumn (d)		
	0	Net garring income sum	nary. Subtract line 7 hom	11,0 1, 0			
9	Fr	nter the state(s) in which th	e organization conducts g	aming a	ctivities:		
а	ls	the organization licensed to	o conduct gaming activities	s in eac	n of these states?		Yes No
		_					
						9	Yes No
		•	's gaming licenses revoke	d, suspe	ended, or terminated during the tax	year?	🗀 163 🗀 140
b	lf	"Yes," explain:					
						O = 1	hadula C (Earm 000) 2022

Sche	dule G (Form 990) 2022	KINSHIP O	F POLK	COUNTY	39-1485031		Page 3
11	Does the organization cond					Yes	No
12					f a partnership or other entity		
	formed to administer charit	table gaming?				Yes	No 📗 No
13	Indicate the percentage of						
а	•				13a		%_
b	An outside facility						<u>%</u>
14	Enter the name and address	ss of the person who	prepares the	organization's	gaming/special events books and		
	records:						
	Name						
	Address						
15a	Does the organization have	e a contract with a th	ird party from	whom the orga	anization receives gaming	П _V	. Пы
	revenue?					Yes	s No
b	If "Yes," enter the amount						
	amount of gaming revenue						
С	If "Yes," enter name and a	ddress of the third pa	arty:				
	Name						
	Address						
		U					
16	Gaming manager informat	lion:					
	Mana				<i>K</i>		
	Name	,		ر د	y.,		
	Gaming manager compen	eation \$		4			
	Gairling manager compen	ισαιιστι Ψ		•••			
	Description of services pro	ovided					
	Doddinpilott of corriess pro	.,,		/>	C. COMP.		
	Director/officer	Employee		Independent o	contractor		
			-7.7		v		
17	Mandatory distributions:						
а	Is the organization required	d under state law to	make charitab	le distributions	from the gaming proceeds to	П.,	г
	retain the state gaming lice	ense?	· ., <u>k.</u>	`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Ye	s 💹 No
b		outions required unde	r state law to	be distributed t	to other exempt organizations or		
	spent in the organization's	own exempt activitie	s during the t	ax year \$	i II Battilia Oh ashwana (iii) and (v): and	
Pa	rt IV Supplement	al Information.	Provide the	explanation	s required by Part I, line 2b, columns (iii) and (v), and	
			15c, 16, ar	id 17b, as a	pplicable. Also provide any additional informatio	<i>)</i> 1.	
	See instruction	ons.	. 44				
				,			
			,				
	,						
					Schedule	G (Form 9	90) 2022
					301104410		

SCHEDULE O (Form 990)

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.

2022

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

39-1485031

Employer identification number

KINSHIP OF POLK COUNTY	39-1485031
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT	
KINSHIP MANAGED A TOTAL OF 386 MATCHES, SERVING A TOTAL	OF 358
CHILDREN. SOME YOUTH IN KINSHIP PARTICIPATED IN BOTH SO	CHOOL+BASED AND
COMMUNITY BASED MENTORING. KINSHIP RECRUITED AND TRAINE	D 11 NEW COMMUNITY•
BASED MENTORS AND 83 NEW SCHOOL+BASED MENTORS. KINSHIP) v
HIGH SCHOOL STUDENTS AND ADULTS WHO CONTRIBUTED A COMBI	7
VOLUNTEER HOURS TO MENTORING YOUTH IN POLK COUNTY, WISC	
2022, AS COVID GUIDELINES EASED AND SCHOOLS MOVED BACK	
LEARNING, KINSHIP BEGAN TO SEE SIGNIFICANT GROWTH IN THE	
DURING THIS PERIOD, KINSHIP ALSO SAW A DRAMATIC INCREASE	
REFERRALS, BRINING THE WAITING LIST FROM 8 TO 19 YOUTH. WAITING YOUTH WITH VOLUNTEERS IN COMMUNITY BASED MENTOR	
WERE MATCHED WITH VOLUNTEERS IN SCHOOL-BASED LEARNING.	1771 17. 17. 17. 17. 17. 17. 17. 17. 17.
WERE PRICING WITH VOICE PRICE	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR	TOP OFFICIAL
THE ORGANIZATION REVIEWS ITS EXECUTIVE DIRETOR'S PERFORMENT	RMANCE ON AN ANNUAL
BASIS IN DETERMINATION OF HIS/HER COMPENSATION PACKAGE	.
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR	
THE ORGANIZATION REVIEWS ITS EMPLOYEE'S PERFORMANCE ON	AN ANNUAL BASIS IN
DETERMINATION OF THEIR COMPENSATION PACKAGE.	

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence 179

Name(s) shown on return KINSHIP OF POLK COUNTY ldentifying number 39-1485031

	ess or activity to which this form relates IDIRECT DEPRECIATI	ON						
		co Cortain Prope	arty Under Se	ction 179				
Pa	rt I Election To Expension Note: If you have a	se Certain Fropi	complete Dari	Whefore you c	omplete Part I	1		
							1	1,080,000
1	Maximum amount (see instructions Total cost of section 179 property	alanad in conden (co					2	
2	Threshold cost of section 179 property						3	2,700,000
3	Reduction in limitation. Subtract line						4	
4	Dollar limitation for tax year. Subtract line	A from line 1. If zero of	rless, criter o	pried filing senarately	see instructions		5	
5	Dollar limitation for tax year. Subtract line (a) Description		1 1633, CHOI -0-: 11 1110	(b) Cost (business use	only) (c) E	Elected cost		
_6	(a) Description	or property				M		
	A A A A A A A A A A A A A A A A A A A					1		
	Listed property. Enter the amount	from line 20	L		7//	7 1		
7	Total elected cost of section 179 p	roperty Add amounts	in column (c) line	es 6 and 7			8	
8	Tentative deduction. Enter the sm					j	9	
9	Carryover of disallowed deduction	from line 13 of vour	2021 Form 4562		/		10	
10	Business income limitation. Enter t	ns	11					
11	Section 179 expense deduction. A						12	
12	Carryover of disallowed deduction				13			
13 Note	: Don't use Part II or Part III below	for listed property. Ins	tead, use Part V.	<u> </u>	<u> </u>			
-	rt II Special Depreciati	on Allowance a	nd Other Depi	reciation (Don't	: include listed	property	/. Se	e instructions.)
14	Special depreciation allowance for	qualified property (of	her than listed pro	perty) placed in ser	vice			
14	during the tax year. See instruction	ns	4),			14	
15	Property subject to section 168(f)(15	
16	Other depreciation (including ACR	S)					16	100
	art III MACRS Depreciat	ion (Don't include	e listed proper	tv. See instruction	ons.)			
1 6	at iii iiiAONO Doproolat	ion (Dontanional	Secti					
17	MACRS deductions for assets place	ced in service in tax v	vears beginning be	fore 2022		<u></u>	17	0
18	If you are electing to group any assets placed	In service during the tax ve	ar into one or more gen	eral asset accounts, check	here			
	Section B—A	ssets Placed in Ser	vice During 2022	Tax Year Using th	e General Depre	eciation Sy	stem	
		(b) Month and year	(c) Basis for depre-	clation (d) Recovery	(e) Convention	(f) Metho		(g) Depreciation deduction
	(a) Classification of property	placed in service	(business/investmen only-see instruction		(e) Convention	(1) 11/04.1		(3) - (-)
19a	3-year property	.45	14. <i>18</i>					outer.
b	5-year property	M 28						
C	7-year property		A STREET					
d	10-year property		3					
е	15-year property							
f								
g	25-year property			25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
•••	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—As	sets Placed in Serv	ice During 2022 T	ax Year Using the	Alternative Dep	preciation	Syster	n
20a						S/L		
b	12-year			12 yrs.		S/L		
C	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
	art IV Summary (See ins	structions.)					Т	
							21	
21	Listed property. Enter amount fror	,, ,,,,,						
21 22	Listed property. Enter amount from Total. Add amounts from line 12,	lines 14 through 17, I	lines 19 and 20 in	column (g), and line	21. Enter		22	100
	Total. Add amounts from line 12, here and on the appropriate lines	lines 14 through 17, I of your return. Partn	erships and S corp	oorations—see <u>_instr</u>	e 21. Enter uctions T		22	100
	Total. Add amounts from line 12, here and on the appropriate lines For assets shown above and place.	lines 14 through 17, I of your return. Partne ed in service during t	erships and S corp he current year, er	oorations—see instr nter the	uctions		22	100
22 23	Total. Add amounts from line 12, here and on the appropriate lines	lines 14 through 17, I of your return. Partned ed in service during t section 263A costs	erships and S corp he current year, er	oorations—see instr nter the 23	uctions			Form 4562 (2022)

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current_
Other 8	Depreciation: Office Furniture	4/27/11	1,396			1,396	7 MO S/L	1,396	0
11 13	Sold/Scrapped: 12/31/22 HP ProBook 15.6" LED Notebook HpProBook 4530s 3 HP ProBook 650 Computers 3 HP Probook 455 Computers	5/11/11 5/17/12 12/29/15 11/11/22	749 749 4,143 2,997			749 749 4,143 2,997	5 MO S/L 5 MO S/L 3 MO S/L 5 MO S/L	749 749 4,143 0	0 0 0 100 100
	Total Other Depreciation Total ACRS and Other Depre	ciation =	10,034			10,034		7,037	100
	Grand Totals Less: Dispositions and Transfo Less: Start-up/Org Expense Net Grand Totals	ers - =	10,034 1,396 0 8,638			10,034 1,396 0 8,638		7,037 1,396 0 5,641	100 0 0 100

WI Asset Report Form 990, Page 1

Other Depreciation: 4/27/11 1,396 1,396 1,396 0 0 0 Sold/Scrapped: 12/31/22 9 HP ProBook 15.6" LED Notebook 5/11/11 749 749 749 0 0 0 11 HpProBook 4530s 5/17/12 749 749 749 0 0 0 13 3 HP ProBook 650 Computers 12/29/15 4,143 4,143 4,143 0 0 0 14 3 HP Probook 455 Computers 11/11/22 2,997 2,997 2,997 0 100 100 0 Total Other Depreciation 10,034 10,034 7,037 100 100 0 Grand Totals 10,034 10,034 7,037 100 100 0 Less: Dispositions 1,396 1,396 1,396 1,396 0 0 0 0 Less: Start-up/Org Expense 0 0 0 0 0 0 0 0 0 0 <th>Asset</th> <th>Description</th> <th>Date I<u>n Service</u></th> <th>Cost</th> <th>Basis for Depr</th> <th>WI Prior</th> <th>WI Current</th> <th>Federal Current</th> <th>Difference Fed - WI</th>	Asset	Description	Date I <u>n Service</u>	Cost	Basis for Depr	WI Prior	WI Current	Federal Current	Difference Fed - WI
9 HP ProBook 15.6" LED Notebook 5/11/11 749 749 749 0 0 0 0 0 1 1 HpProBook 4530s 5/17/12 749 749 749 0 0 0 0 0 0 0 1 1 1 HpProBook 4530s 5/17/12 749 749 749 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Office Furniture	4/27/11	1,396	1,396	1,396	0	0	•
11 HpProBook 4530s 5/17/12 749 749 749 0 0 0 0 0 0 0 0 0	9	HP ProBook 15.6" LED Notebook					0	0	0
Total Other Depreciation 10,034 10,034 7,037 100 100 0	11	HpProBook 4530s					0	. 0	0
Total Other Depreciation							100	100	0
Total ACRS and Other Depreciation 10,034 10,034 7,037 100 100 0	14	3 HP Probook 455 Computers	11/11/22 _					983	
Grand Totals 10,034 10,034 7,037 100 100 0 Less: Dispositions 1,396 1,396 1,396 0 0 0 Less: Start-up/Org Expense 0 0 0 0 0 0 0		Total Other Depreciation		10,034	10,034	7,037	100	100	
Less: Dispositions $0.00000000000000000000000000000000000$		Total ACRS and Other Depre	ciation =	10,034	10,034	7,037	100	100	0
0.000 0.000 5.00 100 100 0		Less: Dispositions	_				0	0 0	0 0 0
Net Grand Totals <u>8,638</u> 8,638 5,041 100 100 0		Net Grand Totals	=	8,638	8,638	5,641	100	100	0

MN Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
Other 8	Depreciation: Office Furniture Sold/Scrapped: 12/31/22	4/27/11	1,396	1,396	1,396	0	0	0
9	HP ProBook 15.6" LED Notebook	5/11/11	749	749	749	0	0	0
11	HpProBook 4530s	5/17/12	749	749	749	0	0	0
13	3 HP ProBook 650 Computers	12/29/15	4,143	4,143	4,143	0	4 100	Ü
14	3 HP Probook 455 Computers	11/11/22	2,997	2,997	0	100	100	
	Total Other Depreciation		10,034	10,034	7,037	100	100	0
	Total ACRS and Other Depre	ciation _	10,034	10,034	7,037	100	100	0
	Grand Totals Less: Dispositions Less: Start-up/Org Expense Net Grand Totals	- -	10,034 1,396 0 8,638	10,034 1,396 0 8,638	7,037 1,396 0 5,641	100 0 0 100	100 0 0 100	0 0 0 0

Depreciation Adjustment Report All Business Activities

AMT

Form Unit Asset Description T

There are no assets that meet the criteria of this report

AMT Adjustments/ Preferences

Future Depreciation Report FYE. 12/31/23 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other</u>	Depreciation:				
9 11 13 14	HP ProBook 15.6" LED Notebook HpProBook 4530s 3 HP ProBook 650 Computers 3 HP Probook 455 Computers Total Other Depreciation	5/11/11 5/17/12 12/29/15 11/11/22	749 749 4,143 2,997 8,638	0 0 0 599 599	0 0 0 0 0
	Total ACRS and Other Depreciation		8,638	599	0
	Grand Totals		8,638	599	

WI Future Depreciation Report FY E: 12/31/23 Form 990, Page 1

<u>Asset</u>	Description Depreciation:	Date In Service	Cost	WI	
9 11 13 14	HP ProBook 15.6" LED Notebook HpProBook 4530s 3 HP ProBook 650 Computers 3 HP Probook 455 Computers Total Other Depreciation	5/11/11 5/17/12 12/29/15 11/11/22	749 749 4,143 2,997 8,638	0 0 0 599 599	
	Total ACRS and Other Depreciation		8,638	599	
	Grand Totals		8,638	599	

MN Future Depreciation Report FY =: 12/31/23 Form 990, Page 1

Asset	Description	Date In Service	Cost	MN	
Other	Depreciation:				
9 11 13 14	HP ProBook 15.6" LED Notebook HpProBook 4530s 3 HP ProBook 650 Computers 3 HP Probook 455 Computers Total Other Depreciation	5/11/11 5/17/12 12/29/15 11/11/22	749 749 4,143 2,997 8,638	0 0 0 599 599	
	Total ACRS and Other Depreciation		8,638	599	
	Grand Totals		8,638	599	

Federal Statements

Taxable Interest on Investments

Description

Amount Unrelated Exclusion Postal Acquired after US
Code Code 6/30/75 Obs (\$ or %)

TAXABLE INTEREST

\$ 169 AL \$ 169 14

TOTAL

14

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess	
HUGH J ANDERSEN FOUNDATION	\$ 52,000	\$ 33,735	
ANDERSEN CORPORATE FOUNDATION FRED C & KATHERINE B ANDERSEN FDN	45,000	26,735	
OTTO BREMER FOUNDATION	90,000	71,735	
ALBERT VICTOR RAVENHOLD FUND	30,000	11,735	
UNITED WAY	1,750		
POLK BURNETT ELECTRIC COOPERATIVE	1,500		
AMERY AREA COMMUNITY FOUNDATION			
ANNMARIE FOUNDATION INC			
NEW RICHMOND FARMERS COOP OSCEOLA COMMUNITY HEALTH FOUNDATION	5,000		
WOOD GOODS INDUSTRIES	5,000		
TOTAL	\$ 230,250	\$ 143,940	•

		, colding	
Federal Statements	Schedule A, Part II, Line 8(e) Amount	Schedule A. Part II. Line 10(e) Description	
39-1485031	TAXABLE INTEREST ST CROIX VALLEY FOUND TOTAL	FUNDRAISING REVENUE	TOTAL

Federal Statements

Savings - EOY

Description

CERTIFICATES OF DEPOSIT
TOTAL

Amount
\$ 65,000

٧	05,	000
\$	65,	000

Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

39-1485031

KINSHIP OF POLK COUNTY

KINSHIP OF PO	DLK COUNTI	
Net Asset / Fund Balance at Beginning of Y	ear	386,822
Revenue		Å
Contributions	217,576	
Program service revenue	38,000	
Investment income	5,409	
Capital gain / loss		
Fundraising / Gaming:		R. D
Gross revenue		
Direct expenses		
Net income	<u> </u>	
Other income	0	
Total revenue	260	<u>, 985</u>
Expenses		STATE OF THE STATE
Program services	<u>152,479</u>	
Management and general	19,730	
Fundraising	51,779	
Total expenses	223	<u>, 988</u>
Excess / (deficit)		36,997
Changes		-51,077
Net Asset / Fund Balance at		372,742
Reconciliation of Revenue	Village, Verlage, April	nciliation of Expenses
Total revenue per financial statements	257,815 Total expenses per final	ncial statements220,818
Less:	Less:	
Unrealized gains	Donated services	
Donated services	Prior year adjustment	nts
Recoveries	Losses	
Other	Other	
Plus:	Plus:	2 170
Investment expenses	3,170 Investment expense	3,170
Other	Other	002 000
Total revenue per return	260,985 Total expenses	per return <u>223, 988</u>
	Balance Sheet	
Be	ginning Ending	Differences
Assets	397,026 384,646	
Liabilities	10,204 11,904	
Net assets	386,822 372,742	-14,080
	Miscellaneous Information	
Amendo	ed return	
	$\sqrt{\text{extended due date}}$	
	to file penalty	

Form **990**

Two Year Comparison Report

For calendar year 2022, or tax year beginning

andina

2021 & 2022

Name

Taxpayer Identification Number

ĸ	T	NSHIP OF POLK COUNTY				39-1	.485031
_				2021	202	2	Differences
	1.	Contributions, gifts, grants	1.	133,378	21	7,576	84,198
		Membership dues and assessments	2.				
		Government contributions and grants	3.				
ø		Program service revenue	4.	38,000	3	8,000	
пu	5.	Investment income	5.	8,390		5,409	-2,981
e <	6.	Proceeds from tax exempt bonds	6.		Execute.		
6		Net gain or (loss) from sale of assets other than inventory	7.		48.00		
ш.		Net income or (loss) from fundraising events	8.	*	//->		
		Net income or (loss) from gaming	9.			1	
		Net gain or (loss) on sales of inventory	10.		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
		Other revenue	11.	,A			
		Total revenue. Add lines 1 through 11	12.	179,768	\\26	0,985	81,217
		Grants and similar amounts paid	13.		8		
		Benefits paid to or for members	14.	. 本国等	S		
Ø		Compensation of officers, directors, trustees, etc.	15.	4	A		
Se		Salaries, other compensation, and employee benefits	16.	158,701	17	1,962	13,261
<u>د</u>		Professional fundraising fees	17.		9		
ď	18.	Other professional fees	18.	2,914		3,150	
û		Occupancy, rent, utilities, and maintenance	19.	5,263	1	2,000	
		Depreciation and Depletion	20.	44.		100	
		Other expenses	21.	7 29,056		6,776	
	22.	Total expenses. Add lines 13 through 21	22.	195,934		3,988	
		Excess or (Deficit). Subtract line 22 from line 12	23.	-16,166		6,997	
		Total exempt revenue	24.	179,768	26	0,985	81,217
	25.	Total unrelated revenue	25.				
<u>0</u>	26.	Total excludable revenue	∠₂26.	46,390		3,409	
nati		Total assets	27.	397,026		4,646	
Information	28.	Total liabilities	28.	10,204		1,904	
Ξ	29.	Retained earnings	29.	386,822		2,742	-14,080
her	30.	Number of voting members of governing body	30.	7	7		
		Number of independent voting members of governing body	31.	7	7		
		Number of employees	32.	5	4		
		Number of volunteers	33.	330	344		

		Тах	Tax Return History			2022
Name KINSHIP OF	POLK COUNTY				Employer 39-1	Employer Identification Number 39-1485031
	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	159,952	186,058	186,633	133,378	217,576	
Membership dues		c	000		- 1	
Program service revenue	38,000	38,000	38,000	38,000	38,000	
Capital gain or loss Investment income	4,971	4,008	3,829	8,390	5,409	
Fundraising revenue (income/loss)			4		Ji	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	202,923	228,066	228,462	179,768	260,985	
Grants and similar amounts paid						TANA TANA TANA TANA TANA TANA TANA TANA
Benefits paid to or for members						
Compensation of officers, etc.	- 1		1	- 1		
Other compensation	135,174	141,708	153,392	158,701	171,962	
Professional fees	2,605	2,150	7	2,914	3,150	
Occupancy costs		5,275	5,271	5,263	12,000	
Depreciation and depletion	1,908			- 1	- 1	
Other expenses	24,465	5	~	29,056	~	
Total expenses	173,418	174,429	183,535	195,934	- 7	
Excess or (Deficit)	29,505	53 /637	44,927	-16,166	36,997	
Total exempt revenue	202 , 923	228,066	228,462	179,768	260,985	
Total unrelated revenue						
Total excludable revenue	42,971	42,008	41,829	46,390	43,409	
Total Assets	253,677	332,659	396,541	397,026	٠,	
Total Liabilities	6,951	0	11,068	10,204	11,904	
Not Eind Relances	3CL EFC	321,905	385,473	386,822	372,742	

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

Strong, Secure Families. Sustainable Communities. Since 1965.

Peter H. Kilde Executive Director



Barron | Chippewa | Dunn Pepin | Pierce | Polk | St. Croix

May 29, 2024

Don Wortham Polk County Government 100 Polk County Plaza Office 240 Balsam Lake, WI 54810

Dear Don,

Please accept this letter as West CAP's renewal of operational funding from the Polk County Board in the 2025 county budget. We are requesting **\$4,000** to assist in providing services to Polk County residents.

West CAP's mission is to take action against poverty by developing the social and economic assets of low-income families and their communities and by working to create a more just and sustainable society. Our success in this mission continues to benefit Polk County taxpayers in terms of cost-prevention and the development of sustainability. We believe that asset development strategies are the most effective means of helping families to become sustainable and, in turn, to become productive members of their communities.

Since July 1st of last year, West CAP has provided a wide range of essential services to a total of **4,742** Polk County individuals (66% increase from last year), or **2,319** low and moderate income households in Polk County. Services included homeless intervention, food security and access, rent assistance, home weatherization, energy assistance, literacy services, transportation assistance, utility assistance, and access to vocational education. New programs offered to Polk County include the Water Conservation Program and Nursing Skills Enhancement Program.

West CAP also owns and manages 36 affordable housing units in Polk County. We bring a vital set of services and millions in funding into the county and ask only for a modest contribution to help cover costs and services our other sources do not support.

We appreciate Polk County's contribution in past years and we thank the county board for consideration of this year's request. Please contact us at any time for further information on services provided to Polk County residents.

With warm regards,

Samantha Phillipps

Associate Director for Social Development

Member: community Ction.

www.westcap.org

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FYE 2023 Total Polk County Individuals Served by Program

HOUSING	2022	2023
Affordable Housing	100	98
Homeless Intervention	24	21
Section 8 Housing Choice Voucher Program	63	86
Wisconsin Emergency Rental Assistance, Energy Assistance	230	224
Wisconsin Help for Homeowners	113	153
COVID Rapid Response	8	7
FOOD ACCESS		
Commodity Supplemental Food Program	253	207
The Emergency Food Assistance Program (duplicated monthly/12 for estimate)	1,350	1,781
Senior Farmers Market Voucher Program	176	54
HOME ENERGY PLUS PROGRAM		
Furnace Repair or Replacement	136	95
Home Weatherization	255	320
WHEAP (utility & Crisis)	130	1,646
(NEW) Emergency Water Heater		26
ADULT EDUCATION		
Skills Enhancement	4	3
Adult Literacy	15	11
(NEW) Nursing Skills Enhancement		0
TRANSPORTATION		
JumpStart Program	0	0
COVID Rapid Response Car Repair &	0	10
Transportation TOTAL	2,857 Individuals	4,742 Individuals



525 Second Street, Box 308, Glenwood City, WI 54013 Phone: 715.598.4750 Fax: 715.265.7031 www.westcap.org



Strategic Plan 2022 - 2023

Executive Summary

West CAP's Mission

Our mission is to take action against poverty by developing the social and economic assets of low-income families and their communities and by working to create a more just and sustainable society.

West CAP's work, funding, board activities and planning flow from this mission; a mission reviewed and re-affirmed by West CAP's volunteer Board of Directors on an annual basis.

West CAP's Current Operating Environment

The mission to alleviate poverty is always challenging, and the environment in which we now operate is even more challenging and complex than when we produced our last Strategic Plan in 2018 for 2019 – 2021. It is true that the Trump Administration at that time was proposing the elimination of not only the Community Services Block Grant, our core funding, but also eliminating or greatly reducing funding for virtually all the other programs we operate as well, in every annual draft budget it sent to Congress. Fortunately, most of these ideas failed to materialize as Congress and our state government continues to support our work, as it has for the past 58 years, despite these shifts in the political fortunes of the nation. What did change, however, was a combination of the Covid-19 Pandemic, the January 6th attempt to violently overturn the results of the 2020 Presidential Election, and all the economic and political upheaval that has followed from these realities.

These political issues are important to West CAP in no small part because over 60% of our funding originates in Washington, DC, and these federal grants are then supplemented with state funds or at least passed through Wisconsin State Government in order to reach West CAP and support our mission. To that 60% we add the rental income from our affordable housing projects, which were also financed primarily by federal HOME dollars and by federally created programs such as Low Income Housing Tax Credits and the Affordable Housing Program of the Federal Home Loan Bank, and by state funds and

private mortgages we would not have received if we hadn't also received awards from those federal programs. So one way or another, government generates over 90% of West CAP's financial support.

The other big game changer in these times, of course, is the Covid-19 pandemic. While a national tragedy on many levels, it has also provided opportunities for CAP agencies like ours to demonstrate our ability to respond quickly and effectively to emerging problems, much as we did during the housing crisis of the so-called Great Recession of 2007 – 2008. As the near-term future of the pandemic and its unanticipated national and global effects from possible mutations of the virus itself and emerging economic woes from supply chains to inflation to whatever, our ability to respond quickly to these changes will very likely present new opportunities to serve those most affected by all these factors; low-income households.

Finally, the climate in which we operate will be increasingly defined by the literal climate and the deterioration of the relative climate stability and predictability we have long taken for granted. In authoring strong statements on poverty and climate change that were adopted by both the state CAP association, WISCAP, and by the National Community Action Partnership, I wrote:

"Families with money and other resources can escape the initial disaster and, albeit painfully, begin quickly to recover. Poor families are trapped in place when disaster approaches, bear the brunt of the initial devastation, and slowly, if ever, recover what they have lost."

With every passing year, we see more low-income households across America experiencing the disastrous consequences of climate change, and once again this will present West CAP with more challenges and opportunities to have an impact. In the case of climate change and our relatively long history of greatly reducing the carbon footprint of both existing homes and more recently in new housing developments, we will likely find ourselves both called on and funded to do more if this work.

So when we add all these new variables and volatility to the economic inequities structured into our economy and the pressures of automation and the like going forward, and with an awareness of the great stresses this creates for our low income families and communities, we have a strategic plan that takes a shorter look at just the next couple of years, and then aligns itself with the next Tri-annual Needs Assessment to be conducted in 2022 as a basis for the plan to follow.

Fortunately, West CAP is very highly regarded on all levels; locally, statewide, and on the national stage. We have very strong support from our funders and collaborating agencies, and strong bi-partisan support from our county and state elected officials, as well as from our federal congressional delegation.

And West CAP has a highly qualified, experienced, and committed staff and a strong, engaged and equally committed volunteer Board of Directors. It is on this solid foundation that we build West CAP's future.

Strategic Plan, Purpose, and Process

The purpose of this plan is to help ensure that West CAP's Board, administrative staff, and program directors focus their planning and development efforts in a manner that best supports our mission specifically for the years 2022-2023.

In preparing this plan and throughout our work, West CAP utilizes the full Results Oriented Management and Accountability (ROMA) cycle of assessment, planning, implementation, achievement of results, and evaluation to guide agency strategies in addressing the three ROMA Next Generation goals:

Goal 1: Individuals and families with low incomes are stable and achieve economic security.

Goal 2: Communities where people with low incomes live are healthy and offer economic opportunity.

Goal 3: People with low incomes are engaged and active in building opportunities in communities.

While the process for creating this plan was limited somewhat in it's face to face contact due to Covid restrictions, much of the goals and proposed activities included in the 2022 - 2023 plan are activities informed by the more directly engaging process that created the 2018 – 2021 plan. In many cases, Covid restrictions kept those activities from being fully implemented when planned but still remain relevant and are reflected in this plan.

The process for creating the 2019 - 2021 plan was developed by the Strategic Plan Task Force comprised of West CAP's Board Chair, who also chaired this committee, its Secretary and the Chair of the Board's Program Committee as well as the agency's administrative "Ops" Team: It's executive director, finance director, associate director, facilities director, and HR manager.

First, we gathered input on our strategic direction from the following sources:

- West CAP's 2016 Community Needs Assessment
- Customer Satisfaction Survey, 2015-2018, 241 respondents
- Community Input Survey, February March 2018, 56 respondents
- West CAP staff input: A general staff survey and Program Development Team meetings

The collected data was incorporated into a West CAP Board/Ops Team and program director SWOT analysis retreat in April 2018.

In addition to these inputs, this 2022 - 2023 plan also includes elements mandated by the federal Community Services Block Grant; our foundational funding source that considers West CAP as a whole and requires compliance with regard to mission, board structure, and composition, and the following additional broad and comprehensive analysis and management tools:

- CSBG Mandates from the federal Community Services Block Grant legislation
- Community Action Organizational Standards mandated by the federal Office of Community Services
- The federal ROMA (Results Oriented Management Accountability) framework

All of these considerations were then incorporated into a first draft of this plan and reviewed by the West CAP Board' Executive/Board Affairs and Program Committees on November 4 th , 2021 and was reviewed and approved by the full board at it's November 8 th , 2021 meeting.
The Plan: Strategies and Action Steps
Agency-wide
2022

I. Increase our communities' understanding of West CAP's mission and programs (6.3).

- a. Distribute West CAP's Annual Report to at least 250 recipients, of which 200 are in our service area.
- b. Put out timely press releases on West CAP activities as needed to broader public
- c. Plan/implement/maintain effective social media campaign
- d. Refresh/create West CAP marketing materials and disseminate to all who received updated West CAP brochures in the recent past.
- e. Standing PDT agenda item Discuss and take opportunities to speak to outside agencies, community. Insure they have the resources to present (wheel of misfortune and other props).
- f. Develop plan for PDT to participate in outside organizations (i.e serve on boards or membership)

II. Broaden West CAP's non-governmental funding base.

- a. Realize at least \$200,000 in surplus revenues from housing development activity.
- b. Secure at least two new funding sources such as JBD, mental health, mortgage assistance, farmers market
- c. Develop and implement donor communications plan.

III. Educate the public on the realities of poverty in west central Wisconsin (6.3).

a. Through conference presentations, public events, and communication outreach, pursue opportunities to present the realities of poverty in our region

IV. Improve communication and engagement within West CAP's client community (6.2).

- a. Standing PDT agenda item Generate ideas to provide for and encourage client participation and sharing and implement. Gather success stories to outline their path to self-sufficiency to share with stakeholders and other clients.
- b. Plan and develop agency-wide client survey that also incorporates program-specific details.

V. Increase efficient use of staff and financial resources.

- a. Continue to evaluate current and potential physical and virtual workspace needs.
- b. Explore opportunities to reduce printing needs and increase job portability though electronic documents
- c. Evaluate procurement practices for impact on mission and local economics as this relates to our mission.

VI. Develop a strategy for assessing and ultimately addressing low-income households' unmet transportation needs in our service territory (6.2).

a. Develop program ideas for assessing and directly addressing the need for client transportation to empower them to be more self-sufficient.

2023

I. Increase our communities' understanding of West CAP's mission and programs.

- a. Distribute West CAP's Annual Report to at least 250 recipients, of which 200 are in our service area.
- b. Put out timely press releases on West CAP activities as needed to broader public
- c. Maintain effective social media campaign
- d. Maintain West CAP marketing materials and disseminate to all who received updated West CAP brochures in the recent past.
- e. Standing PDT agenda item Discuss and take opportunities to speak to outside agencies, community. Insure they have the resources to present (wheel of misfortune and other props)
- f. Develop plan for PDT to participate in outside organizations (i.e serve on boards or membership)

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- a. Realize at least \$200,000 in surplus revenues from housing development activity.
- b. Secure at least two new funding sources such as JBD, mental health, mortgage assistance, farmers market
- c. Maintain donor communications plan.

III. Educate the public on the realities of poverty in west central Wisconsin.

a. Through conference presentations, public events, and communication outreach, pursue opportunities to present the realities of poverty in our region

IV. Improve communication and engagement within West CAP's client community.

- a. Standing PDT agenda item Generate ideas to provide for and encourage client participation and sharing and implement. Include success stories that share their path to success.
- b. Maintain agency-wide client survey that also incorporates program-specific details.

V. Increase efficient use of staff and financial resources.

- a. Continue to evaluate current and potential physical and virtual workspace needs.
- b. Implement opportunities to reduce printing needs and increase job portability though electronic documents
- c. Implement procurement practices for impact on mission and local economics as this relates to our mission.

VI. Develop a strategy for assessing and ultimately addressing low-income households' unmet transportation needs in our service territory.

a. Implement program ideas for assessing and addressing the need for client transportation

Board and Administration

2022

- I. If feasible, pursue providing HR and/or Accounting Services for neighboring Community Action Agencies.
- II. Explore opportunities to assist our communities with mental health and addiction issues (6.3).
 - a. Develop mental health initiative for long-term mental health funding
 - b. Hire consultant to secure long-term funding

2023

- I. If feasible, pursue providing HR and/or Accounting Services for neighboring Community Action Agencies.
- II. Implement opportunities to assist our communities with mental health and addiction issues (6.3).
 - a. Develop mental health initiative for long-term mental health funding
 - b. Train internal staff (wzn, CORE, asset mgmt..) on identification of mental health issues during their interactions with clients to refer to them to appropriate resources.

Programs

2022 - 2023

I. Weatherization/Facilities Maintenance

- a. Share an internal education piece/presentation on West CAP's weatherization.
- b. Continue reviewing implementation of energy conservation and renewable energy upgrades for all West CAP owned and managed properties, including Focus on Energy and other funding for such upgrades.
- c. Improve marketing for weatherization through continued co-branding of West CAP and Home Energy Plus.
- d. Stay abreast of practices that enhance weatherization's ability to mitigate climate change and poised to participate.
- e. Increase production capacity and develop future Building Performance Institute technical staff for succession.
- f. Continue to develop better client communication and client satisfaction.

II. Housing Assistance/Homelessness Prevention

- a. Continue Housing Choice Voucher management practices that ensure all available vouchers are utilized by low-income residents to further reduce poverty (6.2).
- b. Expand the local implementation of the Coordinated Entry System.
 - i. Create three new Coordinated Entry Partnerships.
 - ii. Develop and implement a marketing plan for local implementation of the Coordinated Entry System.
- c. Increase opportunities for program decision making for participants and/or formerly homeless persons.
 - i. Seek participation from twenty HHP participants in customer feedback survey
- d. Increase the financial stability of the Homeless Intervention Programs.

- i. Identify private funds for flexible spending by applying for at least one new source of funding.
- e. Establish a formal connection with one mainstream resource (i.e. publicly funded systems that provide benefits, services and supports to families/individuals based on eligibility criteria Badger Care, TANF, FSET, etc.) to provide services and supports to program participants (frees up our funding and is a source of match to existing grants).
- f. Increased collaborations with coalition

III. Affordable Housing Development/Management

- a. Develop a minimum of an additional 24-50 affordable housing units to help facilitate client self-sufficiency (6.2) and (6.3 community).
- b. Continue enhanced communication and engagement with tenants, such as on-site events pandemic permitting
- c. Continue reducing operating costs through energy conservation and renewable energy retrofits.
- d. Increase occupancy rates, efficiencies and rent as necessary to make our affordable rental housing self-supporting within the agency.

IV. Food Access and Resources

- a. Utilize the Advisory Council of current or former Food Access and Resources customers to meet tri-annually and advise West CAP on related issues.
- b. Develop a CSA option for EBT users at the summer Farmer's Market.
- c. Seek further funding to continue the Market Match program (working with Sandy Tarter/UW-Extension) to help further reduce poverty (6.2).
- d. Increase local partnerships to provide activities for children.
- e. Develop customer flower donation program.
- f. West CAP booth to promote agency and its program

V. Low Income Energy Assistance

a. Expand program to additional counties if available and feasible. Increase program capacity to provide appropriate levels of customer service.

VI. JumpStart

- a. Continue operations at funded level.
- Continue working with our federal government and other sources to address client car ownership
- c. Develop other possible funding, like locally invested carbon offsets, to support helping low income working families purchase fuel efficient, reliable cars.

VII. Literacy

- a. Increase rural client access to basic education, English Language skills, and general employment skills to empower these clients to become more self-sufficient (6.2).
- b. If possible, return to Pierce County Jail inmate access to basic education, general employment skills, and other educational programming to empower inmates to successfully transition back to their community (6.3) and to be self-sufficient (6.2).

- Maintain community collaboration for providing basic education, English Language skills, and general employment skills in St. Croix, Pierce, and Polk counties (6.3 – Community).
- d. Develop appropriate measurement tools for student achievement.

VIII. Skills Enhancement

- a. Increase revenue to expand the Skills Enhancement Program to assist five (5) A.L.I.C.E. clients that would not otherwise be eligible for DCF funding achieve higher income, employer benefits, and further self-sufficiency (6.2).
- b. Work with Workforce Development on collaborating for career advancement of clients

IX. Other

a. Continue providing niche community-based programs (6.3), i.e. holiday gift drive, school supplies, weekend food programs to further reduce poverty (6.2).



West Central Wisconsin Community Action Agency, Inc. Budget Revision 5 July 2023 thru June 2024

Revenue	Estimated
By Category:	
Donations	458,102
Foundation Revenue	78,856
Grants Revenue	13,102,417
Interest Income	117,860
Non-operating Revenues	-
Other Income	319,260
Other Support Revenue	16,958
Program Income	6,996
Rental Income	1,892,322
United Way Revenue	12,000
Grand Total	16,004,771
By Program:	
Business/Farm Mkt/Loc Food	24,958
Skills/Literacy	169,455
Housing Preservation	5,522,912
Housing Development	216,746
Asset Management	1,865,928
JumpStart/Ideal Auto	6,668
Food Access and Resources	1,901,341
Homeless Intervention	5,096,048
Homeownership/Rehab	74,224
GAAP Presentation	(871,158)
Administration (Executive, Accting, Planning, Human Resources, Admin Support, Corp, Energy Assist, Misc. Grants)	1,997,651
Grand Total	16,004,771



West Central Wisconsin Community Action Agency, Inc. Budget Revision 5 July 2023 thru June 2024

Expenses	Budget
By Category:	
Salaries and Wages	3,925,145
Fringe Benefits	1,150,244
Consultants/Contract Labor	191,316
Space/Utilities	1,180,760
Consumable Supplies	168,743
Travel/Transportation and Training	253,063
Depreciation	616,613
Equipment/Repairs/Maintenance	10,601
Other Expenses	1,024,621
Direct Client Support	7,881,921
Interest	152,800
Cost of Goods Sold	-
Grand Total	16,555,828
By Program:	
Business/Farm Mkt/Loc Food	30,822
Skills/Literacy	177,728
Housing Preservation	5,527,736
Housing Development	307,476
Asset Management	1,971,127
JumpStart/Ideal Auto	13,336
Food Access and Resources	1,927,921
Homeless Intervention	5,135,895
Homeownership/Rehab	140,417
GAAP Presentation	(829,299)
Administration (Executive, Accting, Planning, Human Resources, Admin Support, Corp, Energy Assist, Misc. Grants)	2,152,670
Grand Total	16,555,828



West Central Wisconsin Community Action Agency, Inc. Budget Revision 5 July 2023 thru June 2024

			Budgeted			Total budgeted Impac
	Fund #	Revenue	Expenses	Profit/Loss	Explanation	by Department
Business/Farm Mkt/Loc Food			-		·	-
Consolidated Loan Fund	610	-	-	0	Not budgeting to give out any loans or to write off any	
					Cash at 6/30= \$44,011, L/R= \$2,784 (allow setup to equal all L/R)	
Self Sufficiency Loan Fund	616	-	-	0	Not budgeting to give out any loans or to write off any	
					Cash at 6/30= \$20,700, L/R= \$0	
Menomonie Farmers Market	715	24,958	30,822	(5,864)	Budgeting to use cash on hand. Cash less AP 6/30= \$1,432	
Local Foods Operating	911	,	,	(, ,	Cash at 6/30= \$570	
, ,					Budgeting to use cash previously received in this department of \$1,432	(5,86
						,
kills/Literacy						
Skills	678	24,833	24,833	0	TI grant = \$20,833, Xcel Foundation = \$4,000	
Skills- TANF 7/1/23-5/31/24	680	42,421	42,421		Tl grant = \$42,420.58	
Skills- TANF 6/1/24-6/30/24	681	3,856	3,856		TI grant = \$3,856.42	
Literacy	626	8,000	16,617		Budgeting to use \$8,617 cash on hand, \$8,000 Otto Bremer	
		-,	-,-	(-,- ,	Did not budget for donations. Cash at 6/30= \$15,628	
Nursing Skills	665	86,345	86,345	0	TI grant = \$324,600 ends July '25 Budgeted thru June '24	
Skills Associated Bank	633	4,000	3,656		TI grant = \$4,000 Budgeted to leave \$344 on hand for July '24 expenses	
J J. 1000 1100 2 2 1	000	.,000	0,000	• • • • • • • • • • • • • • • • • • • •	Budgeting to use cash previously received in this department of \$8.617	(8,61
ousing Preservation						(0,0
Fee for Service/Warranty Work	400	16,344	16,344	0	Wzn warranty work	
ree for dervice/warranty work	400	10,544	10,544	O	WZH Wallally WORK	
City of River Falls Wzn	403	_	4,824	(4 824)	Transferring \$4,824 to WZN 486	
Oity of River I alia Well	405	_	7,027	(4,024)	Transferring \$4,024 to \$\text{\$VZIV}\$ 400	
Weatherization 23-24	486	4,296,726	4,296,726	0	Budgeted to expend \$4,824 of the City of River Falls funding	
WZN Readiness Prgm 23-24	471	62,128	62,128	0	Budgeted to experid \$4,024 of the City of raver I allo funding	
Water Conservation Prgm 22-23	466	55,041	55,041	0		
Water Conservation Fight 22-23 Water Conservation Prgm 23-24	467	170,235	170,235	0		
County Furnace 23-24	457	819,727	819,727		TI budget = \$1,092,192 This FY direct job costs including direct labor \$695,862	
County Furnace 23-24 County Furnace 22-23	456	103,062	103,062		TI budget = \$1,417,250 This FY direct job costs including direct labor \$87,645	
GAAP Presentation	299	,	(350)		GAAP elimination of internal interest for wzn cash on hand- overall no cash impact	
GAAP Presentation	299	(350)	(330)	U	Budgeting to use cash previously received in this department of \$4,824	// 0′
					Budgeting to use cash previously received in this department of \$4,624	(4,82
i Davidania						
ousing Development	000	40.740		40.740	Int in case from Ohion and OD Anta LIONE have and Ohion and Eally Family let in case	
Chippewa SR HOME Loan	220	10,713	-	,	Int. income from Chippewa SR Apts HOME loan and Chippewa Falls Family Int. income	
WC Manager, LLC	302	-	26	` ,	Annual report filing	
WC Colfax Prairie Homes, LLC	303	-	26	` ,	Annual report filing	
WC Sunrise Meadows, LLC	305	-	26	` ,	Annual report filing	
WC Developer, LLC	306	-	606		Annual report filing and tax return filing	
West CAP Havenwood, LLC	307	202,033	202,033		Rent for Havenwood. We own the land, lease to them, and they lease it back	
Sustainable Builders, LLC	308	-	26	` ,	Annual report filing	
West CAP Taxable, LLC	312	4,000	26		Est. on incentive fee and surplus cash to rec for Chipp Falls Family less annual filing fee	
West CAP Affordable, LLC	313	-	26	` ,	Annual report filing	
CHDO Operating	370	-	104,681	(104,681)	Not sure timing of receiving developer fees so revenue is not budgeted	
					We are transferring cash on hand to CSBG to cover expenses. Cash June 23= \$440,783	
					Fund 220- payments on principal that we expect to receive Chippewa I and Chipp Family	18,4
					Budgeting to use cash previously received in this department of \$104,681	(72,26

			Budgeted			Total budgeted Impac
	Fund#	Revenue	Expenses	Profit/Loss	Explanation	by Department
set Management						
Sunlight Terrace	120	81,025	104,591	(23 566)	Depreciation= \$25,309, Principal debt reduction= \$14,399	
Juliight Terrace	120	01,023	104,391	(23,300)	\$6,500 to be capitalized for gutters, \$1,000 to revent dryers using HOME Funds	
Heritage House	125	163,770	155,861	7 909	Depreciation= \$16,483, Principal debt reduction= \$0	
Heritage House	125	103,770	100,001	7,303	Raize outbuilding per police order \$28,860 using HOME Funds	
Sunrise Meadows- Mgt	130	28,764	27,180	1,584		
ournse meddows mgt		·	•			
NSP Rental	135	133,705	160,113	(26,408)	Majority of depreciation is in Fund 199 however more recent capitalized items are not grant funded so there is \$1,368 of depreciation budgeted here, Principal debt reduction= \$19,130 Install new step 318A Glenwood \$3,000 using HOME Funds	
Colfax Prairie Homes- Mgt	140	39,859	39,054	805		
CapTown Homes	150	70,620	20,118	50,502	Depreciation= \$19,939, Principal debt reduction= \$13,681	
·			·	·	\$70K to be capitalized in Fund 978, \$2,500 for gutters and \$560 for concrete grinding using HOME F Needed: new sign and landscaping \$10K - not budgeted	unds
Spring Valley Villas- Mgt	155	6,334	6,334	0		
Ellsworth Townhomes	162	239,880	187,590	52,290	Depreciation= \$46,543, Principal debt reduction= \$18,774 Concrete grinding \$560 using HOME Funds Needed: new sign and landscaping \$10K - not budgeted	
Havenwood- Mgt	165	5,739	5,739	0	Necded. New sight and fandscaping \$10K - Not budgeted	
Cedar Meadows	170	164,405	176,538	(12,133)	Depreciation= \$24,436, Principal debt reduction= \$0 New sign and landscaping \$2,093 using HOME Funds this FY- total cost \$4,186 Concrete grinding \$560 using HOME Funds	
St Croix Falls Townhomes	176	202,284	307,550	(105,266)	Depreciation= \$113,627, Principal debt reduction= \$11,719 Concrete grinding \$560 using HOME Funds	
Sunrise Meadows II, LLC- Mgt	185	24,322	24,031	291	Consider grinding Good doing Nome Fands	
Santa Clara- Mgt	190					
Hammond	195	125,563	131,028		Depreciation= \$40,845, Principal debt reduction= \$27,692	
Glenwood Commons	197	365,030	356,713	8,317	Depreciation= \$62,083, Principal debt reduction= \$47,328 / Based on 60% occupancy	
					June '23 operating cash was negative \$81,515, AP \$17,667, AR \$9,004 Debt service reserve of \$105,039 at June 30th	
WHEDA Fdtn Hsng Grant	978	20,000	70,000	(50,000)	Grant to replace heating systems at CapTown. Using cash on hand \$50,000 ends Dec '23	
0.445	000	(40.070)	(40.070)		Budgeted to use \$20,000 HOME funds	
GAAP presentation	299 304	(12,073) 206,701	(12,073) 210.760		Mgt fee VV and Havenwood	
West CAP Property Manager, LLC	304	200,701	210,760	(4,059)	Gain on mgt of Valley Villas= \$361 / Loss on mgt of Havenwood= \$(4,419) Rent for Valley Villas. We own the land, lease it to them and they lease it back	
					Asset Management properties depreciation	350
					Asset Management properties principal reduction	(152
					Asset Management properties capitalized items	(6
					Asset Management capitalized items using HOME PI (905)	26
					CapTown deposit into escrow and reserve accounts held at WHEDA	(6
					Colfax- est. to rec. old mgt fees of \$21,834 but won't rec. curr year of \$26,700	(4
					SRII- est. to rec. old mgt fees of \$50,000 but won't rec. curr year of \$36,419	13
					SR- est. to rec. old mgt fees of \$14,853 but won't rec. curr year of \$10,113 VV- est. to rec. old mgt fees of \$1,098 but won't rec. curr year of \$1,143	4,
					v v- est. to rec. out mightees of \$1,000 but worth rec. cult year of \$1,145	119,

		E	Budgeted		Total budgeted Im
	Fund #	Revenue	Expenses	Profit/Loss	Explanation by Department
Ideal Auto	550	-	-		Right now Lisa is dealing with clients that have existing loans so no-one charges here
Jumpstart Program	559	6,668	6,668	0	New jumpstart process, however only operating if get other funding
					New JS client loans are being handled by Kristen thru the Otto Bremer & Mayo Clinic funding
Repo'd Vehicles	590	_	_	0	We have very few existing loans left so not budgeting for any repo's
nope a remoise	000			ŭ	The hard very form of the fact of the badgeting for any report
Mayo Clinic Hmtwn Health	713	-	6,668	(6,668)	TI grant = \$20,000 Budgeted to use cash on hand \$6,666 for PSH, \$6,668 for JumpStart
					Deleties to according to the desired and the d
					Budgeting to use cash previously received in this department of \$6,668 (6
od Access and Resources				(= 2.42)	
Boyceville Food Pantry	750	437,288	445,198	, ,	Using cash on hand. Budgeted donations \$17,288, donated food \$420,000. Cash 6/30= \$37,495
Other Food & Nutrition	771	1,338,000	1,342,800	(4,800)	Did not budget for dontations, using cash on hand. Cash on hand at 6/30= \$7,753 Budgeted \$1.1 million TEFAP and \$240,000 CSFP of commodities to receive
CSFP 22-23	783	11,779	11,779	0	TI grant = \$50,849
CSFP 23-24	784	38,109	50,584		TI grant = \$50,820 Have yet to identify other agency revenue to cover budgeted loss. Total budgeted loss = \$(15,910)
Senior Farmers Market	778	2,565	2,565		TI budget = \$5,500 using Corporate (Barron land sale), no longer allowable in TEFAP
TEFAP 22-23	793	18,528	18,528		TI grant = \$42,390 ends Sept '22
1 El Al 22-23	733	10,320	10,520	O	Budgeted to use \$18,528 Corporate (Barron land sale) this FY
TEFAP 23-24	794	36,338	37,153	(016)	TI grant = \$48,450 Have yet to identify other agency revenue to cover budgeted loss. Total budgeted loss = \$(588)
	794 777	·	·		TI grant = \$17,433 ends Sept '23
TEFAP- CCC	777	17,434	17,434	U	11 grant = \$17,433 ends Sept 23
Boyceville Weekend Meal Program	763	1,300	1,800	(500)	Budgeted donations based on FYE 6/23. Cash less A/P at 6/30= \$11,374
Food Security	751	, <u>-</u>	80	, ,	TI grant = \$22,000 using cash on hand \$80 ends Dec '23
•				()	Budgeting to use cash previously received in this department of \$13,290 (26
meless Intervention 3 Co PSH COC 23-24	520	184,413	184,413	0	TI grant = \$169,467 Budgeted to use \$6,666 Mayo Health, \$1,284 Fred & Katherine Budget includes estimating to receive program income of \$6,996
	520 800	184,413 -	184,413 -	0	
3 Co PSH COC 23-24		,		0	
3 Co PSH COC 23-24 PSH Repayments	800	- -	-	0	Budget includes estimating to receive program income of \$6,996
3 Co PSH COC 23-24 PSH Repayments BOS CoC CE SSO 23-24	800 821 727	- -	- 50,533	0 0 (5,000)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand
3 Co PSH COC 23-24 PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24	800 821 727 830	50,533 - 149,887	50,533 5,000 149,887	0 0 (5,000) 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23	800 821 727 830 829	50,533 - 149,887 37,737	50,533 5,000 149,887 37,737	0 0 (5,000) 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23
3 Co PSH COC 23-24 PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24	800 821 727 830 829 842	50,533 - 149,887 37,737 552,731	50,533 5,000 149,887 37,737 552,731	0 0 (5,000) 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23	800 821 727 830 829 842 841	50,533 - 149,887 37,737 552,731 110,622	50,533 5,000 149,887 37,737 552,731 110,622	0 0 (5,000) 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24	800 821 727 830 829 842 841	50,533 - 149,887 37,737 552,731 110,622 364,149	50,533 5,000 149,887 37,737 552,731 110,622 364,149	0 0 (5,000) 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24	800 821 727 830 829 842 841 860 946	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692	0 0 (5,000) 0 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation
PSH COC 23-24 PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23	800 821 727 830 829 842 841 860 946	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563	0 0 (5,000) 0 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23
3 Co PSH COC 23-24 PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24	800 821 727 830 829 842 841 860 946 887	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	0 0 (5,000) 0 0 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments	800 821 727 830 829 842 841 860 946 887	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	0 0 (5,000) 0 0 0 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way	800 821 727 830 829 842 841 860 946 887 888 900 901	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000	0 0 (5,000) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30= \$5,187
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way	800 821 727 830 829 842 841 860 946 887 888 900 901	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683	0 0 (5,000) 0 0 0 0 0 0 0 (5,000) (2,683)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30 = \$5,187 Using cash on hand. Cash at 6/30 = \$2,759
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23)	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000	0 0 (5,000) 0 0 0 0 0 0 (5,000) (2,683) (689)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30 = \$5,187 Using cash on hand. Cash at 6/30 = \$2,759 Using cash on hand. Cash at 6/30 = \$689
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23) FIT Discretionary	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903 906	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 2,000	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683 689	0 0 (5,000) 0 0 0 0 0 0 (5,000) (2,683) (689)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30 = \$5,187 Using cash on hand. Cash at 6/30 = \$2,759
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23)	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683	0 0 (5,000) 0 0 0 0 0 0 (5,000) (2,683) (689)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30 = \$5,187 Using cash on hand. Cash at 6/30 = \$2,759 Using cash on hand. Cash at 6/30 = \$689
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23) FIT Discretionary	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903 906	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 2,000	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683 689	0 0 (5,000) 0 0 0 0 0 (5,000) (2,683) (689) 0	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30 = \$5,187 Using cash on hand. Cash at 6/30 = \$2,759 Using cash on hand. Cash at 6/30 = \$689
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PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23) FIT Discretionary Chippewa Valley United Way Andersen Corp DPPS	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903 906 913 915	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 2,000	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683 689	(5,000) (5,000) 0 0 0 0 0 0 (5,000) (2,683) (689) 0 0 (19,809)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30= \$5,187 Using cash on hand. Cash at 6/30= \$5,187 Using cash on hand. Cash at 6/30= \$689 Nothing being budgeted. Cash at 6/30= negative \$1,732 Have applied for funding, waiting to hear on an award
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23) FIT Discretionary Chippewa Valley United Way Andersen Corp DPPS Otto Bremer	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903 906 913 915 723	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 2,000 - 10,000	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683 689 10,000 19,809 68,137	(5,000) (5,000) 0 0 0 0 0 (5,000) (2,683) (689) 0 0 (19,809)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '23 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$363,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30= \$5,187 Using cash on hand. Cash at 6/30= \$5,187 Using cash on hand. Cash at 6/30= \$689 Nothing being budgeted. Cash at 6/30= negative \$1,732 Have applied for funding, waiting to hear on an award Using cash on hand Budgeted to use \$1,045 from Fund 100 (Barron land sale)
PSH Repayments BOS CoC CE SSO 23-24 SCVF Resiliency Fund 23-24 ESG 23-24 ESG 22-23 HUD PSH II Expansion 23-24 HUD PSH II Expansion 22-23 RRH 23-24 TBRA 22-24 HPP 22-23 HPP 23-24 SHP/RRH Repayments St. Croix United Way Dunn United Way Rice Lake United Way (7/22-6/23) FIT Discretionary Chippewa Valley United Way Andersen Corp DPPS Otto Bremer	800 821 727 830 829 842 841 860 946 887 888 900 901 902 903 906 913 915 723	50,533 - 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 2,000 - 10,000	50,533 5,000 149,887 37,737 552,731 110,622 364,149 338,692 31,563 61,322 - 7,000 2,683 689 10,000	(5,000) (5,000) 0 0 0 0 0 (5,000) (2,683) (689) 0 0 (19,809)	Budget includes estimating to receive program income of \$6,996 TI grant = \$32,177 Budgeted to use \$18,356 Fred & Katherine TI grant = \$5,000 (direct client only) Using cash on hand TI grant = \$208,427 ends Sept '24 TI grant = \$163,862 ends Sept '24 TI grant = \$663,286 ends Aug '24 TI grant = \$663,286 ends Aug '23 TI grant = \$63,988 Budget includes estimating to receive program income of \$161 TI grant = \$291,693 Budgeted to use \$46,999 Otto Bremer Foundation TI grant = \$150,520 ends Sept '23 TI grant = \$96,860 ends Sept '24 Using cash on hand. Cash at 6/30= \$5,187 Using cash on hand. Cash at 6/30= \$5,759 Using cash on hand. Cash at 6/30 = \$689 Nothing being budgeted. Cash at 6/30 = negative \$1,732 Have applied for funding, waiting to hear on an award Using cash on hand

		E	Budgeted			Total budgeted Impact
	Fund #	Revenue	Expenses	Profit/Loss	Explanation	by Department
			•		TI fund budgeted to use \$10,000 Otto Bremer	· ·
FSS 2024	955	22,062	22,062	0	Tl grant = \$44,129 ends Dec '24	
FSS 2023	954	25,738	25,738	0	TI grant = \$42,028 ends Dec '23	
Dunn Co Transitional Housing	959	194,877	194,877	0	Tl grant = \$815,938 5/21 thru 12/23, Women's Giving \$37 to be spent by 12/31/23 on direct client of	costs
YHDP SSO CE 22-23	939	2,593	2,593	0	TI grant = \$6,835 ends Sept '23	
YHDP SSO CE 23-24	934	6,730	6,730	0	TI grant = \$7,953 ends Sept '24 Budgeted to use \$1,010 Fred and Katherine this FY	
Domestic Violence 23-24	926	9,043	9,043	0	TI grant = \$5,900 ends Aug '24 Budgeted to use \$4,950 Fred and Katherine this FY	
Domestic Violence 22-23	925	1,257	1,257	0	Budgeted to use \$1,257 Hugh J Andersen. Tl grant = \$5,900 ends Aug '23	
PSH II Repayments	600	-	-	0		
					Budgeting to use cash previously received in this department of \$39,847	(39,847)
Homeownership/Rehab						
HOME Program Income		-	-	0		
Homebuyer Loan Fund	905	-	66,193	(66,193)	Using program income on hand- CapTown heating systems \$20K, gutters \$2,500	
					Cedar Meadows new sign/landscaping \$2,093, Heritage House raize outbuilding \$28,860	
					Sunlight Terrace gutters \$6,500 and revent dryers \$1,000, NSP install new step \$3,000	
					Concrete grinding at CapTown, Cedar Meadows, Ellsworth, St Croix Falls \$2,240	
WI Help for Homeowners	919	74,224	74,224	0	TI grant = \$200,000 ends Sept '26 Budgeted to expend full grant by end of May '24	
					_	
GAAP Presentation					Budgeting to use cash previously received in this department of \$66,193	(66,193)
Grant Funded Assets	199	-	113,227	(113,227)	Grant funded depreciation \$249,049, new capitalized grant equip \$131,955, and	
					adjustment for commodity food inventory (based on 3 year avg)	
GAAP Presentation	299	(942,526)	(942,526)	0	GAAP elimination of internal rent, shared cost, and trans between funds-overall no cash impact	
GAAP Loan Receivable Discounts	899	71,368	<u>-</u>	71.368	Used last 3 yrs avg to determine. This fund is discounting loan pool to PV	
		,		,		113,227
					Fund 199- these items do not have cash impact so remove Fund 899- Discount L/R no direct cash impact _ _	(71,368)
Administration, Corporate, Misc Grants	400	404.700	400.077	(05.544)		
Corporate	100	134,736	160,277	(25,541)	Depreciation \$16,930 / Principal debt reduction= \$ Budgeted to use cash on hand \$2,565 for Senior Farmers Market, \$1,045 for Dunn County Hsg Author \$50K to be capitalized for new HVAC at 525 2nd Street	prity
Social Assets Program	102			0	Donated revenue- not budgeting to use any donations Cash less accruals/AP 6/30= \$46.606	
Economic Assets Program	103				Not budgeting to expended. Cash at 6/30= \$3,362	
Tax Credit Investment		105,771	102,000	3 771	Budgeted loss on investment SRII \$102,000 (no cash impact)	
Tax Orealt investment	110	103,771	102,000	3,771	Interest income for HOME loans is \$105,771 - we expect to receive \$54,131	
Fee for Service Accounting	701	6,500	4,112	2 380	Cash less liab 6/30= \$164,552	
Fee for Service Human Resources	703	0,300	7,112	2,000	Cash 1633 hab 0/30- \$104,332	
Back to School (school supplies)		3,200	4,470	(1 270)	Donated revenue- Using cash on hand. Cash on hand 6/30= \$15,629	
				(1,270)	Donated revenue- Using Cash on hand. Cash on hand 0/30- \$13,023	
Angel Fund	706	1,400	1,400	0	Donated revenue (no cash impact)	
Andersen Fdtn F&K 23-24	714	-	80,478	(80,478)	Using cash on hand. Cash at 6/30= \$98,307	
Holiday Ciff Priva	717	4 029	4 120	(102)	Budgeted to use \$1,284 for PSH, \$18,356 for SSO CE, \$4,950 for SSO DV, \$1,010 for SSO YHDP th	is FY
Holiday Gift Drive		4,028	4,130	` ,	Donated revenue- Using cash on hand. Cash on hand 6/30= \$10,758	
New Richmond Farmers Union		-	-		Not budgeting to expend \$16,240 on hand. Use if needed	
Hugh J Andersen Foundation	726	-	85,245	(85,245)	Using cash on hand. Cash at 6/30= \$91,109	
					Budgeting to use \$1,257 in SSO DV, \$83,988 in CSBG	

			Budgeted			Total budgeted Impact
	Fund#	Revenue	Expenses	Profit/Loss	Explanation	by Department
			•		Can use for asset mgt losses if needed, but can't be used for Glenwood Commons	·
Affordable Connectivity Outreach Prgm	728	50,000	50,000	0	TI grant = \$50,000 ends May '25	
Energy Assistance 22-23	442	87,409	87,409	0	TI grant = \$476,644, Crisis = \$113,329 ends Sept '23 Budgeted to use \$11,479 from CSBG	
Energy Assistance 23-24	445	369,990	369,990	0	TI grant = \$492,451 ends Sept '24	
Otto Bremer 2023	723	-	45,662	(45,662)	TI grant = \$125,000 ends Dec '23 Using cash on hand	
Shared Cost Pool 2023 (7/23-12/23)	731	499,350	422,230	77,120		
Shared Cost Pool 2024 (1/24-6/24)	732	,	1,	,		
CSBG 2023 (7/23-12/23)	743	295,789	295,789	0	TI grant = \$382,472 ends Dec '23 Budgeted to use \$11,479 for Energy Assistance	
,					Budgeting to use \$41,994 from Hugh J Anderson and \$104,681 from HD developer fee on hand	
CSBG 2024 (1/24-6/24)	744					
WERA	863	35,868	35,868	0	Tl grant = \$398,699 ends Sept '25 Admin only	
WERA Stabilization	865	379,740	379,740		TI grant = \$895,675 ends Sept '25	
Vaccine Outreach	776	23,870	23,870	0	TI grant = \$235,849 ends June '24. No admin allowed With current situation, will not fully expend grant. Budgeted to expend \$96,291 of \$235,819 grant amo	ount
					Fund 100- adjusted cash impact- depreciation= \$, princ reduction= \$	
					Fund 100- May end up needing new furnaces at 525 Main and Misty Lane	(20,000
					Fund 110- payments on principal that we expect to receive	54,131
					Fund 110- interest income we don't anticipate receiving	(51,640
					Fund 701- rev don't anticipate receiving from Co, SR, SRII	(7,500
					Fund 110- SRII loss no cash impact	102,000
				This FY Share	ed Cost est. won't rec. from asset mgt properties because they are budgeted at negative cash impact	(31,428
					Budgeting to use cash previously received in this department of \$260,560	(109,456
rand Total		16,004,771	16,555,828	(551,057)		
		16,004,771	16,555,828		Anticipated Cash impact during this fiscal year _	(154,484
		0.00	0.00		*Using cash rec'd previously of \$486,303- this means this has an impact on cash flow	
a ha undated at a later data					as the current cash will be budgeted to decrease by this amount	

To be updated at a later date Updated this revision

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



2501 W Beltline Hwy, Ste 401 Madison, WI 53713 608.274.1980 wipfli.com

April 4, 2024

West Central Wisconsin Community Action Agency, Inc. 525 Second Street, P.O. Box 308 Glenwood City, WI 54013

West Central Wisconsin Community Action Agency, Inc.:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 Form 990-T

2022 Wisconsin Form 4T

2022 Wisconsin Form 1952

Please review the returns for completeness and accuracy.

We prepared the returns from information you furnished us without verification. Upon examination of the returns by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Sincerely,

Quinn Dugan

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

West Central Wisconsin Community Action Agency, Inc. 525 Second Street, P.O. Box 308 Glenwood City, WI 54013

Prepared By:

Wipfli LLP 2501 W Beltline Hwy, Ste 401 Madison, WI 53713

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

Internal Revenue Code Section 6104(d) requires that Form 990-T should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

West Central Wisconsin Community Action Agency, Inc. 525 Second Street, P.O. Box 308 Glenwood City, WI 54013

Prepared By:

Wipfli LLP 2501 W Beltline Hwy, Ste 401 Madison, WI 53713

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

Internal Revenue Code Section 6104(d) requires that Form 990 should be made available for public inspection during regular business hours at the organization's principal office. The return must also be available for public inspection at any regional or district offices having three or more employees. Inspection of this return must be allowed for three years from the due date specified above. The inspection requirement applies to all portions of the return except for the names and addresses of any contributors to the organization. The inspection requirement also applies to your organization's application for tax-exempt status (Form 1023 or 1024) and the Internal Revenue Service determination letter approving exempt status.

Form **8879-TF**

THIS IS NOT A FILEABLE COPY ***** RS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning JUL 1 , 2022, and ending JUN 30

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

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

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

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

EIN or SSN 39-1076125

Name and title of officer or person subject to tax

PETER KILDE

EXECUTIVE DIRECTOR

Part I	Type of I	Return and	Return	Information
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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, tŀ

	ne line in Part I.	Silici o). D	at, if you cheered to on the return, then enter to on the applicable line below	. Do not complete more
1a	Form 990 check here	X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	њ1 <u>6,862,912</u> .
2 a	Form 990-EZ check here		b	Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignatu	ıre	Authorization of Officer or Person Subject to Tax	
Inder	penalties of perjury, I declare tha	at X	I ar	n an officer of the above entity or 🔲 I am a person subject to tax with res	pect to (name
f entit	y)			, (EIN) and that I have	examined a copy of the
omple nterme cknov f any	ete. I further declare that the ame ediate service provider, transmit vledgement of receipt or reason refund. If applicable, I authorize	ount in F ter, or el for rejec the U.S	Part lect ction . Tre	les and statements, and, to the best of my knowledge and belief, they are truel above is the amount shown on the copy of the electronic return. I consent ronic return originator (ERO) to send the return to the IRS and to receive from nof the transmission, (b) the reason for any delay in processing the return consumption and its designated Financial Agent to initiate an electronic funds with in the tax preparation software for payment of the federal taxes owed on this	to allow my in the IRS (a) an ir refund, and (c) the dat drawal (direct debit)

ir e 0 financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. 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
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X Lauthorize WIPFLI LLP		to enter my PIN	55435
	ERO firm name		Enter five numbers, but

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

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

Certification and Authentication Part III

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

39955254403

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

QUINN DUGAN

04/04/24 Date

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. 2023 A For the 2022 calendar year, or tax year beginning JUL 2022 and ending JUN Check if applicable: C Name of organization D Employer identification number WEST CENTRAL WISCONSIN COMMUNITY ACTION Address change AGENCY, INC. Name change 39-1076125 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 715-598-4750 525 SECOND STREET, P.O. BOX 308 17,331,438. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 54013 GLENWOOD CITY, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PETER KILDE for subordinates? Yes X No SAME AS C ABOVE _ Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.WESTCAP.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 1966 M State of legal domicile; WI Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE ORGANIZATION Activities & Governance IS TO TAKE ACTION AGAINST POVERTY. if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 3 Number of voting members of the governing body (Part VI, line 1a) 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 118 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 -62,218. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 14,287,656. 13,918,484. Contributions and grants (Part VIII, line 1h) 2,836,751. 2,810,865. Program service revenue (Part VIII, line 2g) 108,330. 172,543. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -38,980.-62,612. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 17,170,125. 16,862,912. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,760,733. 7,367,338. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,527,546. 5,288,833. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,738,447. 3,437,270. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 16,093,441. 15,026,726. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,143,399. 769,471. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 24,584,226. 24,266,065 Total assets (Part X, line 16) 5,748,614. 6,855,355. 21 Total liabilities (Part X, line 26) 17,728,871. 18,517,451 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 PETER KILDE, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 04/04/24 P02267768 QUINN DUGAN OUINN DUGAN Paid self-employed Firm's EIN 39-0758449Firm's name WIPFLI LLP Preparer Firm's address 2501 W BELTLINE HWY, Use Only Phone no. 608.274.1980 MADISON, WI 53713 X Yes

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

Approval Copy 4.4.24 WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC. 39-1076125 Page 2 Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC. IS TO TAKE ACTION AGAINST POVERTY BY DEVELOPING THE SOCIAL AND ECONOMIC ASSETS OF LOW-INCOME FAMILIES AND THEIR COMMUNITIES AND BY WORKING TO CREATE A MORE JUST AND SUSTAINABLE SOCIETY. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 7,268,659. including grants of \$ ____ 3,395,370.) (Revenue \$ 2,791,552. (Code: _____) (Expenses \$ ____ HOUSING: TO PROVIDE AFFORDABLE HOUSING AS WELL AS EMERGENCY AND HOUSING ASSISTANCE TO LOW INCOME INDIVIDUALS. ASSISTANCE SERVICES INCLUDE: RENTAL, SECURITY DEPOSIT, UTILITY, SECTION 8, AND FAMILY SELF SUFFICIENCY. DURING THE YEAR 5,463 PARTICIPANTS RECEIVED SERVICES THROUGH THIS PROGRAM.

4,959,902. including grants of \$ 1,962,623.) (Revenue \$) (Expenses \$ WEATHERIZATION/ENERGY ASSISTANCE: PROVIDE RESIDENTIAL REHABILITATION AND ENERGY CONSERVATION SERVICES TO LOW INCOME HOUSEHOLDS TO REDUCE UTILITY BILLS AND ENHANCE COMMUNITY SUSTAINABILITY BY USING FEWER RESOURCES. PROVIDE FUEL ASSISTANCE FUNDING FOR CLIENTS IN NINE COUNTIES. DURING THE YEAR 15,372 PARTICIPANTS RECEIVED SERVICES THROUGH THIS PROGRAM.

2,184,943. including grants of \$ 1,894,160.) (Revenue \$) (Expenses \$ FOOD PROGRAMS: TO PROVIDE FOOD SECURITY SERVICES TO LOW INCOME INDIVIDUALS. DURING THE YEAR 16,971 PARTICIPANTS RECEIVED SERVICES THROUGH THIS PROGRAM.

Other program services (Describe on Schedule O.)

467,044. including grants of \$ 2,500.) 115,185.) (Revenue \$

14,880,548.

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7,431.

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Form 990 (2022) AGENCY, INC.
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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			,,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	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	441		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444	Х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	TTE	-21	
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	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	21	
ıza	Schedule D. Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u> </u>
_	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			
	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		X
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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	Х	

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Pai	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
			Х	
	Schedule J	23	Λ	
24a	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	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	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
h	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			
		054		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
		200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35.2		35a	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	334		
		35b		x
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			 ₩
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 245			
b	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		

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 118 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? Х If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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Page 6 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 19	9		
	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	əl		
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		x
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
74	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1a		
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		8a	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
b		OD	25	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	<u> </u>	J.	22
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	N _a
100	Did the expenization have lead charters branches or effiliates?	10a	162	No X
	Did the organization have local chapters, branches, or affiliates?	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?		Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-22	
b 40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-	Х	
40	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	Λ	
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?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
р	Other officers or key employees of the organization	15b	^	
40-	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	40-	Х	
	taxable entity during the year?	16a	^	
D	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	401	Х	
500	exempt status with respect to such arrangements? tion C. Disclosure	16b	Λ	
17	List the states with which a copy of this Form 990 is required to be filed WI Section 6104 required on a graphication to make its Forms 1003 (1004 or 1004 A if applicable) 900, and 900 T (costion 501/c)(2)	\n c=1:3	0.45!!-!	ole.
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)	avallal	oie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W 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, are	id finan	cial	
	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			
	LISA SMITH - 715-598-4750 525 SECOND STREET P.O. BOX 308 GLENWOOD CITY WI 54013			

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	npen	sate	ed any current officer, di	rector, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		າ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week			u a u		171143		from	from related	other
	(list any hours for	direct				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	nd mc		1099-NEC)	, , , , , , , , , , , , , , , , , , , ,	and related
	below	ndividual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer.			organizations
	line)	indi	Insti	Officer	Key	High	Former			
(1) PETER KILDE	40.00									
EXECUTIVE DIRECTOR				Х				143,306.	0.	30,495.
(2) LISA SMITH	40.00									
CHIEF FINANCIAL OFFICER	1			Х				106,358.	0.	24,981.
(3) DAWN (HEMM) CHRISTIE	1.00									
BOARD MEMBER	1 00	Х						2,100.	0.	0.
(4) KWASE GOLLIDAY	1.00	.,		7.7				1 000	,	0
SECRETARY	1 00	Х		Х				1,000.	0.	0.
(5) PAULA LUGAR	1.00	37						C40	0	0
BOARD MEMBER	1 00	Х						640.	0.	0.
(6) PHILIP VERGES	1.00	37		37				600	0	0
PRESIDENT (7) ALEXANDRA HANSON	1.00	Х		Х				600.	0.	0.
(7) ALEXANDRA HANSON BOARD MEMBER (TERMED 12/22)	1.00	Х						500.	0.	0.
(8) JENNA LOKKEN	1.00	Λ						300.	0.	· ·
BOARD MEMBER (TERMED 12/22)	1.00	Х						500.	0.	0.
(9) TODD GROAT	1.00	Λ						300.	0.	0.
VICE PRESIDENT (TERMED 11/22)	1.00	Х		Х				400.	0.	0.
(10) JONATHAN SENNE	1.00							400.	•	
BOARD MEMBER (TERMED 12/22)	1,00	х						400.	0.	0.
(11) ANTHONY WILLKOM	1.00									
VICE PRESIDENT		Х		Х				320.	0.	0.
(12) JANE JAFFERI	1.00								-	
BOARD MEMBER		Х						300.	0.	0.
(13) CHRISTOPHER HOLTKAMP	1.00									
BOARD MEMBER (TERMED 5/23)		Х						280.	0.	0.
(14) CHRISTIAN BLAISDELL	1.00									
BOARD MEMBER		Х						240.	0.	0.
(15) RANDY DEAN	1.00									
BOARD MEMBER		Х						40.	0.	0.
(16) PAUL HOCH	1.00									
TREASURER		Х		Х				0.	0.	0.
(17) PAM FALL	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2022) AGENCY, INC. 39-1076125 Page 8

Part VII Section A. Officers, Directors, Trus		alov.	200	anc	ı Ui,	hoc	+ 0	amponented Employee	S (===ti====t)	123 Fage 0
(A)	(B)	Jioyi	ees,	anc ((Jues	si Ci	(D)	(E)	(F)
Name and title	Average hours per week Average (do not check more than one box, unless person is both an officer and a director/trustee)						n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) VAUGHN HEDLUND	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(19) JAMES HUBERT	1.00							_	_	_
BOARD MEMBER (TERMED 10/22)		Х						0.	0.	0.
(20) MICHELE HUSTON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) KARI IVES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) PAMELA KOHNEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) BARBARA MCAFEE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) ISAAK ABDI MOHAMED	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) LYNN PAATALO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) LINDA POWELL	1.00									
BOARD MEMBER		X						0.	0.	0.
1b Subtotal								256,984.	0.	55,476.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								256,984.	0.	55,476.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Per No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
WIERSGALLA COMPANY, 1710 TRUAX BLVD, PO		
BOX 902, EAU CLAIRE, WI 54702	CONTRACTOR	666,387.
NORTHLAND PLUMBING INC		
· · · · · · · · · · · · · · · · · · ·	CONTRACTOR	449,680.
J&N HEATING & COOLING, LLC DBA AIRE SERV W		
E1402 630TH AVE, KNAPP, WI 54749	CONTRACTOR	421,364.
PAUL D MOMCHILOVICH DBA A.M. HEATING & COOL		
2596 COUNTY ROAD D, WOODVILLE, WI 54028	CONTRACTOR	108,352.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY INC.

Form 990 AGENCY, INC. 39-1076125

orm 990 AGENCY,									39-107	
Part VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		lv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
27) GREG TELLIJOHN	1.00									
OARD MEMBER	-	Х						0.	0.	(
	+									
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Form 990 (2022) AGENCY, INC. 39-1076125 Page 9
Part VIII | Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 18,000 Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d 12,919,749 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 980,735 1f 1,824,350 g Noncash contributions included in lines 1a-1f 13,918,484. h Total. Add lines 1a-1f **Business Code** 2 a RENTAL REVENUE 2,248,835. 531110 2,248,835. Program Service Revenue b HOUSING DEVELOPMENT REVENUE 531390 204,845 204,845 RENTAL PROPERTY MANAGEMENT 531310 125,862. 125,862. HOUSING AUTHORITY ADMINISTRATION 123,895. 531110 123,895. HOUSING SUPPORT REVENUE 531110 83,441 83,441 All other program service revenue 531390 23,987 23,987 2,810,865. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 172,354 172,354 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 312,035 6 a Gross rents 383,710. 6b **b** Less: rental expenses ... -71,675. c Rental income or (loss) -71,675 -71,675 d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 85,005. assets other than inventory 7a b Less: cost or other basis 84,816 and sales expenses 7b Other Revenue 189 c Gain or (loss) 189 189. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a FARMERS MARKET FEES 445100 7,431 16,888, 9,457 b 900099 15,807. d All other revenue 15,807. 32,695 e Total. Add lines 11a-11d -62,218. 188,350. 16,862,912. 2,818,296. Total revenue. See instructions 12

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Form 990 (2022) AGENCY, INC.
Part IX Statement of Functional Expenses 39-1076125 Page **10**

04	== 501(-\/0) == d 501(-\/d) ====================================				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	
_	Check if Schedule O contains a respon	(A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	273,507.	273,507.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,093,831.	7,093,831.		
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	333,855.		333,855.	
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	3,912,058.	3,427,105.	482,855.	2,098.
8	Pension plan accruals and contributions (include		_,	40.545	
	section 401(k) and 403(b) employer contributions)	85,785.	74,923.	10,862.	
9	Other employee benefits	592,230.	490,929.	100,518.	783.
10	Payroll taxes	364,905.	308,780.	55,967.	158.
11	Fees for services (nonemployees):				
	Management	11 560	11 560		
	Legal	11,760.	11,760.	25 274	
	Accounting	59,093.	23,719.	35,374.	
	Lobbying	4,858.		4,858.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	209,900.	198,357.	11,543.	
12	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	47,502.	42,499.	5,003.	
13	Office expenses	79,741.	65,928.	13,766.	47.
14	Information technology	94,311.	76,195.	17,177.	939.
15	Royalties	0 = 7 = = 1	,	= 1, = 1.11	
16	Occupancy	1,335,807.	1,316,211.	19,543.	53.
17	Travel	245,841.	220,199.	25,642.	
18	Payments of travel or entertainment expenses	•	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,506.	15,256.	17,250.	
20	Interest	140,653.	140,119.	534.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	690,991.	690,991.		
23	Insurance	179,264.	173,570.	5,685.	9.
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 O.)				
а	BAD DEBT	106,362.	106,362.		
b	REPAIRS AND MAINTENANCE	14,276.	14,276.		
c		•			
d					
е	All other expenses	184,405.	116,031.	68,353.	21.
25	Total functional expenses. Add lines 1 through 24e	16,093,441.	14,880,548.	1,208,785.	4,108.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)
Part X Balance Sheet AGENCY, INC. 39-1076125 Page **11**

Ра	rı A	Balance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,480,256.	1	1,875,187.
	2	Savings and temporary cash investments			871,986.	2	1,080,866.
	3	Pledges and grants receivable, net			1,102,258.	3	728,417.
	4	Accounts receivable, net			447,005.	4	430,343.
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
Ś	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			114,395.	8	133,997.
As	9				48,113.	9	407,438.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	17,959,077.			
	b	Less: accumulated depreciation	10b	8,085,696.	10,506,237.	10c	9,873,381.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 11	182,156.	12	201,395.		
	13	Investments - program-related. See Part IV, line 1	1,047,830.	13	976,073.		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			7,783,990.	15	8,558,968.
	16	Total assets. Add lines 1 through 15 (must equal	l line 3	3)	24,584,226.	16	24,266,065.
	17	Accounts payable and accrued expenses			799,192.	17	550,425.
	18	Grants payable				18	
	19	Deferred revenue	25.	19	0.		
	20	Tax-exempt bond liabilities		591,720.	20	565,401.	
	21	Escrow or custodial account liability. Complete P	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or former	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
iab		controlled entity or family member of any of these			- 440 000	22	4 405 005
_	23	Secured mortgages and notes payable to unrelate			5,119,023.	23	4,427,037.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay-					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X	245 205		005 751
		of Schedule D			345,395.		205,751.
	26	Total liabilities. Add lines 17 through 25			6,855,355.	26	5,748,614.
s		Organizations that follow FASB ASC 958, chec	k here	e X			
Se.		and complete lines 27, 28, 32, and 33.			7 017 077		7 040 000
alar	27	Net assets without donor restrictions	7,217,077.	27	7,948,000.		
Ä	28	Net assets with donor restrictions	10,511,794.	28	10,569,451.		
Ĕ		Organizations that do not follow FASB ASC 95	8, che	ck here			
٦r F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or equ		Г		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incomment			17 700 071	31	10 517 /51
Š	32	Total net assets or fund balances			17,728,871.	32	18,517,451.
	33	Total liabilities and net assets/fund balances			24,584,226.	33	24,266,065.

Form 990 (2022) AGENCY, INC. 39-1076125 Page 12

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,			
3	Revenue less expenses. Subtract line 2 from line 1	3			9,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,			
5	Net unrealized gains (losses) on investments	5		19	9,1	<u>09.</u>
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	18,	51	7,4	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Щ
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a			L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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					l
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	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	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	X	
			ſ	orm	990 ((2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

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 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

ZUZZ
Open to Public

Inspection

WEST CENTRAL WISCONSIN COMMUNITY ACTION **Employer identification number** Name of the organization AGENCY 39-1076125 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

39-107<u>6125 Page 2</u> AGENCY, INC. Schedule A (Form 990) 2022

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support	7.1	•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, , ====	, ,	1
	membership fees received. (Do not						
	include any "unusual grants.")	9778285.	9454322.	13911281.	14287656.	13918484.	61350028.
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	9778285.	9454322.	<u>13911281.</u>	<u> 14287656.</u>	<u> 13918484.</u>	61350028.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						61350028.
	ction B. Total Support				I	ı	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9778285.	9454322.	13911281.	14287656.	13918484.	01350028.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	131,454.	127,859.	100 100	101 220	170 254	641 000
_	and income from similar sources	131,434.	147,039.	100,123.	101,230.	1/2,354.	641,020.
9	Net income from unrelated business						
	activities, whether or not the	31,124.	46,585.				77,709.
40	business is regularly carried on	31,124.	40,303.				11,109.
10	Other income. Do not include gain						
	or loss from the sale of capital	1,710.	7,572.	341.	710.	15,807.	26,140.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	1,710.	7,3724	341.	710.		62094897.
	Gross receipts from related activities,	oto (ooo inatruotia	no)				,462,816.
	First 5 years. If the Form 990 is for the			fourth or fifth tax v			, 402,010.
13	organization, check this box and stor			•			
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (li			column (f))		14	98.80 %
	Public support percentage from 2021			.,,		15	98.81 %
	33 1/3% support test - 2022. If the o					ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the orga	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 2022

AGENCY, INC.

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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.)

Sed	etion A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						,,
2	include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed or facilities furnished in						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
5	or expended on its behalf						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	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						
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.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here		-				<u></u>
	tion C. Computation of Publi					1 1	
	Public support percentage for 2022 (I		· ·	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 : t
19a	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	=	-	•			
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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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.
- 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")? |f "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?
- 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).
- 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		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10h		
10b ule A (Forn	n 990)	2022

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Par	t 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		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization estimated the Activities Test. Organization and the Activities Test.	15).		
b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatruation	, o l	
	Activities Test. Answer lines 2a and 2b below.	IIIStruction	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	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		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	· · · 			

Schedule A (Form 990) 2022 AGENCY, INC. 39-1076125 Page 6

2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Rection B - Minimum Asset Amount (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): a Average monthly value of securities b Average monthly value of securities 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Minimum Asset Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 7 Recoveries of prior-year distributions 8 Minimum Asset Amount 1 Adjusted net income for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amount for prior year (from Section B, line 8, column A) 9 Enter oas of line 2 or line 3. 9 Minimum asset amou	Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations			
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. section A - Adjusted Net Income (A) Prior Year (Poptional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 2 Recoveries of prior-year distributions 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (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): a Average monthly value of securities 1 Average monthly value of securities 1 Average monthly value of colorer non-exempt-use assets 1 b 1 Average monthly value of other non-exempt-use assets 1 c 1 Total (add lines 1a, 1b, and 1c) 1 D 2 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indetedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Minimum asset amount (add line 7 to line 6) 8 Minimum asset amount (add line 7 to line 6) 8 Minimum asset amount for prior year (from Section B, line 8, column A) 9 I Current Year 1 Adjusted net income for prior year (from Section B, line 8, column A) 9 I Current Year 1 Adjusted ret income for prior year (from Section B, line 8, column A) 1 All Center greater of line 2 or line 3. 1 All Center greater of line 2 or line 3. 1 All Center greater of line 2 or line 3. 1 All Center greater of line 2 or line 3. 1 All Center greater of line 2 or line 3. 1 All Center greater of line 2 or line 3. 2 Current	1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions					
(A) Prior Year (optional) 1 Net short term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 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 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) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Cection B Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Agrange monthly value of securities 1 Average monthly cash balances 1 b 1 O Fair market value of other non-exempt-use assets 1 c 1 Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 1 Subtract line 2 from line 1 d. 3 Subtract line 2 from line 1 d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section B, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter greater of line							
2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines of through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Rection B - Minimum Asset Amount (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): a Average monthly value of securities b Average monthly value of securities 1 Aggregate morthly value of securities 1 Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 ection C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter 0.85 of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, column A) 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount. 6 German Aggregate of line 2 or line 3. 6 Distributable Amount is from line 4, unless subject to emergency temporary reduction (see instructions).	Secti	on A - Adjusted Net Income		(A) Prior Year			
3 Other gross income (see instructions) 4 Add lines 1 through 3. 5 Depreciation and depletion 5 Depreciation and depletion 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 Other expenses (see instructions) 7 Other expenses (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Cetion B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities 1 Average monthly value of other non-exempt-use assets 1 C Total (add lines 1a, 1b, and 1c) 1 Department of the part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 5 Obstributable Amount 6 Current Year 7 Enter greater of line 2 or line 3. 6 Distributable Amount 1 Current year line 4 unless subject to energency temporary reduction (see instructions).	1	Net short-term capital gain	1				
4 Add lines 1 through 3. 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ection B - Minimum Asset Amount 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Aggregate fair market value of securities 1 Average monthly value of securities 1 Average monthly value of securities 1 Average monthly cash balances 1 b 1 Total (add lines 1a, 1b, and 1c) 1 Total (add lines 1a, 1b, and 1c) 1 Discount claimed for blockage or other factors (ayolain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 Recoveries of prior-year distributions 7 Recoveries of prior year (from Section A, line 8, column A) 1 Adjusted net income for prior year (from Section B, line 8, column A) 2 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year 6 Distributable Amount 1 Current From line 4, unless subject to emergency temporary reduction (see instructions). 6 Distributable Amount 1 Current line 6 emergency temporary reduction (see instructions).	2	Recoveries of prior-year distributions	2				
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 8 ection 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): a Average monthly value of securities 1a Average monthly cash balances 1b Average monthly cash balances 1b C e Fair market value of other non-exempt-use assets 1c C d Total (add lines 1a, 1b, and 1c) 1d d C e 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 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 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount (add line 7 to line 6) 8 Minimum Asset Amount for prior year (from Section A, line 8, column A) 1 Current Year 1 Adjusted net income for prior year (from Section B, line 8, column A) 1 Enter greater of line 2 or line 3. 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year (from line 4, unless subject to emergency temporary reduction (see instructions). 6	3	Other gross income (see instructions)	3				
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emergency temporary reduction (see instructions).	6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see		emergency temporary reduction (see instructions).	6				
	7		ally integrated	d Type III supporting orga	nization (see		

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1				
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3				
4	Amounts paid to acquire exempt-use assets		4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5				
_6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which th	ne organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2022 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	From 2017						
b	From 2018						
c	From 2019						
d	From 2020						
е	From 2021						
f	Total of lines 3a through 3e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i</u> _	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
	Applied to 2022 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
е	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	AGENCY,	INC.			39-1076125 _F	age 8
Part VI	Supplemental Infor Part IV, Section A, lines 1	mation. Provi , 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	de the explanation c, 5a, 6, 9a, 9b, 9 art IV, Section E, li	c, 11a, 11b, and ines 1c, 2a, 2b, 3	i 11c; Part IV, Section B, I 3a, and 3b; Part V, line 1;	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C Part V, Section B, line 1e; Part V	
	(See instructions.)			,,	,		

Schedule A (Form 990) 2022

Schedule B

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Attach to Form 990 or Form 990-PF.

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

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

Employer identification number

39-1076125

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization	Employer identification number
WEST CENTRAL WISCONSIN COMMUNITY ACTION	
AGENCY. INC.	39-1076125

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT 451 7TH STREET S.W. WASHINGTON, DC 20410	\$4,058,759.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No2_	Name, address, and ZIP + 4 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20201	\$ 2,694,692.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WISCONSIN DEPARTMENT OF ADMINISTRATION 101 E. WILSON STREET MADISON, WI 53703	\$ <u>2,528,566</u> .	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 U.S. DEPARTMENT OF AGRICULTURE 1400 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 1,560,554.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	U.S. DEPARTMENT OF ENERGY 1000 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20585	\$ 817,805.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4 U.S. DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20220	\$\$ 490,061.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

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Name of organization	Employer identification number
WEST CENTRAL WISCONSIN COMMUNITY ACTION	
AGENCY, INC.	39-1076125

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FEED MY PEOPLE INC. 2610 ALPINE RD EAU CLAIRE, WI 54703	\$\$ 386,922.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization
WEST CENTRAL WISCONSIN COMMUNITY ACTION
AGENCY, INC.

Employer identification number
39-1076125

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	COMMODITY FOOD		
4			
		\$\$\$\$	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
urti	DONATED FOOD		
7			
		\$\$	06/30/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		י שיו	

Approval Copy 4.4.24 Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** WEST CENTRAL WISCONSIN COMMUNITY ACTION 39-1076125 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	Section 501(c)(4), (5), or (6) organizat					
Nam		NTRAL WISCONSIN	COMMUNITY AC	CTION		er identification number
_	AGENCY,					39-1076125
Pa	rt I-A Complete if the org	anization is exempt und	er section 501(c) o	or is a section 52	7 orga	nization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures				
Pa	rt I-B Complete if the org	anization is exempt und	er section 501(c)(3).		
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955		\$	
	Enter the amount of any excise tax					
	If the organization incurred a sectio					
4a	Was a correction made?					Yes No
	If "Yes," describe in Part IV.					
		anization is exempt und				-
1	Enter the amount directly expended	I by the filing organization for se	ction 527 exempt funct	ion activities	\$ _	
2	Enter the amount of the filing organ		•			
	exempt function activities				\$ _	
3	Total exempt function expenditures					
	line 17b					
	Did the filing organization file Form					
5	Enter the names, addresses and en					
	made payments. For each organization contributions received that were pro-	·				•
	political action committee (PAC). If	• •			parate o	ogregated fand of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fr	rom	(e) Amount of political
	(a) Name	(b) Address	(6) LIN	filing organization		contributions received and
				funds. If none, ente		promptly and directly
						delivered to a separate political organization.
						If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

WEST CENTRAL WISCONSIN COMMUNITY ACTION Schedule C (Form 990) 2022 AGENCY, INC. 39-1076125 Page 2 Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals **1a** Total lobbying expenditures to influence public opinion (grassroots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) **Lobbying Expenditures During 4-Year Averaging Period** Calendar year (d) 2022 (a) 2019 (b) 2020 (c) 2021(e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount

Schedule C (Form 990) 2022

b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

39-1076125 Page 3

Schedule C (Form 990) 2022 AGENCY, INC. 39-10761 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(á	(b)		
of the lobbying activity.	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,506	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	X		2,352	
j Total. Add lines 1c through 1i			4,858	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)	on 501(c)(5), or sec	tion	
501(c)(6).				
			Yes No	
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t	ne prior year'	? 3	Ai a sa	
Part III-B Complete if the organization is exempt under section 501(c)(4), section	ne prior year on 501(c)(? 3 5), or sec		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ne prior year on 501(c)(? 3 5), or sec		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	ne prior year on 501(c)(t "No" OR	3 5), or sec (b) Part I		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members	ne prior year on 501(c)(t "No" OR	3 5), or sec (b) Part I		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ne prior year on 501(c)(t "No" OR	3 5), or sec (b) Part I		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year on 501(c)(t "No" OR	3 5), or sec (b) Part I		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	ne prior year on 501(c)(t "No" OR	3 (b) Part I		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	ne prior year on 501(c)(t "No" OR	3 3 5), or sec (b) Part I 1 2a 2b		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	ne prior year on 501(c)(t "No" OR	3 3 5), or sec (b) Part I 2 2 2 2 2 2 2 2 2		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ne prior year on 501(c)(t "No" OR	3 3 5), or sec (b) Part I 2 2 2 2 2 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ne prior year on 501(c)(t "No" OR ical	3 3 5), or sec (b) Part I 2 2 2 2 2 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and part of the part o	ne prior year on 501(c)(t "No" OR ical	2 3 5), or sec (b) Part I 2a 2b 2c 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	ne prior year on 501(c)(t "No" OR ical	3 3 5), or sec (b) Part I 2 2 2 2 2 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions	ne prior year on 501(c)(t "No" OR ical	2 3 55), or sec (b) Part I 2a 2b 2c 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information	ne prior year on 501(c)(t "No" OR ical	3 3 5), or sec (b) Part I 2 2 2 2 2 3 3 4 5	II-A, line 3, is	
Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground)	ne prior year on 501(c)(t "No" OR ical	3 3 5), or sec (b) Part I 2 2 2 2 2 3 3 4 5	II-A, line 3, is	
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions	ne prior year on 501(c)(t "No" OR ical cess political	3	II-A, line 3, is	
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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.

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

OMB No. 1545-0047 Inspection

Name of the organization

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

Employer identification number 39-1076125

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Borior advised failes	(b) I and and other accounts
1	Total number at end of year		
2			
3	Aggregate value of grants from (during year)		
4 5	Aggregate value at end of year Did the organization inform all donors and donor advisors in	Luvriting that the appets hold in depar advise	od fundo
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			_
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	ion easements during the year
	Does each conservation easement reported on line 2(d) above	to nation, the requirements of acation 170/h	SVAVDVi)
8		•	
9	and section 170(h)(4)(B)(ii)?		
3	balance sheet, and include, if applicable, the text of the footr	-	
	organization's accounting for conservation easements.	Total to the organization's intanolal stateme	The trial describes the
Par		f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works
	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·	•
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	•	·
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>
2	If the organization received or held works of art, historical tre		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		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 AGENCY,					39-1	107612	5 P	age 2	
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Ot	her S	imilar Ass	ets _{(conti}	nued)		
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that mak	ke signi	ificant use of i	ts			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	exempt	t purpose in P	art XIII.			
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	sures, or other sin	nilar as	sets				
	to be sold to raise funds rather than to be ma						Yes		No	
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes'	on Fo	orm 990, Part I	V, line 9, or			
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets r	not incl	luded			_	
	on Form 990, Part X?						Yes		No	
b	If "Yes," explain the arrangement in Part XIII									
							Amoun	t		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account li	ability?	?	Yes		No	
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i									
		(a) Current year	(b) Prior year	(c) Two years bad		Three years ba				
1a	Beginning of year balance	181,976.	220,675.	159,65	_		168,310. 172,29			
b	Contributions	130.	130.	10,19	_	23			130.	
С	Net investment earnings, gains, and losses	21,930.	-35,582.	53,72	1.		1,117. 5,967.			
d	Grants or scholarships				_	7,55	2.	7,	551.	
е	Other expenditures for facilities									
	and programs				_					
f	Administrative expenses	2,821.	3,247.	2,89	_	2,44			532.	
g	End of year balance	201,215.	181,976.	220,67	5.	159,65	7.	168,	310.	
2	Provide the estimated percentage of the curr) held as:						
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment 0000	%								
С		%								
_	The percentages on lines 2a, 2b, and 2c should be a sh	•								
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	id administered to	or the			Yes	No	
	organization by:						0.0	X	NO	
	(i) Unrelated organizations						3a(i)		Х	
	(ii) Related organizations									
D	If "Yes" on line 3a(ii), are the related organiza						3b		<u> </u>	
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment tunas.							
· u	Complete if the organization answered		Part IV line 11a S	ee Form 990 Par	t X line	e 10				
	Description of property		1	Ť		umulated	(al) Dog	اد برماید		
	Description of property	(a) Cost or o	, ,	,	,	eciation	(d) Boo	k valu	е	
	Land			8,142.	GOPIC		1,80	8 1	42	
	Land			_	7 1 2	3,716.	7,56			
	Buildings Leasehold improvements			- -	. , _ 0	, , ± 0 •	.,50	<u> </u>	<u></u>	
			1 40	2,665.	9 0	1,980.	50	0 . 6	85.	
	Equipment Other		1,30	_,	<i></i>	_,,,,,,,,,,		-, -		
	Add lines 1a through 1e (Column (d) must o		V saluma (D) line 1)			9.87	3 3	81.	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AGENCY, INC		COMMONITY ACTION	39-1076125 Page 3
Part VII Investments - Other Securities.	•		33 1070123 Page 0
Complete if the organization answered "Yes" of	on Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear market value
/A =:	(2) 20011 (2)	(0)	
(1) Financial derivatives (2) Closely held equity interests			
(3) Other		+	
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or and of year market value
	(b) book value	(c) Method of Valuation. Cost of	or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		+	
(8)		+	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	Farma 000 David IV/ line	114 Cas Farma 000 Part V line 15	
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(b) Dealersalise
	Description	DA DENIED GUIT D.G	(b) Book value
(1) INVESTMENT IN AND ADVANCES	2 TO LIMITED	PARTNERSHIPS	8,470,979.
(2) CONSTRUCTION IN PROGRESS	10D 300DD		76,602.
(3) OPERATING LEASE RIGHT-OF-U	JSE ASSET		11,387.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0.550.060
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		8,558,968.
Part X Other Liabilities.	5 000 D 1 N / I'	44 446 E 900 B 1 V II	0.5
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			107 000
(2) SECURITY DEPOSITS			127,839.
(3) OTHER LIABILITIES			77,912.
(4)			
(5)			
(6)			
(7)			
(8)			

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

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

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AGENCY, INC. 39-1076125 Page 4

Part	Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	17,270,395.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments		19,109.		
	Donated services and use of facilities				
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	19,109.
3	Subtract line 2e from line 1			3	17,251,286.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-388,374.		
C	Add lines 4a and 4b			4c	-388,374.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,862,912.
Part	Reconciliation of Expenses per Audited Financial Staten		Expenses per F	tetur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			16 400 416
	Total expenses and losses per audited financial statements			1	16,482,416.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities				
	Prior year adjustments				
	Other losses		200 005		
	Other (Describe in Part XIII.)		388,975.		200 000
	Add lines 2a through 2d			2e	388,975.
	Subtract line 2e from line 1			3	16,093,441.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	4b			•
	Add lines 4a and 4b			4c	0.
5 Dord	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) : XIII Supplemental Information.			5	16,093,441.
		. 15 / 12 / 41	101 5 11/1: 4		Y 1' 0 D 1 Y
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			; Part i	X, line 2; Part XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforr	nation.		
ים גם	T V, LINE 4:				
PAR	I V, DINE 4:				
ст	CROIX VALLEY COMMUNITY FOUNDATION HOLDS	ישע שעי	מיי כאס דיוואוס	Δ	TONG TERM
<u> </u>	CROIX VALUET COMMONITY FOUNDATION HOLDS	TILL WEY	JI CAI FUND	, ^	HONG TERM
END	OWMENT FUND. THE PURPOSE OF THE LONG TER	м вирог	ONITH TOTAL	TS '	TO EARN
шир	OWNER TOND: THE TONIODE OF THE BONG TEN	III LINDO	MILLINI I OND	<u> </u>	IO DAM
тит	EREST THAT CAN BE DRAWN BY WEST CAP FOR U	SE IN	TTS PROGRAM	S.	NO
	drugi iimii cina du diama di audi ciii iok o	<u> </u>	IID INCOMI		110
DON	ATED FUNDS TO THE LONG TERM ENDOWMENT CAN	BE DRA	AWN OUT UNI	ESS	THERE IS
<u> </u>		DD DIG	001 0111		111111111111111111111111111111111111111
а н	ARDSHIP.				
COM	MUNITY FOUNDATION OF DUNN COUNTY, INC. HO	LDS THI	E WEST CAP	END	OWMENT
			_ ,,		<u> </u>
FUN	D. THE PURPOSE THE ENDOWMENT FUND IS TO	DISTRI	BUTE INVEST	MEN	T INCOME
ANN	UALLY TO WEST CAP TO SUSTAIN, ENHANCE, AN	D ENSU	RE THE CONT	INU	ING
DEV:	ELOPMENT AND MISSION OF THE ORGANIZATION.	DISTR	IBUTIONS AR	E M	ADE OUT OF
					-

INCOME ONLY.

WEST CENTRAL WISCONSIN COMMUNITY ACTION 39-1076125 Page 5 AGENCY, INC. Schedule D (Form 990) 2022 Part XIII Supplemental Information (continued) PART X, LINE 2: THE ORGANIZATIONS ARE REQUIRED TO ASSESS WHETHER IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL BE SUSTAINED UPON EXAMINATION ON THE TECHNICAL MERITS OF THE POSITION, ASSUMING THE TAXING AUTHORITY HAS FULL KNOWLEDGE OF ALL INFORMATION. IF THE TAX POSITION DOES NOT MEET THE MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD, THE BENEFIT OF THAT POSITION IS NOT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATIONS HAVE DETERMINED THERE ARE NO AMOUNTS TO RECORD AS ASSETS OR LIABILITIES RELATED TO UNCERTAIN TAX POSITIONS. PART XI, LINE 4B - OTHER ADJUSTMENTS: RENTAL EXPENSES -383,710.LOSS ON DISPOSAL -4,664. TOTAL TO SCHEDULE D, PART XI, LINE 4B -388,374.PART XII, LINE 2D - OTHER ADJUSTMENTS: RENTAL EXPENSES 383,710. WEST CAP DEVELOPER LLC EXPENSES 601. LOSS ON DISPOSAL 4,664. TOTAL TO SCHEDULE D, PART XII, LINE 2D 388,975.

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization WEST CENTE AGENCY, IN		Employer identification number 39-1076125					
Part I General Information on Grants an	d Assistance						
 Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro- 	tance? cedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to E recipient that received more than \$					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
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
SALVATION ARMY ST. CROIX 505 W 8TH STREET NEW RICHMOND, WI 54017	36-2167910	501(C)3	123,061.	0.			EMERGENCY SHELTER/HPP GRANT
STEPPING STONES OF DUNN COUNTY, INC 1620 STOUT ROAD - MENOMONIE, WI 54751	39-1608607	501(C)3	33,377.	0.			EMERGENCY SHELTER GRANT
THE BRIDGE TO HOPE P.O. BOX 700 MENOMONIE, WI 54751	39-1421880	501(C)3	32,401.	0.			EMERGENCY SHELTER GRANT
BENJAMIN'S HOUSE 1107 HEART ISLAND PARKWAY RICE LAKE, WI 54868	27-0407042	501(C)3	12,000.	0.			EMERGENCY SHELTER GRANT
FAMILY HOUSE PO BOX 29, 1111 HEART ISLAND PARKWA RICE LAKE, WI 54868	81-2511185	501(C)3	34,503.	0.			EMERGENCY SHELTER GRANT
TURNING POINT PO BOX 304, 117 NORTH MAIN STREET RIVER FALLS, WI 54022	39-1322995		12,334.	0.			emergency shelter grant 8.
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations	-						

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

Schedule I (Form 990) 2022

Schedule I (Form 990) AGENCY INC. 39-1076125 Page 1

Chedule I (Form 990) AGENCY , Depart II Continuation of Grants and Other		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990). Pa		9-1076125 Pag
(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 non-cash assistance	(h) Purpose of grant or assistance
T CROIX VALLEY FOOD BANK O BOX 377							
UDSON, WI 54016	85-2550542	501(C)3	8,801.	0.			EMERGENCY SHELTER GRANT
OMMUNITY REFERRAL AGENCY O BOX 365 ILLTOWN, WI 54858	39-1368945	501(C)3	17,030.	0.			EMERGENCY SHELTER GRANT
ILLIONA, WI 34030	33 1300343	501(0)3	17,030.	· ·			EMERCENCE SHEETEN CHANT

AGENCY, INC. 39-1076125 Schedule I (Form 990) 2022 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (e) Method of valuation (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance WEATHERIZATION/ENERGY ASSSISTANCE 15372 1,962,623. 0 HOUSING ASSISTANCE 5463 3,130,664, 0. 1 815 336 COST/FMV FOOD ASSISTANCE 16971 70 023 COMMODITY FOOD/DONATED FOOD LITERACY, ADULT EDUCATION SKILLS, BACK TO SCHOOL, BOOKS, TUITION, TRANSPORTATION, SCHOOL SUPPLIES, HOLIDAY GIFT PROGRAM & MGMT. OF DUNN COUNTY HOUSING AUTHORITIES SECTION 8 PROGRAM 849 106,171. 9 014 COST/FMV COMPUTER AND SUPPLIES Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION MONITORS THE ASSISTANCE PROVIDED TO PARTICIPANTS THROUGH AN APPLICATION PROCESS AND FOLLOW UP WITH PARTICIPANTS. THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS THROUGH COMPLIANCE WITH

FUNDING SOURCE REGULATIONS.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

ion answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

Open to Public Inspection

Employer identification number

39-1076125

OMB No. 1545-0047

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
	The organization?	5a		X
D	Any related organization?	5b		<u> </u>
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Х
	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7		7		X
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_^
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_^
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		l

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Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 AGENCY, INC. 39-1076125 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PETER KILDE	(i)	143,306.	0.	0.	4,683.	25,812.	173,801.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							

Schedule J (Form 990) 2022

AGENCY, INC. 39-1076125 Schedule J (Form 990) 2022 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

WEST CENTRAL WISCONSIN COMMUNITY ACTION Name of the organization **Employer identification number** 39-1076125 AGENCY, INC. SEE PART VI FOR COLUMNS CONTINUATIONS (F) Part I **Bond Issues** (A) AND (a) Issuer name (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (h) On behalf (i) Pooled (b) Issuer EIN (e) Issue price of issuer financing Yes No Yes No Yes No COMMUNITY DEVELOPMENT PAY A PORTION OF 875,000. THE COSTS TO CONS A AUTHORITY OF THE VILLAGE 30-0510627 NONE 11/13/08 Х Х Х D Part II Proceeds В C D 309,599. 1 Amount of bonds retired Amount of bonds legally defeased 875,000. Total proceeds of issue Gross proceeds in reserve funds Capitalized interest from proceeds 6 Proceeds in refunding escrows 17,500. Issuance costs from proceeds 8 Credit enhancement from proceeds **9** Working capital expenditures from proceeds 857,500. Capital expenditures from proceeds Other spent proceeds Other unspent proceeds 2009 **13** Year of substantial completion No Yes Yes No Yes No Yes No 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Х if issued prior to 2018, a current refunding issue)? 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if Х issued prior to 2018, an advance refunding issue)? Х Has the final allocation of proceeds been made? Does the organization maintain adequate books and records to support the Х final allocation of proceeds?

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

Schedule K (Form 990) 2022

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

Schedule K (Form 990) 2022

39-1076125

Page 2 Part III Private Business Use C D No Yes Yes Was the organization a partner in a partnership, or a member of an LLC, Yes No No Yes No Х which owned property financed by tax-exempt bonds? 2 Are there any lease arrangements that may result in private business use of Х bond-financed property? **3a** Are there any management or service contracts that may result in private Х business use of bond-financed property? b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? c Are there any research agreements that may result in private business use of Х bond-financed property? d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government % % Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government % % % % Total of lines 4 and 5 Х Does the bond issue meet the private security or payment test? 8a Has there been a sale or disposition of any of the bond-financed property to a non-Х governmental person other than a 501(c)(3) organization since the bonds were issued? b If "Yes" to line 8a, enter the percentage of bond-financed property sold or % % % disposed of c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the Х requirements under Regulations sections 1.141-12 and 1.145-2? Part IV Arbitrage C В D Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Yes No Yes No Yes No Yes No Х Penalty in Lieu of Arbitrage Rebate? 2 If "No" to line 1, did the following apply? Х a Rebate not due yet? Х **b** Exception to rebate? X c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed **3** Is the bond issue a variable rate issue?

Schedule K (Form 990) 2022 AGENCY, INC. 39-1076125 Page 3

Part IV Arbitrage (continued)								
	Α		E	3		С)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	x							
Part V Procedures To Undertake Corrective Action	•		•					
		4	E	3				<u> </u>
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	x							
Part VI Supplemental Information. Provide additional information for responses to question	ns on Schedule	K. See instru	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME:								
COMMUNITY DEVELOPMENT AUTHORITY OF THE VILLAGE O	F HAMMO	ND, WI						
(F) DESCRIPTION OF PURPOSE:		· ·						
PAY A PORTION OF THE COSTS TO CONSTRUCT AND EQUI	P A 12 1	UNIT RE	NTAL PF	OPERTY				
~								
FORM 990, SCHEDULE K, PART IV:								
THE REVENUE BONDS FINANCED THE CONSTRUCTION OF A	HOUSING	G PROJE	CT ALON	IG				
WITH FEDERAL FUNDING. THE FEDERAL FUNDING REQUIR								
REPORTING TO ENSURE THAT THE PROJECT CONTINUES TO								
USE.		~	-					
						-		
						-		

Schedule K (Form 990) 2022

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

WEST CENTRAL WISCONSIN COMMUNITY ACTION

Employer identification number 39-1076125

	AGENCY, INC.					39-	1076	125	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on	Method of c noncash contrib	letermin	-	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
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	Х	296	1,815,3	36.ST	ATE VALUZ	OITA	1/F1	ΜV
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SUPPLIES)	X	3,101	9,0	14. CO	ST/FMV			
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82	33, Part V, D	onee Acknowledg	ement29	e			0	
								Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1	through 28	, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be	used for				
	exempt purposes for the entire holding period?)					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard co	ntributions	?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell nor	ncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a)	is checked	,			
	describe in Part II.								

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Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION TRACKS THE NUMBER OF CONTRIBUTIONS AS THEY ARE
RECEIVED.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC

Employer identification number 39-1076125

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY AND OTHER PROGRAMS: TO PROVIDE SERVICES TO LOW INCOME PARTICIPANTS IN THE WEST CENTRAL WISCONSIN REGION. SOME EXAMPLES WOULD HOLIDAY GIFT PROGRAM, AND TRANSPORTATION. BE SCHOOL SUPPLY PROGRAM,

THESE PROGRAMS SERVED 720 CLIENTS.

EXPENSES \$ 325,703. 77,179. INCLUDING GRANTS OF \$ **REVENUE \$ 2,500.**

ADULT EDUCATION: TO PROVIDE SERVICES THAT ENHANCE THE EDUCATION AND SKILL LEVELS OF LOW INCOME ADULTS AND INCREASE THEIR ABILITY TO OBTAIN JOBS PROVIDING LIVING WAGES AND BENEFITS. THESE PROGRAMS INCLUDE ADULT LITERACY AND SKILLS ENHANCEMENT. SERVICES WERE PROVIDED TO 129 CLIENTS.

EXPENSES \$ 141,341. 38,006. INCLUDING GRANTS OF \$ REVENUE \$ 0.

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

THE FINANCE COMMITTEE REVIEWS IN DETAIL THE FORM 990 AND REPORTS TO THE FULL BOARD WITH A COPY OF THE RETURN GIVEN TO EACH BOARD MEMBER. THE FULL BOARD THEN APPROVES THE RETURN BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

CONFLICT OF INTEREST DISCLOSURE FORMS ARE ANNUALLY DISTRIBUTED TO MEMBERS OF THE BOARD TO RE-SIGN OR FOR NEW MEMBERS TO SIGN AT NEW BOARD MEMBER ORIENTATION. IF THERE ARE CONFLICTS THE COMMITTEE WILL REVIEW AND MAKE DECISIONS. ANY INDIVIDUAL WITH A PERCEIVED OR ACTUAL CONFLICT OF INTEREST RECUSED FROM DISCUSSION AND VOTING ON THE MATTER TO WHICH THE CONFLICT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.	Employer identification number 39–1076125
RELATES.	
FORM 990, PART VI, SECTION B, LINE 15:	
WEST CAP HAS A COMPENSATION EVALUATION PROCESS AND TOOL TO	DETERMINE JOB
PLACEMENT ON OUR SALARY CHART. THIS IS USED IN CONJUNCTIO	N WITH SALARY
MARKET DATA INCLUDING REVIEWING WISCAP TRI-ANNUAL SALARY A	ND BENEFIT
SURVEY, WORKNET, OPEN MARKET POSITIONS, AND OTHER RESOURCE	S THAT ARE
RELATED TO REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES OF TH	E POSITION. THE
ORGANIZATION'S BOARD OF DIRECTORS APPROVES ALL COMPENSATIO	N CHANGES FOR THE
EXECUTIVE DIRECTOR POSITION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CO	NFLICT OF
INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UNLESS
REQUESTED.	

Schedule O (Form 990) 2022 232212 10-28-22

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.

Employer identification number 39-1076125

OMB No. 1545-0047

Open to Public

Inspection

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country) Legal domicile (state or foreign country) End-of-year ass		End-of-year assets	Direct controlling entity
WEST CAP HAVENWOOD, LLC - 39-1076125					WEST CENTRAL WISCONSIN
525 SECOND STREET	1				COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	196,155.	-768.	AGENCY, INC.
WEST CAP MANAGER, LLC - 14-1955785					WEST CENTRAL WISCONSIN
525 SECOND STREET	1				COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	0.	-332.	AGENCY, INC.
WEST CAP PROPERTY MANAGER, LLC - 39-1076125					WEST CENTRAL WISCONSIN
525 SECOND STREET	1				COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	212,980.	113,506.	AGENCY, INC.
SUSTAINABLE BUILDERS, LLC - 20-5071301					WEST CENTRAL WISCONSIN
525 SECOND STREET	DEVELOP HOUSING & REAL				COMMUNITY ACTION
GLENWOOD CITY, WI 54013	ESTATE PROJECTS	WISCONSIN	0.	-431.	AGENCY, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2022

WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY. INC.

<u>Schedule R (Form 990)</u> AGENCY, INC. 39-1076125

Part I	Continuation of Identification of Disregarded Entities
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(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
WEST CAP SANTA CLARA, LLC - 26-4168925					WEST CENTRAL WISCONSIN
525 SECOND STREET				1	COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	440,570.		AGENCY, INC.
WEST CAP SUNRISE MEADOWS, LLC - 39-1076125					WEST CENTRAL WISCONSIN
525 SECOND STREET					COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	197,984.	877,694.	AGENCY, INC.
SUNRISE MEADOWS, LP - 39-1912616					WEST CENTRAL WISCONSIN
525 SECOND STREET					COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	20.	88.	AGENCY, INC.
WEST CAP COLFAX PRAIRIE HOMES, LLC -					WEST CENTRAL WISCONSIN
39-1076125, 525 SECOND STREET, GLENWOOD					COMMUNITY ACTION
CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	193,810.	610,690.	AGENCY, INC.
COLFAX PRAIRIE HOMES, LP - 39-1865379					WEST CENTRAL WISCONSIN
525 SECOND STREET					COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	1,958.	6,170.	AGENCY, INC.
WEST CAP AFFORDABLE HOUSING, LLC -					WEST CENTRAL WISCONSIN
39-1076125, 525 SECOND STREET, GLENWOOD					COMMUNITY ACTION
CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	0.	-130.	AGENCY, INC.
WEST CAP TAXABLE, LLC - 47-5619672					WEST CENTRAL WISCONSIN
525 SECOND STREET					COMMUNITY ACTION
GLENWOOD CITY, WI 54013	LOW INCOME HOUSING PROJECT	WISCONSIN	3,697.	24,758.	AGENCY, INC.
	\exists				

Schedule R (Form 990) 2022 AGENCY, INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1	amount in box 20 of Schedule		managin partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
CHIPPEWA MANAGER, LLC -			WEST CENTRAL								
27-3797890, 1295 NORTHLAND			WISCONSIN								
DRIVE, SUITE 270, MENDOTA	LOW INCOME		COMMUNITY								
HEIGHTS, MN 55120	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	0.	10.		x	N/A	X	51.00%
CHIPPEWA SENIOR APARTMENTS,											
LLC - 41-1981211, 1295]										
NORTHLAND DRIVE, SUITE 270,	LOW INCOME										
MENDOTA HEIGHTS, MN 55120	HOUSING PROJECT	WI	N/A	RELATED	6.	537,371.		x	N/A	X	.01%
SUNRISE MEADOW II, LLC -			WEST CENTRAL								
34-2057283, 525 SECOND			WISCONSIN								
STREET, GLENWOOD CITY, WI	LOW INCOME		COMMUNITY								
54013	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	-50,893.	1,049,971.		x	N/A	X	.01%
WEST CAP DEVELOPER, LLC -			WEST CENTRAL								
14-1955785, 525 SECOND	1		WISCONSIN								
STREET, GLENWOOD CITY, WI	LOW INCOME		COMMUNITY								
54013	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	-601.	100.		x	N/A	X	99.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

foreign	eign assets		Share of end-of-year assets	Percentage ownership	Section 512(b)(13) controlled entity?		
 country)		,				Yes	No
							Yes Tes

Schedule R (Form 990) AGENCY, INC. 39-1076125

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortion-		General	or Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate alloc	cations?	Code V-UBI amount in box 20 of Schedule	managi partner	ownership
		foreign country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
			WEST CENTRAL								
FIG LEAF DEVELOPMENT, LLC -			WISCONSIN								
47-2114044, 100 N 6TH STREET	LOW INCOME		COMMUNITY								
STE A, LA CROSSE, WI 54601	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	0.	510.		X	N/A	X	51.00%
CHIPPEWA FALLS FAMILY			WEST CENTRAL								
MANAGING MEMBER, LLC -			WISCONSIN								
47-5182267, 1295 NORTHLAND	LOW INCOME		COMMUNITY								
DRIVE, SUITE 270, MENDOTA	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	6,667.	120.		X	N/A	X	51.00%
			WEST CENTRAL								
GREYHOUND DOG PARTNERS, LLC -			WISCONSIN								
61-1849685, 100 N 6TH STREET	LOW INCOME		COMMUNITY								
STE A, LA CROSSE, WI 54601	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	0.	54.		X	N/A	X	51.00%
			WEST CENTRAL								
ABBEY GROVE, LLC - 82-2080332			WISCONSIN								
525 SECOND STREET	LOW INCOME		COMMUNITY								
GLENWOOD CITY, WI 54013	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	-11.	393,868.		X	N/A	X	.01%
			WEST CENTRAL								
1300, LLC - 32-0585375	_		WISCONSIN								
525 SECOND STREET	LOW INCOME		COMMUNITY								
GLENWOOD CITY, WI 54013	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	-25.	72,774.		X	N/A	X	.01%
DAKOTA MEADOWS, LLC -			WEST CENTRAL								
85-3039715, 525 SECOND			WISCONSIN								
STREET, GLENWOOD CITY, WI	LOW INCOME		COMMUNITY								
54013	HOUSING PROJECT	WI	ACTION AGENCY,	RELATED	-86.	435.		X	N/A	X	.01%

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х	
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q	Х	<u> </u>
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SUNRISE MEADOW II, LLC	D	1,015,207.	END OF YEAR BOOK VALUE
(2) DAKOTA MEADOWS, LLC	D	1,783,063.	END OF YEAR BOOK VALUE
(3) 1300, LLC	D	1,333,707.	END OF YEAR BOOK VALUE
(4) ABBEY GROVE, LLC	D	1,139,185.	END OF YEAR BOOK VALUE
(5) CHIPPEWA FALLS FAMILY MANAGING MEMBER, LLC	D	132,610.	END OF YEAR BOOK VALUE
(6) CHIPPEWA SENIOR APARTMENTS, LLC	D	516,291.	END OF YEAR BOOK VALUE

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	Genera manag partne	(k) Al or Percentage ownership
			,	Tes No		163	140	1631	10
	-								
	-								<u> </u>
									<u> </u>
	-								0001 0000

Schedule R	(Form 990) 2022	AGENCY,	INC.		39-1076125	Page 5
Part VII	(Form 990) 2022 Supplemental Info	rmation				
			es to questions on Schedule R. See instruction	nne		
	Frovide additional inform	lation for response	es to questions on schedule n. See instruction	л IS.		

32165 09-14-22 Schedule R (Form 990) 2022

Approval Copy 4.4.24

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

	r CENTRAL	WISC	ONSIN COMM	UNITY A	ACTION		Employer Identificat 39–10761	
Based on the i	nformation provided v	vith this re	eturn, the following ar	e possible ca	rryover amounts to	next year.		
EDERAL	POST-2017	NET	OPERATING	LOSS -	- NON-LOW	INCOME	RENTAL	337,484.
EDERAL	POST-2017	NET	OPERATING	LOSS -	- NON-LOW	INCOME	FARMER	14,906.
FEDERAL	PRE-2018	NET (OPERATING 1	Loss				938,467.

Name:	WEST CENTRAL	WISCONSIN COMM	UNITY ACT							FEIN:	39-1076125
Type a	and Entity: NON 382 Annual Limitation	-LOW INCOME RE	ENTAL POST - 20 Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2020 2021	185,447. 80 362										
2020 2021 2022	185,447. 80,362. 71,675.										
	E Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Detail Type	E Amount S Used for B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for

	EST CENTRAL W	IDCONDIN COM	OWITT ACT							FEIN:	39-10761
Type and		LOW INCOME FA	ARMERS POST-20		DETAIL C	ARRYOVER SCH	EDULE				
Year Origi- nated	Original Carryover Amount	Total Amount Used	Section 382 Carryover Amount Used for	Amount Used for	Amour Used fo						
2018 2019 2020	1,110. 4,048. 3,170. 2,544.										
2021	2,544. 4,034.										
E	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amou
Detail S Type B C	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used for	Used ·

1	Name:	WEST CENTRAL W	WISCONSIN COMMU	JNITY ACT							FEIN:	39-1076125
		nd Entity: PRE	-2018 NOL FED	Continu 000 O		DETAIL CA	ARRYOVER SCH	EDULE				
	Year Origi- nated	Original Carryover	Total Amount Used	Amount Used for 06/30/18	Amount Used for 06/30/20	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
Α	2004 2005	55,639. 78,792.	48,350.	9,764.	38,586.							
B C D E F G H	2006 2007 2008	Amount 55,639. 78,792. 96,813. 70,170. 66,597. 123,298. 86,766. 67,317. 44,664. 90,019. 46,213. 50,580.										
F G H I	2009 2010 2011 2012	86,766. 67,317.										
J	2013 2014 2015	90,019. 46,213.										
KLMNOPQRSTU	2016	109,949.										
P Q R												
S T U												
V W												
	Detail Type	E Amount S Used for B C —	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B												
A B C D E F G H I												
G H												
J												
K L M N O												
P Q R												
O P Q R S T U												
V W												

Form **8879-TE**

THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $\,$ JUL $\,$ 1 $\,$, 2022, and ending $\,$ JUN $\,$ 30 $\,$, 20 23

OMB No. 1545-0047

Department of the Treasury

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

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

Internal Revenue Service Name of filer WEST CENTRAL WISCONSIN COMMUNITY ACTION

Name o	f filer WEST (CENTRAL	WISCO	NSIN COMMU	NITY ACTION	Ī	EIN or SSN	
	AGENC	Y, INC.					39-107	6125
Name a	nd title of officer or p	erson subject t	o tax PE	TER KILDE			•	
				ECUTIVE D	IRECTOR			
Part	Type of	Return an	d Return	Information				
Form 5 or 10a whiche	330 filers may ent below, and the an ever is applicable, I ne line in Part I.	er dollars and nount on that olank (do not o	cents. For a line for the lenter -0-). But	all other forms, ente return being filed wit ut, if you entered -0-	r whole dollars only. It th this form was blank on the return, then er	x, then leave line 1b, 2l nter -0- on the applicabl	line 1a, 2a, 3a b, 3b, 4b, 5b, 6i e line below. D	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b, Oo not complete more
1a	Form 990 check	here						b
2a	Form 990-EZ ch	eck here				9)		b
3a	Form 1120-POL	check here						b
4a	Form 990-PF ch	eck here				m 990-PF, Part V, line 5		b
5a	Form 8868 chec	k here	b	Balance due (Form	n 8868, line 3c)		5	b
6a	Form 990-T che	ck here	X b	Total tax (Form 99	0-T, Part III, line 4)		6	b 0.
7a	Form 4720 chec	k here	b	Total tax (Form 47	20, Part III, line 1)		7	b
8a	Form 5227 chec	k here	b	FMV of assets at 6	end of tax year (Form	5227, Item D)	8	b
9a	Form 5330 chec	k here	b	Tax due (Form 533	30, Part II, line 19)		9	b
10a	Form 8038-CP					Form 8038-CP, Part III,		0b
Part	II Declara	tion and S	ignature	Authorization of	of Officer or Pers	son Subject to Ta	X	
of entitication of entitication of entitication of entry to financial later the payme person of the control of the control of the control of the control of the control of entities of the control of the	lectronic return an ete. I further declar ediate service providedgement of recrefund. If applicable and 2 business daynt of taxes to rece al identification number of the financial institution to delan 2 business daynt of taxes to rece al identification number of taxes to rece al identification number of taxes to rece al identification number of taxes on the state agon the return's As an officer or return. If I have	d accompany e that the am ider, transmit eipt or reason le, I authorize tution accour bit the entry to s prior to the ive confidentia imber (PIN) as IPFLI L e on the tax y ency(ies) regu disclosure co r person subje indicated wit program, I wil	ing schedul ount in Part ter, or elect for rejection the U.S. Trick indicated of this accoupayment (stall information my signature) LP ear 2022 elelating charifunsent screet to tax within this retuenter my F	les and statements, I above is the amouronic return originate of the transmission of the transmission of the transmission in the tax preparation. To revoke a payettlement) date. I also on necessary to ansure for the electronic ERO firm ectronically filed retuites as part of the IR en. th respect to the enum that a copy of the IR on the return's d	, (EIN) and, to the best of my ant shown on the copy or (ERO) to send the re n, (b) the reason for a nated Financial Agent on software for payme ment, I must contact t so authorize the finance wer inquiries and reso e return and, if applical name urn. If I have indicated as Fed/State program, tity, I will enter my PIN	within this return that a large and authorize the aform as my signature on the with a state agency(ies) een.	d that I have ex, they are true, on. I consent to a receive from the the return or receive from the return or the consent to a receive from the return or received on this received on this received Agent at 1-1 in the processive payment. I have tronic funds with the control of the received a copy of the received a copy of the received at the receive	tamined a copy of the correct, and allow my te IRS (a) an an and (c) the date wal (direct debit) turn, and the 888-353-4537 no the electronic ve selected a thorawal. 55435 Enter five numbers, but do not enter all zeros turn is being filed RO to enter my PIN electronically filed
Part	III Certific	ation and						
numbe I certify submit		y your five-dig	it self-selec my PIN, w	ted PIN. hich is my signature		39955254403 Do not enter all zeros ically filed return indica e (MeF) Information for A	ted above. I cor	
ERO's s	ignature <u>QU</u>	INN DUG					/04/24	
		Do N			This Form - See I the IRS Unless	nstructions Requested To Do	So	0070 TF

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-1E** (2022)

Form **8868**

(Rev. January 2022)

Department of the Treasury

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

File a separate application for each return.

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

OMB No. 1545-0047

Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) WEST CENTRAL WISCONSIN COMMUNITY ACTION print AGENCY, 39-1076125 INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 525 SECOND STREET, P.O. BOX 308 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions GLENWOOD CITY, WI 54013 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) LISA SMITH - 525 SECOND STREET, P.O. BOX 308 - GLENWOOD The books are in the care of ► CITY, WI 54013 Telephone No. ► 715-598-4750 Fax No. If the organization does not have an office or place of business in the United States, check this box 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 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2022 $_$, and ending $_$ JUN $\,$ 30 , $\,$ 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: 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 Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

LHA

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	r n	OMB No. 1545-0047
		For ca	lendar year 2022 or other tax year beginning $\; \underline{JUL} \;\; 1$, $\;\; 2022 \;\;\;$, and ending $\;\; \underline{JUN} \;\; 30$, $\;\; 20$)23 .	2022
Depart Interna	ment of the Treasury I Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.	Print	Name of organization (Check box if name changed and see instructions.) WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC.		oyer identification number $9-1076125$
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 525 SECOND STREET, P.O. BOX 308	E Grou	p exemption number instructions)
] 408A		City or town, state or province, country, and ZIP or foreign postal code GLENWOOD CITY, WI 54013	F	Check box if
			ok value of all assets at end of year		an amended return.
	Check organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H (Check if filing only to)	Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		2
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
	he books are in car		LISA SMITH Telephone number	715-	598-4750
Pai	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			. 1	0.
2	Reserved			. 2	
3	Add lines 1 and 2			. 3	
4	Charitable contribu	utions (see instructions for limitation rules)	. 4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net	operati	ng loss. See instructions	. 6	0.
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	. 7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 19	99A de	duction. See instructions	. 9	
10	Total deductions.	. Add li	nes 8 and 9	. 10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero			_ 11	0.
Pai	rt II Tax Com	putat	ion		
1	-		s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins				
4	Other tax amounts	s. See i	nstructions		
5	Alternative minimu				
6			cility income. See instructions		
7			h 6 to line 1 or 2, whichever applies	. 7	0.
LHA	For Paperwork F	Reduct	ion Act Notice, see instructions.		Form 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form 9							F	Page 2
Part		Tax and Payments		ı				
1a		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)		1a				
b		r credits (see instructions)		1b				
С		ral business credit. Attach Form 3800 (see instructions)		1c				
d		it for prior year minimum tax (attach Form 8801 or 8827)	_	1d				
е	Total	credits. Add lines 1a through 1d				1e		
2	Subtr	ract line 1e from Part II, line 7				2		0.
3	Other	r amounts due. Check if from: Form 4255 Form 8611 Fo	orm 869	97 F	orm 8866			
		Other (attach_statement)				3		
4	Total	tax. Add lines 2 and 3 (see instructions).	previou	sly deferred ι	ınder			
	section	on 1294. Enter tax amount here				4		0.
5	Curre	ent net 965 tax liability paid from Form 965-A, Part II, column (k)				5		0.
6a	Paym	nents: A 2021 overpayment credited to 2022		6a				
b	2022	estimated tax payments. Check if section 643(g) election applies	🔲 [6b				
С	Tax d	leposited with Form 8868		6c				
d	Forei	gn organizations: Tax paid or withheld at source (see instructions)		6d				
е	Backı	up withholding (see instructions)		6e				
f	Credi	it for small employer health insurance premiums (attach Form 8941)		6f				
g	Other	r credits, adjustments, and payments: Form 2439						
		Form 4136 Other	Total	6g				
7	Total	payments. Add lines 6a through 6g				7		
8	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached				8		
9		due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed				9		
10	Over	payment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount o	overpaid	l		10		
11		the amount of line 10 you want: Credited to 2023 estimated tax			Refunded	11		
Part	_	Statements Regarding Certain Activities and Other Inforn		•				
1		y time during the 2022 calendar year, did the organization have an interest i					Yes	No
		a financial account (bank, securities, or other) in a foreign country? If "Yes,"						
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ente	er the na	ame of the for	reign country			
	here							X
2		g the tax year, did the organization receive a distribution from, or was it the	-					
	foreig	gn trust?						X
		es," see instructions for other forms the organization may have to file.						
3		the amount of tax-exempt interest received or accrued during the tax year						
4	Enter	available pre-2018 NOL carryovers here \$938,467. Do	not incl	lude any post	-2017 NOL ca	ırryover		
		n on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here			•	•		
5	Post-	2017 NOL carryovers. Enter the Business Activity Code and available post-2	2017 NO	OL carryovers	s. Don't reduce	Э		
	the a	mounts shown below by any NOL claimed on any Schedule A, Part II, line 1	7 for th	•				
		Business Activity Code		Available po	st-2017 NOL (
		531110	\$			<u> 265,809.</u>		
		445100	\$			10,872.		
6a		ne organization change its method of accounting? (see instructions)						X
b		is "Yes," has the organization described the change on Form 990, 990-EZ, 9	990-PF,	or Form 1128	3? If "No,"			
Dord		in in Part V Supplemental Information						
Part								
		xplanation required by Part IV, line 6b. Also, provide any other additional info	formatio	n. See instru	ctions.			
517	ATEI	MENT 2						
	Lu	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules	s and state	ements, and to the	best of my knowle	edge and belief it is tr	ue.	
Sign		orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which					,	
Here			דידידי	VE DIRE		May the IRS discuss th		vith
	Ī	ignature of officer Date Title	,011	VE DIKE		ne preparer shown belinstructions)? X		□No
			Dota	<u> </u>		if PTIN	00	140
		Print/Type preparer's name Preparer's signature	Date	;				
Paid		QUINN DUGAN QUINN DUGAN	0.4	/04/24	self- employed	P02267	7769	
Prepa			JU 4 ,	/ 04 / 44	Firm's FIN	39-075		<u>a</u>
Use C	nly	2501 W BELTLINE HWY, STE 403	1		Firm's EIN	39-073	7044	ر
		Firm's address MADISON, WI 53713	_		Phone no. 6	508.274.1	1920	
223711 0	11_16_00	TIMES AUGUSSS PLADIBOIN, WI JJ/IJ			r none no. C		990-T	(0000)
223111 U	1-10-23					rorm ₹	, J J J I	(2022)

FORM 990-T	PRE-2018	NET OPERATING	LOSS DEDUCTION	STATEMENT 1
		LOSS	T.0.0.0	
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/05	55,639.	48,350.	7,289.	7,289.
06/30/06	78,792.	0.	78,792.	78,792.
06/30/07	96,813.	0.	96,813.	96,813.
06/30/08	70,170.	0.	70,170.	70,170.
06/30/09	66,597.	0.	66,597.	66,597.
06/30/10	123,298.	0.	123,298.	123,298.
06/30/11	86,766.	0.	86,766.	86,766.
06/30/12	67,317.	0.	67,317.	67,317.
06/30/13	44,664.	0.	44,664.	44,664.
06/30/14	90,019.	0.	90,019.	90,019.
06/30/15	46,213.	0.	46,213.	46,213.
06/30/16	50,580.	0.	50,580.	50,580.
06/30/17	109,949.	0.	109,949.	109,949.
NOT, CARRYOV	ER AVAILABLE THIS Y	EAR	938,467.	938,467.

1, 1 - SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

EMPLOYER IDENTIFICATION NUMBER 39-1076125

FOR THE YEAR ENDED JUNE 30, 2026 WEST CENTRAL WISCONSIN COMMUNITY ACTION AGENCY, INC. IS MAKING THE DE MINIMIS SAFE HARBOR ELECTION UNDER REGULATION SECTION 1.263(A)-1(F).

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service WEST CENTRAL WISCONSIN COMMUNITY ACTION B Employer identification number Name of the organization AGENCY, INC. 39-1076125 531110 D Sequence: Unrelated business activity code (see instructions) Describe the unrelated trade or business NON-LOW INCOME RENTAL UNITS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Part IV) 6 383,710. 312,035. -71,675. Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 312,035. 383,710. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 Repairs and maintenance 3 4 4 Interest (attach statement). See instructions 5 5 6 Taxes and licenses 6 7 Depreciation (attach Form 4562). See instructions Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion _____ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 12 Excess exempt expenses (Part VIII) 12 Excess readership costs (Part IX) 13 13 Other deductions (attach statement) 14 **Total deductions.** Add lines 1 through 14 15 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

16

-71,675.

-71.675

17

18

Deduction for net operating loss. See instructions

Pa	a	е	2

	ule A (Form 990-T) 2022				Page 2
Part		hod of inventory valuation	on		
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter l				
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , , , ,		-	· · · · · · · · · · · · · · · · · · ·	
1	Description of property (property street address, city, s				60
	A GLENWOOD COMMONS 320 WES				68
	B HAMMOND 1300-1326 CHARLO	OTTE ST, HAM	MOND, WI 5	4015	
	c				
	D	Т			
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)	0.	0.		
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	0.	0.		
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter here a	and on Part I, line 6, co	olumn (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)	0.	0.		
5	Total deductions. Add line 4 columns A through D. Er		ine 6, column (B)		0.
Part '	V Unrelated Debt-Financed Income (s	ee instructions)			
1	Description of debt-financed property (street address, or	city, state, ZIP code). Ch	neck if a dual-use. See	instructions.	
	A GLENWOOD COMMONS				
	B HAMMOND				
	c				
	D				
		A	В	С	D
2	Gross income from or allocable to debt-financed				
	property	297,487.	21,180.		
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement) STMT	4 61,646. 306,770.	6,944.		
b	Other deductions (attach statement) STMT 5	306,770.	15,322.		
С	Total deductions (add lines 3a and 3b,				
	columns A through D)	368,416.	22,266.		
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement) STMT	62,026,737.	98,355.		
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement) STMT 7	1,645,979.	143,191.		
6	Divide line 4 by line 5	100.000%	68.688%	%	%
7	Gross income reportable. Multiply line 2 by line 6	297,487.	14,548.		
8	Total gross income (add line 7, columns A through D)			<u> </u>	312,035.
-	5 (, , , , , , <u>- , - , , , , , , , , , , ,</u>		•
9	Allocable deductions. Multiply line 3c by line 6	368,416.	15,294.		
10	Total allocable deductions. Add line 9, columns A thr			nn (B)	383,710.
11	Total dividends-received deductions included in line				0.
					-

											_
Schedule A	(Form 990-T) 2022	iitioo D	oyalties, and Re	nto from	n Control	lod Or	aonizationa				Page 3
Part VI	interest, Anni	illies, no	Jyanies, and ne		ii Control		-	,	instruction		
							xempt Contro				D 1 11 11 11
1.	Name of controlle	d	2. Employer		unrelated	1	al of specified		of colum		Deductions directly
	organization		identification number	1	ne (loss) structions)	l payn	nents made	control	ling orgar	niza- i	connected with ncome in column 5
			number	(see ins	structions)			tion's c	gross inco	ome '	ncome in column 5
(1)											
(2)											
(3)											
(4)			<u> </u>			<u> </u>					
				1	Controlled Or						
7. Tax	able Income	1	Net unrelated	1	otal of specif yments mad		10. Part of that is inc				eductions directly
		1	ncome (loss) e instructions)	pa	yments mad	е	controlling	organiza			onnected with me in column 10
		(300	2 1131140110113)				gross	income		11100	
(1)											
(2)											
(3)											
(4)							Add solum	no E one	4 10	^ dd a	solumno 6 and 11
							Add colum Enter here				columns 6 and 11. here and on Part I.
								column (A	,		e 8, column (B)
Totals									0.		0.
Part VII	Investment	Income	of a Section 50	1(c)(7), (9). or (17)	Orgar	nization (s	ee instru			
		cription of			2. Amou		3. Deduction		4. Set-a	sides	5. Total deductions
		•			incon		directly conne	ected (a	attach sta		
							(attach stater	ment)			(add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
					Add amou						Add amounts in
					column 2.						column 5. Enter here and on Part I,
					line 9, colu						line 9, column (B)
Totals						Ò.					0.
Part VIII	Exploited E	xempt A	Activity Income,	Other T	Than Adve	ertising	Income (see instr	ructions)		

Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)

Expenses directly connected with production of unrelated business income. Enter here and on Part I,

Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete

Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

line 10, column (B)

Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5

Schedule A (Form 990-T) 2022

5

6

2

3

6

Description of exploited activity:

4. Enter here and on Part II, line 12

1	Advertising income				
	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a c	onsolidated basis		
	A				
	В 🗌				
	c 🗆				
	D				
nter a	mounts for each periodical listed above in the	corresponding column.			
	•	A	В	С	D
2	Gross advertising income		-		_
_	Add columns A through D. Enter here and or			<u> </u>	0.
а	That coldmine it through b. Effici field and of	Traiti, into 11, column ()			
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and or				0.
а	Add Coldmins A through D. Enter here and or	Trait i, line 11, coluitiii (b)			
4	Advertising gain (loss). Subtract line 3 from line	ne			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
	lines 5 through 7, and enter zero on line 8 \dots				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than	ı			
	line 5, subtract line 6 from line 5. If line 5 is le	ess			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain of	on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	·	al or zero here and	l on	•
_					0.
art)	Part II, line 13 Compensation of Officers, Di	rectors, and Trustees (Se	e instructions)		
	· ·		, o o o,	3. Percentage	4. Compensation
	1. Name	2. Title		of time devoted	attributable to
	T Name			to business	unrelated business
)				%	diffoldited basifices
)				% %	
))				% %	
				% %	
)				90	
					0.
	Enter have and an Dart II, line 1				
	Enter here and on Part II, line 1				.
otal. Part >		ee instructions)			0.
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			0.
	Enter here and on Part II, line 1 KI Supplemental Information (So	ee instructions)			<u> </u>
	Enter here and on Part II, line 1	ee instructions)			0.
	Enter here and on Part II, line 1	ee instructions)			0.
	Enter here and on Part II, line 1	ee instructions)			0.
	Enter here and on Part II, line 1	ee instructions)			0.
	Enter here and on Part II, line 1	ee instructions)			0.
	Enter here and on Part II, line 1	ee instructions)			0.
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			0.
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (se	ee instructions)			
	Enter here and on Part II, line 1 XI Supplemental Information (se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			
	Enter here and on Part II, line 1 KI Supplemental Information (Se	ee instructions)			

990-T SCH A	A POST-2	2017 NET OPERATING	LOSS DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/21 06/30/22	185,447. 80,362.	0. 0.	185,447. 80,362.	185,447. 80,362.
NOL CARRYO	/ER AVAILABLE THI	S YEAR	265,809.	265,809.

FORM 990-T (A)	PART V - DEPRECI	ATION DEDUCTI	ON	STATEMENT 4
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION	- SUBTOTAI		61,646.	61,646.
DEPRECIATION	- SUBTOTAL	. – 3	6,944.	6,944.
TOTAL OF FORM	990-T, SCHEDULE A, PART	V, LINE 3(A)		68,590.

PART V - OTHER	DEDUCTIONS		STATEMENT 5
ACTIVITY NUMBER	AMOUNT	PERCENT ALLOCABLE	ALLOCABLE TOTAL
	3,830.		
	27,436.		
	58,329.		
	2,252.		
	14,021.		
	9,708.		
	1,762.		
	135,513.		
	3,337.		
	92.		
AL - 1		1.00	306,770.
	2,472.		
	3,817.		
	973.		
	5,740.		
	299.		
	20.		
	1,550.		
AL - 3	15,322.	1.00	15,322.
ULE A. PART V.	LINE 3(B)		322,092.
	ACTIVITY NUMBER	NUMBER AMOUNT 3,830. 1,604. 48,886. 27,436. 58,329. 2,252. 14,021. 9,708. 1,762. 135,513. 3,337. AL - 1 306,770. 390. 43. 2,472. 3,817. 973. 18. 5,740. 299.	ACTIVITY NUMBER AMOUNT PERCENT ALLOCABLE 3,830. 1,604. 48,886. 27,436. 58,329. 2,252. 14,021. 9,708. 1,762. 135,513. 3,337. AL - 1 306,770. 1.00 390. 43. 2,472. 3,817. 973. 18. 5,740. 299. AL - 3 15,322. 1.00

	E ACQUISITION E TO DEBT-FIN		RTY	STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS AVERAGE ADJUSTED BASIS	- SUBTOTAL -	_	2,026,737. 98,355.	2,026,737.
TOTAL OF FORM 990-T, SCHEDU	LE A, PART V,	LINE 4		2,125,092.

FORM 990-T (A) AVER ALLOCAB	STATEMENT 7			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS AVERAGE ADJUSTED BASIS	- SUBTOTAL -	1	1,645,979.	1,645,979.
TOTAL OF FORM 990-T, SCHEDU	- SUBTOTAL - ULE A, PART V,	-		143,191.

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A N	lame of the organization WEST CENTRAL WISCONSIN AGENCY, INC.	COI	MMUNITY AC	TION	B Employe	r identificati	
<u>c</u> ს	Unrelated business activity code (see instructions) 44510	0			D Sequence	ce: 2	of 2
E [Describe the unrelated trade or business NON-LOW INCO	ME	FARMERS MA	RKET			
Pai			(A) Income		(B) Expens	es	(C) Net
ı u			(A) moonie		(B) Expend		(0) 1101
	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form	١.					
	1120)). See instructions	4a					
	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b					
c		4c					
5	Income (loss) from a partnership or an S corporation (attach	_					
6	statement)	5 6					
7	Rent income (Part IV) Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled	-					
Ü	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)	٦					
•	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement) STMT 8	12	9,45	7.			9,457.
13	Total. Combine lines 3 through 12	13	9,45	57.			9,457. 9,457.
Dai	↑ II Deductions Not Taken Elsewhere See instructi	ons f	or limitations on	deduc	tions Ded	uctions r	must he
ı a	directly connected with the unrelated business in			acaac	ilorio. Dea	dotions i	nast be
	•						
1	Compensation of officers, directors, and trustees (Part X)						
2	Salaries and wages					2	8,110.
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	706
6	Taxes and licenses		_			6	796.
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return					8b 9	
9	Depletion Contributions to deferred componentian plans					10	
10 11	Contributions to deferred compensation plans Employee benefit programs					11	72.
12	Excess exempt expenses (Part VIII)					12	, 2 •
13	Excess readership costs (Part IX)					13	
14	Other deductions (attach statement)		SEE S'	TATEM	ENT 9	14	4,513.
15	Total deductions. Add lines 1 through 14					15	13,491.
16	Unrelated business income before net operating loss deduction. S					-	- ,
-	column (C)					16	-4,034.
17	Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 1					18	-4,034.
ΙΗΑ			· · · · · · · · · · · · · · · · · · ·			Schedule	Δ (Form 990-T) 2022

Part	III Cost of Goods Sold Fnter metl	nod of inventory valua	tion		Page Z
1	Inventory at beginning of year	•		1	
2	Purchases				_
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h			_	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	` ' '		-		
1	Description of property (property street address, city, s	tate, ZIP code). Check	if a dual-use. See ins	tructions.	
	A				
	В				
	c				
	D		T _		
_		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
L	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds				
	500/ '(He + '- h				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
5 Part	Description of debt-financed property (street address, o	ee instructions)			0.
	<u> </u>				
	B				
	<u> </u>				
	D	Α	В	С	
2	Gross income from or allocable to debt-financed	Α	В		<u>b</u>
-	property				
3	Deductions directly connected with or allocable				
_	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				_
6	Divide line 4 by line 5	%	9	6 %	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D)	. Enter here and on Pa	art I, line 7, column (A)	<u>-</u>	0.
			Ι	 	
9	Allocable deductions. Multiply line 3c by line 6		<u> </u>	(5)	
10	Total allocable deductions. Add line 9, columns A thr Total dividends-received deductions included in line		a on Part I, line /, colu	ımn (B)	0.
11	i otal dividendo-received deductions included in line	10			U •

Part VI Interes	st. Annuities. R	oyalties, and Re	ents fror	n Control	ed Or	ganizations	S (se	e instruct	ions)		Page 3
		<u>, </u>				xempt Contro	(
1. Name of organi		2. Employer identification number	incon	unrelated ne (loss) structions)	4. Tota	al of specified nents made	5. Pathat is contr	ort of colur included olling orga gross inc	nn 4 in the aniza-	6. Deduction connected income in	ed with
(1)											
(2)											
(3)											
(4)		<u> </u>									
				Controlled Or	-	1			- 44	D 1 11	Р
7. Taxable Inco	ir	Net unrelated ncome (loss) e instructions)		otal of specifi yments mad		that is inc controlling gross	luded i	n the cation's		Deductions connected come in colu	with
(1)											
(2)											
(3)											
(4)											
						Add colum Enter here line 8, c	and on	Part I,	Ente	I columns 6 er here and c ine 8, colum	on Part I,
Totals								0.			0.
Part VII Inves	stment Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Description of	income		2. Amoui incom		3. Deduction directly connected (attach states	ected	4. Set- (attach st		nt) and se	deductions et-asides ls 3 and 4)
(1)											
(2)											
(3)											
(4)				Add amou column 2. here and or line 9, colu	Enter n Part I, mn (A)					columi here and	mounts in n 5. Enter d on Part I, column (B)
Totals				Fl A .l .	0.	• • • • • • • • • • • • • • • • • • • •					0.
		Activity Income,	Otner I	nan Adve	rtising	g income (see ins	structions)			
	of exploited activity:		F-:		D-:41	line 10 li	- (A)				
		e from trade or busir							2		
•	•	h production of unre									
		I trada ar businasa S							3		
	,	I trade or business. S			•	, ,			,		
lines 5 throu 5 Gross incom		is not unrelated busi							5		
		entered on line 5							6		
		act line 5 from line 6									
	•	12							7		
	,										

Schedule A (Form 990-T) 2022

Schadula	Δ	(Form	aan_T	1 2022

FORM 990-T (A)	OTHER INCOM	E 	STATEMENT 8
DESCRIPTION			AMOUNT
FARMERS MARKET FEE			9,457.
TOTAL TO SCHEDULE A, PART	I, LINE 12		9,457.
FORM 990-T (A)	OTHER DEDUC	TIONS	STATEMENT 9
DESCRIPTION			AMOUNT
CONSULTANTS/CONTRACT LABOR OFFICE EXPENSE OTHER EXPENSE TRAVEL BAD DEBT CONFERENCES, CONVENTIONS, I ADVERTISING INSURANCE	MEETINGS		992. 412. 2,315. 134. 20. 2. 76. 562.
TOTAL TO SCHEDULE A, PART	II, LINE 14		4,513.
990-T SCH A POST-	2017 NET OPERATIN	G LOSS DEDUCTION	STATEMENT 10
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 06/30/20 06/30/21 06/30/22 3,170. 06/30/22 2,544.	0. 0. 0.	1,110. 4,048. 3,170. 2,544.	1,110. 4,048. 3,170. 2,544.
NOL CARRYOVER AVAILABLE TH	TS YEAR	10,872.	10,872.

TAX RETURN FILING INSTRUCTIONS

WISCONSIN FORM 4T

FOR THE YEAR ENDING

June 30, 2023

	04110 00, 2020
Prepared For:	
West Central Wisconsin Co	ommunity Action
Agency, Inc. 525 Second Street, P.O. Bo Glenwood City, WI 54013	
Prepared By:	
Wipfli LLP 2501 W Beltline Hwy, Ste 4 Madison, WI 53713	401
To be Signed and Dated By:	
The authorized individual(s)	s).
Amount of Tax:	
Total Tax	\$0
Less: payments and credits	\$0
Plus: other amount	0
Plus: nterest and penalties	\$0
No payment required	\$
Overpayment:	
Credited to your estimated tax	\$0
Other amount	\$0
Refunded to you	\$ 0
Make Check Payable To:	
Not applicable	
Mail Tax Return and Check (if applicable)	e) To:
Wisconsin Department of R	Revenue
P.O. Box 8908	
Madison, WI 53708-8908	
Return Must be Mailed On or Before:	

Please mail as soon as possible. Special Instructions:

We are also enclosing two copies of Form 4T - Wisconsin Exempt Organization Business Franchise or Income Tax Return. One copy must be signed by an officer of the Organization, title inserted, dated and forwarded to the Wisconsin Department of Revenue, P.O. Box 8908, Madison, WI 53708-8908, on or before the due date.

Form

Wisconsin Exempt Organization Business Franchise or Income Tax Return

For calendar year 2022 or tax year beginning 07 01 2022 06 30 2023 ____ and ending _ MM DD YYYY MM DD YYYY

	Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year.						
	Exempt Organization Name WEST CENTRAL WISCONSIN COMMUNITY ACTION						
	Number and Street	Suite Number					
9							
OR	City State ZIP (+ 4 digit suffix if known) A Federal SLENWOOD CITY WI 54013 39	Employer ID Number 1076125					
		Organization and Year					
STAPLE	1 Amended return (include Schedule AK)	Enter abbreviation of state in box, or if a					
	2 First return - new corporation or entering wisconsin 4 Short period - change in accounting period	foreign country, enter below.					
NOT	3 Final return - corporation dissolved or withdrew 5 Short period - stock purchase or sale						
8	Check ✓ if applicable and see instructions:						
	E X If you have an extension of time to file, enter extended due date 06 17 2024						
	M M D D YYYY						
	F If you have related entity expenses and are required to file Schedule RT with this return						
	G If you changed your organization name	::: ::::::::::::::::::::::::::::::					
	H Internal Revenue Service adjustments became final during the year						
	Enter years adjusted						
	I Check ✓ type of organization: J Name of Trustee if Taxable as Trust						
	1 X Corporation 2 Trust - due 4th month 3 Trust - due 5th month						
	ENTER NEGATIVE NUMBERS LIKE THIS1000 NOT LIKE THIS (1000)	NO COMMAS; NO CENTS					
	Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13)						
	1 Unrelated business taxable income (from federal Form 990-T, Part 1, line 11)						
		•					
	2 Additions (from Part 1, Page 3)	<u>.</u>					
	2 Additions (from Part 1, Page 3) 2 3 Add lines 1 and 2 3	<u>.</u>					
	2 Additions (from Part 1, Page 3) 2 3 Add lines 1 and 2 3 4 Subtractions (from Part 2, Page 3) 4	<u>.</u>					
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٥	2 Additions (from Part 1, Page 3) 3 Add lines 1 and 2 4 Subtractions (from Part 2, Page 3) 5 Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8) 6 Subtract lines 4 and 5 from line 3. This is apportionable unrelated business taxable income 7 Wisconsin apportionment percentage. Enter the apportionment schedule used: 8 If 100% apportionment, check () the space after the arrow 9 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9) 10 Combine lines 8 and 9. This is Wisconsin unrelated business taxable income (loss) 11 Enter 7.9% (0.079) of amount on line 10. This is gross tax 11 Nonrefundable credits (from Schedule CR) 12 Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero (0). This is net tax 13 Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23) 14 Unrelated business taxable income (from federal Form 990-T, Part 1, line 11 or attachment to federal Form 4720) 14 Additions (from Part 1, Page 3) 15						
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2022 Form 4T				Page 2 of 3
20 Nonrefun	dable credits (from Schedule CR)		20	•
21 Net incon	ne tax paid to other states		21	_
23 Subtract			23	
	line 13 or 23			
25 Economic	development surcharge (see instructions)		25	
	ed resources donation (decreases refund or ir			
27 Veterans	trust fund donation (decreases refund or incre	ases amount owed)	27	
28 Add lines	24 through 27		28	
	tax payments less refund from Form 4466W			
30 Wisconsin	n tax withheld	30	<u>.</u>	
	le credits (from Schedule CR)			
32 Amended	Return Only - amount previously paid	32		
33 Add lines	29 through 32	33	<u> </u>	
	Return Only - amount previously refunded			
35 Subtract	ine 34 from 33		35	•
	penalty, and late fee due (from Form U line 17			
If you ann	ualized income on Form U or Schedule U, che	eck () the space after the arrow	_ 36	
	due. If the total of lines 28 and 36 is larger tha 3 and 36	*	37	
	nent. If line 35 is larger than the total of lines a		31	<u> </u>
	6 from line 35		38	
	ount of line 38 you want credited on 2023 esti			
40 Subtract	ine 39 from line 38. This is your refund		40	
	Il gross receipts from all unrelated trade or but			
1 Person to2 City and st3 Are you th	Information Required contact concerning this return: LISA S ate where books and records are located for a e sole owner of any limited liability companies you include the incomes of these entities in the	audit purposes: GLENWOOD CITY (LLCs)? X Yes No If yes, o	, WI	x #: <u>7152657031</u> E and include with this
of a state s (You will n	rchase any taxable tangible personal property cales or use tax? Yes X No ot be liable for Wisconsin use tax if you hold a cations of your Wisconsin operations: GLE	If yes, you may owe Wisconsin use tax. Se		
Thind	Do you want to allow another person to discuss t	his return with the department? X Yes	Complete the following	. N o
Third	·			
Party	Print Designee's	Phone Number ▼	Personal Id	entification Number (PIN)
Designee	Name ► QUINN DUGAN	6082741980	<u>5608</u>	35
Under penaltie	s of law, I declare that this return and all attach	nments are true, correct, and complete to the l	best of my knowledge	and belief.
	Officer or Trustee	Title	Date	
		EXECUTIVE DIRECTOR		
Preparer's S	-	Preparer's Federal Employer ID Number	Date	
	DUGAN	39 0758449		4 04 2024

You must file a copy of your federal Form 990-T or 4720, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to

Wisconsin Department of Revenue PO Box 8908 Madison WI 53708-8908



2022 Form 4T Page **3 of 3**

Interest income (less related expenses) from state and municipal of	obligations	1
State and local franchise or income taxes	2	
Capital gain/loss adjustment		
Endered not energting loss correspor		4
Federal net operating loss carryover Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, or 5K-1)		
Reserved for future use		
Transitional adjustments		7
Credit computed (see instructions):		
<u>a</u> Business development credit	8a	<u> </u>
b Community rehabilitation program credit	8b	<u> </u>
c Development zones credits	8c	
d Economic development tax credit		
Electronics and information technology manufacturing		
zone credit	8e	
<u>f</u> Employee college savings account contribution credit		
	.	
g Enterprise zone jobs credit		
<u>h</u> Farmland preservation credit	8h	<u> </u>
i Jobs tax credit	8i	<u>.</u>
j Manufacturing and agriculture credit (computed in 2021)	8j	
k Manufacturing investment credit		
I Research expense credit		
m Reserved for future use		
n Total credits (add lines 8a through 8m)		8n
Other additions:	_	
a	9a	.
b	9b	<u>.</u>
	9c	
Total other additions (add lines 9a through 9c)		9d
Total additions (add lines 1 through 7, 8n, and 9d and enter on t 2 - Subtractions:	i page 1)	10
Interest income (less related expenses) from United States govern	nment obligations	1
Capital gain/loss adjustment		
Wisconsin not appreting last same famous-		s
Wisconsin net operating loss carryforward	N/ 1 O// 1 F// 1\	4
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2	2K-1, 3K-1, or 5K-1)	4
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (ob	2K-1, 3K-1, or 5K-1)otain Schedule RT-1 from	
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (obrelated entity and submit with your return)	2K-1, 3K-1, or 5K-1) tain Schedule RT-1 from	5
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (ob	2K-1, 3K-1, or 5K-1) tain Schedule RT-1 from	5
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (obrelated entity and submit with your return)	2K-1, 3K-1, or 5K-1) tain Schedule RT-1 from	5
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (obrelated entity and submit with your return) Transitional adjustments	2K-1, 3K-1, or 5K-1) tain Schedule RT-1 from	5 6
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (obrelated entity and submit with your return) Transitional adjustments Other subtractions:	PK-1, 3K-1, or 5K-1) otain Schedule RT-1 from 7a	5 6
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (obrelated entity and submit with your return) Transitional adjustments Other subtractions:	PK-1, 3K-1, or 5K-1) otain Schedule RT-1 from 7a	5 6
Deductible related entity expenses (from Sch. RT, Part II or Sch. 2 Income from related entities whose expenses were disallowed (obrelated entity and submit with your return) Transitional adjustments Other subtractions:	PK-1, 3K-1, or 5K-1) ptain Schedule RT-1 from 7a 7b	



Schedule

DE

Wisconsin Department of Revenue

Disregarded Entity Schedule

File with Wisconsin Form 1, 1NPR, 2, 3, 4, 4T, 5S, or 6

2022

Name of Disregarded Entity Owner
WEST CENTRAL WISCONSIN COMMUNITY ACTION
Identifying Number
39 1076125

Disregarded Entities:

Name of Disregarded Entity	FEIN or SSN
1 WEST CAP HAVENWOOD, LLC	39 1076125
2 WEST CAP MANAGER, LLC	14 1955785
3 WEST CAP PROPERTY MANAGER, LLC	39 1076125
4 SUSTAINABLE BUILDERS, LLC	20 5071301
5 WEST CAP SANTA CLARA, LLC	26 4168925
6 WEST CAP SUNRISE MEADOWS, LLC	39 1076125
7 SUNRISE MEADOWS, LP	39 1912616
8 WEST CAP COLFAX PRAIRIE HOMES, LLC	39 1076125
9 COLFAX PRAIRIE HOMES, LP	39 1865379
10 WEST CAP TAXABLE, LLC	47 5619672
11 WEST CAP AFFORDABLE HOUSING, LLC	39 1076125
12	
13	
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15	
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18	
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20	

