CLIFTONLARSONALLEN LLP 818 SECOND STREET SOUTH, SUITE 320 WAITE PARK, MN 56387

> WACOSA 310 SUNDIAL DRIVE, PO BOX 757 WAITE PARK, MN 56387-0757

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CLIENT'S COPY



CliftonLarsonAllen LLP CLAconnect.com

WACOSA 310 Sundial Drive, PO Box 757 Waite Park, MN 56387-0757

WACOSA:

Enclosed is the organization's 2020 Exempt Organization return.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-EO to us as soon as possible, but no later than by November 15, 2021 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

#### **MINNESOTA ANNUAL REPORT:**

The Minnesota Annual Report should be mailed by November 15, 2021, to:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Enclose a check or money order for \$25, payable to State of Minnesota.

Include the organization's Federal Employer Identification Number and 2020 Annual Report on the remittance.

The report should be signed and dated by the authorized individual(s).

The Minnesota Secretary of State is requiring online registration for nonprofit organizations. The filing must be completed online at www.sos.state.mn.us on or before December 31 of each year to maintain the corporation's good standing. When filing the form online, you will need the corporation's filing number which is shown on the enclosed information printed from the Minnesota State Secretary of State's website. This information can be found in the last section of the bound client copy of the Form 990. Remember to print out a copy of the annual registration for your records before submitting the form electronically.

A review of the Minnesota Secretary of State's website shows that WACOSA is current with the 2020 renewal. Please complete the 2021 renewal by December 31, 2021.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP CLAconnect.com

### WACOSA

## FORM 990 INCOME TAX RETURN

# FOR YEAR ENDED DECEMBER 31, 2020

Form 8879-EO	***** THIS IS NOT A FILEABLE COPY ***** IRS e-file Signature Authorization for an Exempt Organization	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning, 2020, and ending,	<sup>20</sup> — <b>2020</b>
Department of the Treasury Internal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>	2020
Name of exempt organization		Taxpayer identification number
WACOSA		41-0871466
Name and title of officer or per JEFFREY MURPH BOARD PRESIDE	Y	
Part I Type of	Return and Return Information (Whole Dollars Only)	
check the box on line <b>1a</b> , then leave line <b>1b</b> , the leave line	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter e applicable line below. Do not complete more than one line in Part I.	this form was red -0- on the
1a Form 990 check here		п. 16 6,872,974.
2a Form 990-EZ check h		2b
3a Form 1120-POL check 4a Form 990-PF check h		
5a Form 8868 check here		
6a Form 990-T check he		
7a Form 4720 check here	e ► b Total tax (Form 4720, Part III, line 1)	
	ion and Signature Authorization of Officer or Person Subject to Tax	
(name of organization) of the 2020 electronic retu true, correct, and complet I consent to allow my inter to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) <b>PIN: check one box only</b> <b>X</b> I authorize <b>CL</b> as my signature a state agency(in PIN on the retur As an officer or	I declare that X I am an officer of the above organization or I am a person sub- , (EIN) m and accompanying schedules and statements, and, to the best of my knowledge and the e. I further declare that the amount in Part I above is the amount shown on the copy of the mediate service provider, transmitter, or electronic return originator (ERO) to send the return an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its defined in the e federal taxes owed on this return, and the financial institution to debit the entry to this at the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior the thorize the financial institutions involved in the processing of the electronic payment of takes as my signature for the electronic return and, if applicable, the consent to electronic fund <b>IFTONLARSONALLEN LLP</b> <b>ERO firm name</b> on the tax year 2020 electronically filed return. If I have indicated within this return that a as) regulating charities as part of the IRS Fed/State program, I also authorize the aforemenn's disclosure consent screen. berson subject to tax with respect to the organization, I will enter my PIN as my signature are return. If I have indicated within this return that a copy of the return is being filed with a	and that I have examined a copy belief, they are e electronic return. urn to the IRS and on for any delay in esignated Financial e tax preparation account. To revoke to the payment ixes to receive personal ds withdrawal. to enter my PIN <u>56387</u> Enter five numbers, but do not enter all zeros copy of the return is being filed with ntioned ERO to enter my on the tax year 2020
	ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure co	
Part III Certifica	tion and Authentication	
	your five-digit self-selected PIN. 41297512975 Do not enter all zeros	
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate eturn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informa siness Returns.	
ERO's signature 🕨	Date  08/	18/21
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	
LHA For Paperwork Rec	luction Act Notice, see instructions.	Form <b>8879-EO</b> (2020)
023051 11-03-20		

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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

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

Туре с	Name of exempt organization or other filer, see in	structions.		Taxpayer	identificatio	on number (TIN)
print	WACOSA				41-08	71466
File by th due date filing you return. Se instructio	Number, street, and room or suite no. If a P.O. bo 310 SUNDIAL DRIVE, PO BOX	757 a foreign add				
Enter t	he Return Code for the return that this application is for		te application for each return)			0 1
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 9	90-PF	04	Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>1</li> <li>t</li> <li>t</li> <li>2</li> <li>1</li> </ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the ▶ I calendar year 2020 or ▶ I tax year beginning f the tax year entered in line 1 is for less than 12 month I Change in accounting period	igit Group Exe and atta NOVEN organization's , an s, check rease	mption Number (GEN) <u>ch a list with the names and TINs of</u> <u>MBER 15, 2021</u> , to file return for: d ending on: Initial return	If this is fo all membe	r the whole of ers the exter upt organiza	group, check this
	f this application is for Forms 990-BL, 990-PF, 990-T, 4 any nonrefundable credits. See instructions.	720, or 6069, e	enter the tentative tax, less	3a	\$	0.
	f this application is for Forms 990-PF, 990-T, 4720, or 6 estimated tax payments made. Include any prior year ov	-		3b	\$	0.
-	Balance due. Subtract line 3b from line 3a. Include you				Ψ	<u> </u>
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.
-	n: If you are going to make an electronic funds withdra	wal (direct det	bit) with this Form 8868, see Form 8		d Form 8879	

10550818 131839 091-028225-00

Form <b>990</b>	
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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.



AF	or th	e 2020 calendar year, or tax year beginning and	ending		
B C a	heck if oplicab	e: C Name of organization		D Employer identific	cation number
	Addre	WACOSA			
	Name Chang			41-08714	66
	Initial		Room/suite	E Telephone number	
	Final	310 SUNDIAL DRIVE, PO BOX 757		320-251-	0087
	termi ated			G Gross receipts \$	6,893,143.
	Amer returr	WATTE PARK, MN 50587-0757		H(a) Is this a group re	
	Appli 	F Name and address of principal officer: SIEVE HOWARD		for subordinates	? Yes X No
	pend	SAME AS C ABUVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🚺 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		te: > WWW.WACOSA.ORG		H(c) Group exemption	
	_	f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🗌 Other 🕨	L Year	of formation: 1963 N	State of legal domicile: MN
Pa	rt I	Summary			
Ð	1	Briefly describe the organization's mission or most significant activities:			
nc		DISABILITIES THE OPPORTUNITY TO WORK AND			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		
0 V	3				15
ت ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			609
ivit	6	Total number of volunteers (estimate if necessary)			34
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			-
	~			Prior Year 612,981.	Current Year 3,292,727.
ne	8	Contributions and grants (Part VIII, line 1h)		8,783,281.	3,494,810.
Revenue	9	Program service revenue (Part VIII, line 2g)		60,553.	52,537.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		28,336.	32,900.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,485,151.	6,872,974.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,405,151.	0,072,974.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	14 15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,313,471.	5,830,269.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en		Total fundraising expenses (Part IX, column (A), line 25)	56.	0.	
ĔĂ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,722,800.	1,323,131.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,036,271.	7,153,400.
	19	Revenue less expenses. Subtract line 18 from line 12		448,880.	-280,426.
or				ginning of Current Year	End of Year
ets (	20	Total assets (Part X, line 16)		10,779,594.	10,454,872.
Assets Balanc	21	Total liabilities (Part X, line 26)		1,941,769.	1,886,532.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		8,837,825.	8,568,340.
Pa	rt 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.

Sign	Signature of officer		Date	
Here	JEFFREY MURPHY, BOARD H	RESIDENT		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	KRISTIN L SCHMIDT, CPA		self-employed	P01487323
Preparer	Firm's name 🕒 CLIFTONLARSONALLI	EN LLP	Firm's EIN 🕨 41	0746749
Use Only	Firm's address 💊 818 SECOND STREE	r south, suite 320		
	WAITE PARK, MN 50	5387	Phone no. 320 -	203-5500
May the IF	RS discuss this return with the preparer shown above	ve? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2020)

	n 990 (2020) WACOSA rt III   Statement of Program Service Accomplishments	41-0871466	Pag
га			
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	TO PROVIDE INDIVIDUALS WITH DISABILITIES THE OPPORTUNITY	TO WORK AND	)
	LIVE IN THEIR COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Yes	v
	prior Form 990 or 990-EZ?		
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	; <u>X</u>
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, a	and
	revenue, if any, for each program service reported.		
4a		enue \$ 2,450,	111
ти	PROGRAM SERVICES		
	WACOSA'S PROGRAM SERVICES CONSIST OF WACOSA'S SOUTH PROG	עתסיא אגסי	
	PROGRAM, SENIORS PROGRAM, SAUK CENTRE DT & H PROGRAM, 1S		)
	SAUK CENTRE EE PROGRAM. WACOSA WAS ESTBLISHED AS A GRAS		
	ORGANIZATION IN 1963 BY PARENTS LOOKING TO PROVIDE SERVI		
	CHILDREN WITH DISABILITIES. TODAY WACOSA HAS GROWN TO SE		5
	ADULTS WITH DISABILITIES ANNUALLY. OUR CLIENTS PRIMARII	Y LIVE IN	
	STEARNS, BENTON AND SHERBURNE COUNTIES, WITH SITE LOCATI	ONS IN WAITE	2
	PARK, SAUK CENTRE AND WHITNEY SENIOR CENTER IN ST. CLOUD		
4b		enue \$ 1,038,	46.
	VOCATIONAL SERVICES		
	WACOSA'S VOCATIONAL SERVICES CONSIST OF WACOSA'S COMMUNI	TY CREWS,	
	PRODUCTION CREWS, THRIFTWORKS! AND DOCUSHRED. WACOSA SE	ERVES PEOPLE	
	WITH A VARIETY OF MENTAL, PHYSICAL AND COGNITIVE ABILITI	IES. SOME OF	r,
	WACOSA'S CLIENTS LIVE INDEPENDENTLY, SOME WITH FAMILIES,	AND OTHERS	ΙN
	GROUP HOME SETTINGS. THROUGH WACOSA'S VOCATIONAL SERVIC		
	EMPLOYED BY LOCAL BUSINESSES, GO OUT IN THE COMUNITY IN		
	THEY WORK IN ONE OF WACOSA'S FACILITIES. WACOSA'S IN HO		<u> </u>
	WIDE RANGING. WACOSA DOES ASSEMBLY, QUALITY CHECKING, M		
	SERVICES, LABELING, COLLATING, PACKAGING/KITTING, RE-WOR		
	SHREDDING, THRIFT STORE OPERATIONS, RECYCLING SERVICES A		
	WACOSA'S CLIENTS ENJOY WORKING, ARE DEDICATED AND TAKE G	<u>REAT PRIDE I</u>	N
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	
<u>م</u> ر	Other program services (Describe on Schedule O.)		
40		<b>`</b>	
	(Expenses \$ including grants of \$ ) (Revenue \$	))	
4e	Total program service expenses 5,863,112.		000
		Form S	990 (
03200	2 12-23-20 SEE SCHEDULE O FOR CONTINUATION (	5)	
	3		
508	318 131839 091-028225-00 2020.04011 WACOSA		093

	<u>990 (2020)</u> WACOSA 41-0873	1466	Р	age <b>3</b>
Par	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		x
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 Revenue Procedure 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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		<u> </u>
'	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<u> </u>
0		8		x
•	Schedule D, Part III	<b>•</b>		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
10	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,			<u> </u>
17		47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1	v	1
	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, "			v
<i></i>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
	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	000	X
032003	3 12-23-20	Form	990	(2020)

WACOSA

Par	t IV Checklist of Required Schedules (continued)	1100	F	aye
	i 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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	00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C		28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
00	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	<u>.</u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		-	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 16</b>	-		
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1-		
02000	(gambling) winnings to prize winners?	1c	990	<u> </u> (2020)
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Form 990 (	2020)
Part IV	Check

	990 (2020) WACOSA 41-0871	466	P	age <b>5</b>
Par	t 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,			
	filed for the calendar year ending with or within the year covered by this return 2a 609			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>F</b> -		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		x
L	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	Ch		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		x
		7b		- 23
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	70		
C	to file Form 8282?	7c		x
Ь		10		
e	If "Yes," indicate the number of Forms 8282 filed during the year 7d   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
-	<ul> <li>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>			
-	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			(0000)

Form	990	(2020)
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	n 990 (2020) WACOSA rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	nouah		-0871		spon	oag se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C				110 16	spon	26
	Check if Schedule O contains a response or note to any line in this Part VI						Γ
Sec	tion A. Governing Body and Management				<u></u>		<u> </u>
						Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		15		100	t
	If there are material differences in voting rights among members of the governing body, or if the governing						L
	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		15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
-	officer, director, trustee, or key employee?				2		T
3	Did the organization delegate control over management duties customarily performed by or under th			 on			t
-					3		
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		t
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		t
6					6		t
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap						t
/ d					70		
<b>h</b>	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tookhol	doro or		<u>7a</u>		t
b					7.		
~	persons other than the governing body?				7b		ł
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			x	ł
					8a	X	╉
	Each committee with authority to act on behalf of the governing body?				8b	~	ł
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		Τ
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)			V.	1
						Yes	┨
	Did the organization have local chapters, branches, or affiliates?				10a		┨
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
					10b		╉
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the	form?	11a		$\frac{1}{2}$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						ł
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	┦
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	┦
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	,					
	in Schedule O how this was done				12c	X	┦
13	Did the organization have a written whistleblower policy?				13	X	4
14	Did the organization have a written document retention and destruction policy?				14	Х	ł
15	Did the process for determining compensation of the following persons include a review and approva	al by inc	dependent				l
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						l
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	ith a				l
	taxable entity during the year?				16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its pa	articipatior	า			I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's				l
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright MN$						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990 <sup>.</sup>	T (Section	501(c)(3)	s only)	availa	ık
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	ı on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy, and	d 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 bo	oks and	l records	►			
-	TRACI MCKINNON - 320-257-5194						
	310 SUNDIAL DRIVE, WAITE PARK, MN 56387						-
32004	6 12-23-20				Form	9 <b>90</b>	(
2200	7				1 5111		(
508	318 131839 091-028225-00 2020.04011 WACOSA					09	) <sup>.</sup>

Form 990 (2	2020) WACOSA	41-0871466 Pa	age <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	ghest 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 Employe	es	
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar ye	ear ending with or within the organization's tax	year.
	all of the organization's current officers, directors, trustees (whether individuals or organiz	ations), regardless of amount of compensatior	า.
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 and/or Box 7 of Form 1099-MISC) 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 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.

Name and tile         Average hours per weak bits any bours of the and stretchy used bits any the and streany the and stretchy used bits any the and stretchy us	(A)	(B)	(B)			C)			(D)	(E)	(F)
hours per veck (its any nours for related organizations below line)         Desc. unstrements between the mod affective and affective period between the mod affective			(do					ne			
Very (ist ary) hours for granizations below line)         Notify and filter organizations below line)         Notify and filter below line)         Notify and filt		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
(1)         STEVE HOWARD         40.00         X         116,353.         0.         2,977.           (2)         TRACI MCKINNON         40.00         X         69,642.         0.         11,340.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (4)         LEROY NORTHAM         1.00         X         X         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTENER         1.00         X         X         0.         0.         0.         0.           (6)         CHERI SCORFIELD         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.				cer an	aaa	recto	or/trus	tee)			
(1)         STEVE HOWARD         40.00         X         116,353.         0.         2,977.           (2)         TRACI MCKINNON         40.00         X         69,642.         0.         11,340.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (4)         LEROY NORTHAM         1.00         X         X         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTENER         1.00         X         X         0.         0.         0.         0.           (6)         CHERI SCORFIELD         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.			irecto							J.	•
(1)         STEVE HOWARD         40.00         X         116,353.         0.         2,977.           (2)         TRACI MCKINNON         40.00         X         69,642.         0.         11,340.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (4)         LEROY NORTHAM         1.00         X         X         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTENER         1.00         X         X         0.         0.         0.         0.           (6)         CHERI SCORFIELD         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.			e or d	tee			sated			(W-2/1099-1015C)	
(1)         STEVE HOWARD         40.00         X         116,353.         0.         2,977.           (2)         TRACI MCKINNON         40.00         X         69,642.         0.         11,340.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (4)         LEROY NORTHAM         1.00         X         X         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTENER         1.00         X         X         0.         0.         0.         0.           (6)         CHERI SCORFIELD         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.			ruste	l trus		/ee	npen		(00-2/1099-00130)		•
(1)         STEVE HOWARD         40.00         X         116,353.         0.         2,977.           (2)         TRACI MCKINNON         40.00         X         69,642.         0.         11,340.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (3)         JEFFREY MURPHY         1.00         X         X         0.         0.         0.           (4)         LEROY NORTHAM         1.00         X         X         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTEDENT         X         X         0.         0.         0.         0.           BOARD FRESTENER         1.00         X         X         0.         0.         0.         0.           (6)         CHERI SCORFIELD         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.		l °	dual t	utiona	-	mploy	st col	ar			
1) STEVE HOWARD         40.00         x         116,353.         0.2,977.           C2) TRACI MEKINSON         40.00         x         69,642.         0.11,340.           C3) TRACI MEKINSON         x         0.0,0.         0.0.         0.0.           C4) LEGY NORTHAM         1.00         x         x         0.0,0.         0.           BOARD PRESIDENT         x         x         0.0,0.         0.         0.         0.           BOARD PRESIDURE         1.00         x         x         0.0,0.         0.         0.         0.           BOARD PRESIDURE         1.00         x         0.0,0.         0.			Indivi	Institu	Office	Key ei	Highe	Forme			
(2)         TRACI MCKINNON         40.00         X         69,642.         0.         11,340.           (3)         JEFREY MURPHY         1.00         X         X         0.         0.         11,340.           BOARD FRESIDENT         X         X         0.         0.         0.         0.           (4)         LERCY NORTHAM         1.00         X         X         0.         0.         0.           BOARD VICE PRESIDENT         X         X         0.         0.         0.         0.           (5)         RON BRANDENBURG         1.00         X         X         0.         0.         0.           BOARD VICE SCORFIELD         1.00         X         X         0.         0.         0.           (6)         CHERT SCORFIELD         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (9)         JEFF BENVENISTE         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (11)         MEMBER         X	(1) STEVE HOWARD	40.00									
DIRECTOR OF FINANCE         X         69,642.         0.         11,340.           (3) JEFFREY MURPHY         1.00         X         0.         0.         0.           GARD PRESEDENT         X         X         0.         0.         0.           (4) LEROY NORTHAM         1.00         X         X         0.         0.         0.           BOARD PRESEDENT         X         X         0.         0.         0.         0.           (5) RON BRANDENBURG         1.00         X         X         0.         0.         0.           BOARD SECRETARY         X         X         0.         0.         0.         0.           BOARD MEMBER         1.00         X         X         0.         0.         0.           BOARD MEMBER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           ION DEAD MEMBER         X <td>EXECUTIVE DIRECTOR</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>116,353.</td> <td>0.</td> <td>2,977.</td>	EXECUTIVE DIRECTOR				Х				116,353.	0.	2,977.
(3) JEFFREY MURPHY         1.00         X         X         0.         0.           BOARD PRESIDENT         X         X         0.         0.         0.           BOARD PRESIDENT         X         X         0.         0.         0.           BOARD VICE FRESIDENT         X         X         0.         0.         0.           BOARD VICE FRESIDENT         X         X         0.         0.         0.           BOARD SECRETARY         X         X         0.         0.         0.           BOARD SECRETARY         X         X         0.         0.         0.           BOARD MERGERARY         X         X         0.         0.         0.           BOARD MEMBER         1.00         X         X         0.         0.         0.           (3) JON ARCHER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0. <t< td=""><td>(2) TRACI MCKINNON</td><td>40.00</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	(2) TRACI MCKINNON	40.00									
BOARD PRESIDENT         X         X         X         0.         0.         0.           G(4) LEROY NORTHAM         1.00         X         X         0.         0.         0.         0.           BOARD VICE PRESIDENT         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.<	DIRECTOR OF FINANCE				Х	/			69,642.	0.	11,340.
(4) LEROY NORTHAM       1.00       X       X       0.       0.       0.         BOARD VICE PRESIDENT       X       X       0.       0.       0.       0.         (5) RON BRANDENBURG       1.00       X       X       0.       0.       0.         (5) RON BRANDENBURG       1.00       X       X       0.       0.       0.         (6) CHERIE SCORFIELD       1.00       X       X       0.       0.       0.         BOARD SECKETARY       0.       0.       0.       0.       0.       0.         (7) SHERWIN ANDERSON       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (9) JEFF BENVENISTE       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(3) JEFFREY MURPHY	1.00						/			
BOARD VICE PRESIDENTXX0.0.0.(5) RON BRANDENBURG1.00XX0.0.0.BOARD SECRETARYXX0.0.0.0.BOARD SECRETARY1.00XX0.0.0.BOARD TREASURER1.00XX0.0.0.BOARD MEMBER1.00X0.0.0.0.BOARD MEMBER1.00X0.0.0.0.BOARD MEMBER1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBERX0.0.0.0.0.BOARD MEMBER1.00X0.0.0.0.BOARD MEMBER1.000.0.0.0.0.BOARD MEMBER1.000.0.0.0.0.BOARD MEMBER1.000.0.0.0.0.BOARD MEMBER1.000.0.0.0.0.BOARD MEMBER1.000.0.0.0.0.BOARD MEMBER0.0.0.0.0.0.I11 JOE PERSKE1.000.0.0.0.0.	BOARD PRESIDENT		Х		Х				0.	0.	0.
(5) RON BRANDENBURG       1.00       X       X       0.       0.       0.         BOARD SECRETARY       1.00       X       X       0.       0.       0.         (6) CHERIE SCORFIELD       1.00       X       X       0.       0.       0.         BOARD TRASSURER       1.00       X       0.       0.       0.       0.         BOARD TRASUMER       1.00       X       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. <td>(4) LEROY NORTHAM</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(4) LEROY NORTHAM	1.00									
BOARD SECRETARY         X         X         X         X         0.         0.         0.         0.           BOARD TREASURER         1.00         X         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.	BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(6) CHERIE SCORFIELD       1.00       X       X       0.       0.       0.         BOARD TREASURER       X       X       0.       0.       0.       0.         (7) SHERWIN ANDERSON       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.<	(5) RON BRANDENBURG	1.00									
BOARD TREASURERXX0.0.0.(7) SHERWIN ANDERSON1.00X0.0.0.BOARD MEMBERX0.0.0.0.(8) JON ARCHER1.00X0.0.0.BOARD MEMBERX0.0.0.0.(9) JEFF BENVENISTE1.000.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBER1.000.0.0.0.BOARD MEMBERX0.0.0.0.(11) MOLLIE GARDEN1.000.0.0.0.BOARD MEMBERX0.0.0.0.(12) LAURA KRUEGER1.000.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.(13) KARLA MYRES1.000.0.0.0.BOARD MEMBERX0.0.0.0.(14) JOE PERSKE1.000.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.	BOARD SECRETARY		Х		Х				0.	0.	0.
(7) SHERWIN ANDERSON       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (10) ZACHARY DORHOLD       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (11) MOLLIE GARDEN       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(6) CHERIE SCORFIELD	1.00									
BOARD MEMBERX0.0.0.(8) JON ARCHER1.00BOARD MEMBERX0. JEFF BENVENISTE1.00BOARD MEMBERX0.BOARD MEMBERX0.101.00BOARD MEMBERX0.11) MOLLIE GARDEN1.00BOARD MEMBERX0.11) MOLLIE GARDEN1.00BOARD MEMBERX0.11) MOLLIE GARDEN1.00BOARD MEMBERX0.11) MOLLIE GARDEN1.00BOARD MEMBERX0.11) MOLLIE GARDEN0.1.000.BOARD MEMBER1.00BOARD MEMBERX0.100.BOARD MEMBER1.00BOARD MEMBER1.00BOARD MEMBERX0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	BOARD TREASURER		Х		Х				0.	0.	0.
(8) JON ARCHER       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (9) JEFF BENVENISTE       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       <	(7) SHERWIN ANDERSON	1.00									
BOARD MEMBER         X         0.         0.         0.         0.           (9) JEFF BENVENISTE         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         1.00          0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. </td <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>			Х						0.	0.	0.
(9) JEFF BENVENISTE       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (10) ZACHARY DORHOLD       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0. <td>(8) JON ARCHER</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(8) JON ARCHER	1.00									
BOARD MEMBERX00.0.0.(10) ZACHARY DORHOLD1.001.000.0.0.0.BOARD MEMBERX0.0.0.0.0.(11) MOLLIE GARDEN1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(12) LAURA KRUEGER1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(13) KARLA MYRES1.000.0.0.0.0.BOARD MEMBERX0.0.0.0.0.(14) JOE PERSKE1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(15) LINDSEY RENNIE1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(16) JEANNE THEIS1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.(17) HERB TRENZ1.00X0.0.0.0.BOARD MEMBERX0.0.0.0.0.	BOARD MEMBER		Х						0.	0.	0.
(10) ZACHARY DORHOLD       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (11) MOLLIE GARDEN       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (12) LAURA KRUEGER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (13) KARLA MYRES       1.00       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0. </td <td>(9) JEFF BENVENISTE</td> <td>1.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(9) JEFF BENVENISTE	1.00									
BOARD MEMBER         X         0.         0.         0.         0.           (11) MOLLIE GARDEN         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.           (12) LAURA KRUEGER         1.00         X         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         1.00           0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (14) JOE PERSKE         1.00           0.         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.           BOARD MEMBER			Х						0.	0.	0.
(11) MOLLIE GARDEN       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (12) LAURA KRUEGER       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (13) KARLA MYRES       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.         (14) JOE PERSKE       1.00       X       0.       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       <		1.00									_
BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.			Х						0.	0.	0.
(12) LAURA KRUEGER       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (13) KARLA MYRES       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (14) JOE PERSKE       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (15) LINDSEY RENNIE       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (16) JEANNE THEIS       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         (17) HERB TRENZ       1.00       X       0.       0.       0.       0.       0.		1.00									-
BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1	Х						0.	0.	0.
(13) KARLA MYRES       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (14) JOE PERSKE       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.       0.		1.00									•
BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1	Х						0.	0.	0.
(14) JOE PERSKE1.00X0.0.0.BOARD MEMBERX1.00X0.0.0.(15) LINDSEY RENNIE1.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) JEANNE THEIS1.00X0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.BOARD MEMBERX0.0.0.0.		1.00								•	•
BOARD MEMBERX0.0.0.(15) LINDSEY RENNIE1.00X0.0.0.BOARD MEMBERX0.0.0.0.(16) JEANNE THEIS1.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) HERB TRENZ1.00X0.0.0.BOARD MEMBERX0.0.0.0.		1 00	Х						0.	0.	0.
(15) LINDSEY RENNIE       1.00       X       0.       0.       0.         BOARD MEMBER       1.00       X       0.       0.       0.       0.         (16) JEANNE THEIS       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.         (17) HERB TRENZ       1.00       X       0.       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.       0.		1.00								•	•
BOARD MEMBER         X         0.         0.         0.           (16) JEANNE THEIS         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.           (17) HERB TRENZ         1.00         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.		1 00	Х						0.	0.	0.
(16) JEANNE THEIS       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.         (17) HERB TRENZ       1.00       X       0.       0.       0.         BOARD MEMBER       X       0.       0.       0.       0.		1.00								0	0
BOARD MEMBER         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		1 0 0	X						0.	0.	0.
(17) HERB TRENZ         1.00         X         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.		L 1.00								•	<u>^</u>
BOARD MEMBER X 0. 0. 0.		1 00	X						0.	υ.	U.
		L . 00								<b>^</b>	<u>^</u>
			Å						Ι Ο.	υ.	

Form	990 (2020)	WACOSA									41-08	8714	166	Pa	ıge <b>8</b>
Par	t VII <sub>Sec</sub>	tion A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
		(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	Pos heck ss per	more rson i	1 than o is both pr/trus	n an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) imate ount c other	
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	s	comp fro orga and		e on ed
				-											
				-											
				-											
				-											
				-											
										105 005		_	1 4	1	-
										<u>185,995.</u> 0.		0.	14	.,31	0.
		l continuation sheets to Part V lines 1b and 1c)								185,995.		0.	14	, 31	7.
2	Total num	ber of individuals (including but in tion from the organization			7		oove	e) wh	o re		000 of reportable	)		Yes	1 No
3		ganization list any <b>former</b> officer "Yes," complete Schedule J for s				•			•	• • •			3	Tes	X
4	For any inc	dividual listed on line 1a, is the s	um of reportabl	e co	mpe	ensa	ition	and	oth	ner compensation from the	ne organization				37
5		d organizations greater than \$15 rson listed on line 1a receive or											4		X
5		o the organization? If "Yes." cor											5		Х
Sec		ependent Contractors	•												
1	•	this table for your five highest co	•	•							•	pensat	ion froi	m	
	the organi	zation. Report compensation for (A)	the calendar ye		nui	iy w				(B)	-ai.		(C)	)	
		Name and busines	s address	NC	ONE	2				Description of s	ervices	С	ompen	satior	1
2		per of independent contractors (		ot lir	nitec	d to			ted	above) who received mo	ore than				
	\$100,000	of compensation from the organ	ization 🕨				(	J					Form 9	90 (2	2020)

	<b>t VII</b>	2020) WACOSA Statement of Revenue				41-0871	<b>466</b> Page
		Check if Schedule O contains a response or	note to any lin	e in this Part VIII		<u></u>	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - 5
		Forderstad connections					sections 512 - c
and Other Similar Amounts		Federated campaigns 1a		-			
nou		Membership dues 1b		-			
An		Fundraising events 1c		-			
ilar		Related organizations 11	85,592.	-			
Sim			05,592.	-			
er	t	All other contributions, gifts, grants, and	07 125				
6 G			07,135. 7,353.	-			
pd	g	Noncash contributions included in lines 1a-1f		3 202 727			
a	n	Total. Add lines 1a-1f	Business Code	3,292,727.			
	•			2,061,725.	2 061 725		
				1,038,463.			
ne	b		624310		266,230.		
ven	ک لہ		624310	128,392.			
Revenue	d		024JT0	120,392.	120,392.		
	e f	All other program service revenue					
		Total. Add lines 2a-2f		3,494,810.			
	<u> </u>	Investment income (including dividends, interest		5,454,010.			
	3	other similar amounts)		63,497.			63,49
	4	Income from investment of tax-exempt bond pro		05,4577			00,49
	5	Royalties					
	5	(i) Real	(ii) Personal				
	6 a		() - 0.001.14				
		Gross rents     6a       Less: rental expenses     6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> u	assets other than inventory <b>7a</b>					
	b	Less: cost or other basis		1			
2		and sales expenses					
	с	Gain or (loss) 7c -10,960.		1			
2	d	Net gain or (loss)		-10,960.	-10,960.		
		Gross income from fundraising events (not	·····		,		
		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	37,385.				
	b	Less: direct expenses 8b	9,209.				
			►	28,176.			28,170
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses 9b					
	с	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold 10b					
$\downarrow$	с	Net income or (loss) from sales of inventory					
			Business Code				
Ы		OTHER INCOME	900099	4,724.	4,724.		
(ent	b						
Revenue	С						
1		All other revenue					
		Total. Add lines 11a-11d		<u>4,724.</u> 6,872,974.	2 100 571	0.	01 67
	12	Total revenue. See instructions	P	0,0/4,9/4.	p,400,3/4•	U •	91,673

Dov	Check if Schedule O contains a respon- not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	200 212	37 030	162 382	
~	trustees, and key employees	200,312.	37,930.	162,382.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	4,186,570.	3,621,912.	507,028.	57,630
7 8	Other salaries and wages Pension plan accruals and contributions (include	±,±00,J/0•	5,021,712.	507,020•	57,030
0	section 401(k) and 403(b) employer contributions)	67,797.	60,731.	6,284.	782
9	Other employee benefits	947,587.	813,380.	123,874.	782 10,333
0		428,003.	364,112.	59,271.	4,620
1	Payroll taxes Fees for services (nonemployees):	420,0051	501,112.	55,211	4,020
a	Management				
	Legal	3,228.		3,228.	
	Accounting	39,792.		39,792.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,430.		11,430.	
g	Other. (If line 11g amount exceeds 10% of line 25,			,	
3	column (A) amount, list line 11g expenses on Sch O.)	86,799.	1,640.	85,159.	
2	Advertising and promotion	27,259.	13,518.	13,740.	1
3	Office expenses	173,052.	117,833.	55,219.	
4	Information technology				
5	Royalties				
6	Occupancy	210,272.	198,403.	11,869.	
7	Travel	209,947.	209,308.	639.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	360.		360.	
0	Interest	45,444.	31,228.	14,216.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	411,427.	308,863.	102,564.	
3	Insurance	62,017.	61,370.	647.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS	21,681.	8,190.	13,491.	
a b	DUES & LICENSING	20,423.	14,694.	5,729.	
с С				5,725.	
d					
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	7,153,400.	5,863,112.	1,216,922.	73,366
6	<b>Joint costs</b> . Complete this line only if the organization		· · ·	· · · ·	,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Time if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

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Form 990 (2020) WACOSA
Part IX Statement of Functional Expenses

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	<u>1 990 (</u>			41-	0871466 Page 11
Pa	rt X				
		Check if Schedule O contains a response or note to any line in this Part X		·····	
			(A) Beginning of year		(B) End of year
	4	Oracle and induced by a long	624 547	-	1,483,469.
	1	Cash - non-interest-bearing	000 000		798,515.
	2	Savings and temporary cash investments			790,515.
	3	Pledges and grants receivable, net		• 4	384,093.
	4	Accounts receivable, net		• 4	504,095.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	6	controlled entity or family member of any of these persons		5	
	0	Loans and other receivables from other disqualified persons (as defined		6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		7	
Assets	7 8	Notes and loans receivable, net		-	103,750.
Ass	9	Inventories for sale or use Prepaid expenses and deferred charges	70 453		52,191.
		Prepaid expenses and deferred charges         Land, buildings, and equipment: cost or other		• 5	52,151.
	104		50.		
	h	basis. Complete Part VI of Schedule D10a9,357,0Less: accumulated depreciation10b4,343,5	75. 5,286,369	• 10c	5,013,475.
	11	Investments - publicly traded securities			2,619,379.
	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	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)			10,454,872.
	17	Accounts payable and accrued expenses			811,320.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties	1,178,645	• 23	1,075,212.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,941,769	• 26	1,886,532.
(0		Organizations that follow FASB ASC 958, check here $\blacktriangleright$ X			
icei		and complete lines 27, 28, 32, and 33.	0 422 240		
alar	27	Net assets without donor restrictions			7,879,907.
ä	28	Net assets with donor restrictions	404,483	• 28	688,433.
ň		Organizations that do not follow FASB ASC 958, check here			
л Т		and complete lines 29 through 33.			
its (	29	Capital stock or trust principal, or current funds		29	
SSe	30	Paid-in or capital surplus, or land, building, or equipment fund		30	+
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	8 568 340
ž	32	Total net assets or fund balances	10,779,594		8,568,340.
	33	Total liabilities and net assets/fund balances	10,119,394	• 33	10,454,872.

Form **990** (2020)

Form	1 990 (2020) WACOSA	41	-0871	466	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,872		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,153		
3	Revenue less expenses. Subtract line 2 from line 1	3		-280	),4	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	,837	7,8	<u>25.</u>
5	Net unrealized gains (losses) on investments	5		10	),9	<u>41.</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	8	<u>,568</u>	<u>3,3</u>	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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 in Schedule (	Э.				
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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	-				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b		
				Form	990	(2020)

SCH	EDU	LΕ	Α
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(Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F v/Form990 for instruction			nformation.		Open to Public Inspection
Nam	e of t	the organizati		0					Employer	identification numbe
			WACO	SA					4	1-0871466
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The o	organ	ization is not a	a private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of chi	urches, or associatio	on of churches described	l in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and stat	e:							
5					llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6		A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organizati	on that norma	lly receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from tl	ne general	public described in
				omplete Part II.)						
8		-			(1)(A)(vi). (Complete Par	-				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:								
10	X	-		•	than 33 1/3% of its supp				-	•
					ct to certain exceptions; a					
					(less section 511 tax) fro	om busines	sses acqui	red by the ore	anization a	after June 30, 1975.
				mplete Part III.)						
11					ively to test for public sa					
12					ively for the benefit of, to					
					ed in section 509(a)(1) o					Check the box in
		-			of supporting organization					
а					supervised, or controlled					
					gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the si	upporting
		<b>-</b>		complete Part IV, Se					··· (-) · ··· · · · ·	
b					d or controlled in connect			•		-
			-		anization vested in the sa	ame perso	ns that co	ntroi or mana	ge the supp	Donted
•		<b>-</b>		t complete Part IV,		in connoci	tion with	and functions	lu intograto	od with
С			-		ig organization operated				iy integrate	ed with,
А		7			s). You must complete I				tod organi	zation(a)
d			-		porting organization oper				-	
					zation generally must sat mplete Part IV, Sections				i all'allenti	Veness
е		- ·	,	,	written determination fro					
e	L		•		nally integrated supporti			турет, туре	п, туре п	
f	Ente	er the number								
				n about the supporte	ed organization(s)					
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions
_										
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 WACOSA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1			1	1
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			-			
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the						. —
0.0	organization, check this box and stop						
	ction C. Computation of Public						
	Public support percentage for 2020 (lin		•			14	%
	Public support percentage from 2019					15	%
16a	<b>33 1/3% support test - 2020.</b> If the o						
	stop here. The organization qualifies a						
k	<b>33 1/3% support test - 2019.</b> If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	•					
	and if the organization meets the facts			-	•	VI how the organiz	zation
	meets the facts-and-circumstances tes	-					
k	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						L —
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

032022 01-25-21

#### Schedule A (Form 990 or 990-EZ) 2020 WACOSA

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

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

#### Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2018 (d) 2019 (a) 2016 (b) 2017 (e) 2020 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 436,570 369,286. 1017286. 612,981 3292727. 5728850. 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 7762770. 8112005. 8810501. 3532195.35857998. 7640527. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 9423482. 8077097. 8132056. 9129291. 6824922.41586848. 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 109,728. 191,000. 249,984. 105,580. 69,750. 726,042. 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 464,624 465,714 409.801 323,241 136,238. 1799618. c Add lines 7a and 7b 570,204. 535,464. 519,529 514,241 386,222. 2525660. 39061188. 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 🕨 (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 8077097 8132056. 9129291 9423482 6824922.41586848. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 35,614. 43,198 64,932. 70,919. 63,497. 278,160. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 35,614. 43,198. 64,932. 70,919. 63,497. 278,160. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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 9,583. 28,739. 4,267. 6,968. 3,197. 4,724. assets (Explain in Part VI.) 8116978. 8182222. 9197420. 9503984. 6893143.41893747. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 93.24 % Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 15 93.29 Public support percentage from 2019 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .66 17 17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) % .61 18 18 Investment income percentage from 2019 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not ► X more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization gualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020 032023 01-25-21

#### 10550818 131839 091-028225-00

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1

2

Yes No

#### Part IV Supporting Organizations

(Complete only if you checked a box in 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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		
Sec	tion 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		
Sec	tion 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 in 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			
	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 <b>Part VI</b> the role the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec 1	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	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. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	_		
1	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. Stion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below.	_		
1 a	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. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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.	s).	<u></u>	_
1 a b	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. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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.	s).	<sup>2S).</sup> Yes	No
1 a b c	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. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	s).	· 1	No
1 a b c 2	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. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	s).	· 1	No
1 a b c 2	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. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	s).	· 1	No
1 a b c 2	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. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. 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	s).	· 1	No
1 a b c 2	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i> supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes,	s).	· 1	No
1 a b c 2	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i> supported organizations played in this regard. <b>etion E. Type III Functionally Integrated Supporting Organizations</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.	s).	· 1	No
1 b c 2 a	income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i> supported organizations played in this regard. <b>etion E. Type III Functionally Integrated Supporting Organizations</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction 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. The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see Activities Test. <b>Answer lines 2a and 2b below.</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the 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.	s).	· 1	No

- 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.
  Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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091-0281

2b

3a

3b

	(Form 990 or 990-EZ) 2020 WACOSA	
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	S

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	trust o	n Nov. 20, 1970 ( <i>explain in</i> <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 9	90-EZ) 2020	WACOSA
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Sect	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt 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	s of supported organizations	3 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 the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017		*	
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
<u>i</u>	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
6	than zero, <i>explain in</i> <b>Part VI.</b> See instructions. Remaining underdistributions for 2020. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

#### SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

OTHER INCOME		
2016 AMOUNT: \$	4,267.	
2017 AMOUNT: \$	6,968.	
2018 AMOUNT: \$	3,197.	
2019 AMOUNT: \$	9,583.	
2020 AMOUNT: \$	4,724.	
032028 01-25-21	Schedule A (Form 990 or 990-EZ)	2020

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### Schedule A

### Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **				
***	Not Open to Public Inspection	***		

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
JOHN & NANCY					
BARTLETT	37,550.	56,000.	3,500.	67,850.	100,000
AUTO PARTS		,		,	•
HEADQUARTERS	68,030.	10,950.	100,433.	123,150.	149,984.
RON AND MARLYS					
HOWARD	0.	2,800.	5,795.	0.	0 .
		2,0001	57755		
	-				
Fotal to Schedule A,	105,580.	69,750.	109,728.	191,000.	249,984

023172 04-01-20

### Schedule A

### Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2020

** Do Not File **				
***	Not Open to Public Inspection	***		

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
STEARNS COUNTY HUMAN SERVICES	332,096.	381,876.	310,755.	188,846.	72,234.
MN DEPT OF ECONOMIC SECURITY	43,881.	0.	0.	0.	0.
STEARNS COUNTY EXTENDED EMPLOYMENT	66,447.	53,523.	32,266.	10,339.	0.
MN DEPT OF TRANSPORTATION	22,200.	0.	0.	0.	0.
MN DEED	0.	30,315.	51,215.	117,629.	30,478.
CONSUMER DIRECTIONS	0.	0.	15,565.	6,427.	33,526.
				·	
Total to Schedule A, Part III, Line 7b	464,624.	465,714.	409,801.	323,241.	136,238.

032251 04-01-20

### Identification of Excess Support Payments Included on Part III, Line 7b, column (e)

### 2020

** Do Not File **				
***	Not Open to Public Inspection	***		

141,165.	72,234.
65 567	
00,00,1	0.
99,409.	30,478
102,457.	33,526.
	136,238

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

# 2020

Name of the organization			Employer identification number			
WACOSA			41-0871466			
Organization typ	pe (check one):					
Filers of: Section:						
Form 990 or 990						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foun	idation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation					
General Rule	tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contribu y) from any one contributor. Complete Parts I and II. See instructions for determining a	itions totaling	\$5,000 or more (in money or			
Special Rules						
sections any one	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1, s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, e contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% orm 990-EZ, line 1. Complete Parts I and II.	line 13, 16a, o	or 16b, and that received from			
contribu literary,	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re- utor, during the year, total contributions of more than \$1,000 exclusively for religious, or or educational purposes, or for the prevention of cruelty to children or animals. Comp in column (b) instead of the contributor name and address), II, and III.	charitable, sci	ientific,			
year, co is check purpose	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year for an <i>exclusively</i> set					

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

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

WACOS.	A	42	L-0871466
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AUTO PARTS HEADQUARTERS, INC. 2959 CLEARWATER RD ST CLOUD, MN 56301	\$171,194.	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
2	CENTRAL MINNESOTA COMMUNITY FOUNDATION 101 7TH AVE S ST CLOUD, MN 56301	\$16,000.	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
3	J.A. WEDUM FOUNDATION 2615 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	\$5,000.	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
<u>4</u>	JOAN GROTH 3844 RIVIERA RD ST CLOUD, MN 56301	\$5,000.	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
5	JOHN AND NANCY BARTLETT 3871 PINE POINT RD SARTELL, MN 56377	\$100,000.	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
6	MORGAN FAMILY FOUNDATION 506 S HIGH ST B YELLOW SPRINGS, OH 45387	\$ <u>17,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form	1 990, 990-EZ, or 990-PF) (2020)

10550818 131839 091-028225-00

091 - 0281

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

WACOSA

Employer identification number

41-0871466

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7_	MARTHA SCHNEIDER 421 LUELLA AVE APT 10 WATKINS, MN 55389	\$ <u>5,000.</u>	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
8	SHERBURNE COUNTY 13880 BUSINESS CENTER DRIVE NW ELK RIVER , MN 55330	\$ 150,000.	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
9	DEPARTMENT OF TRANSPORTATION 395 JOHN IRELAND BLVD SAINT PAUL, MN 55155	\$64,420.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	DEPARTMENT OF HEALTH AND HUMAN SERVICES 540 CEDAR ST SAINT PAUL, MN 55155	\$ <u>1,307,398</u> .	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
	STEARNS COUNTY 705 COURTHOUSE SQUARE ST CLOUD, MN 56303	\$ <u>15,000.</u>	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
12	SMALL BUSINESS ADMINISTRATION 330 SECOND AVE. SOUTH SAINT PAUL, MN 55155	\$ <u>1,247,679.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25		Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

27 2020.04011 WACOSA

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

WACOSA

Page 2 Employer identification number

41-0871466

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT 332 MINNESOTA ST SAINT PAUL, MN 55101	\$ <u>85,592.</u>	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.)
(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, 990-EZ, or 990-PF) (2020)

023452 11-25-20

10550818 131839 091-028225-00

Name of organization		Employer identification number
WACOSA		41-0871466
Part II Noncash Property (see instructions). Use duplicate copies of Part II if ad	ditional space is needed	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate (See instructions.)	
	\$	
(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate (See instructions.)	
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(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate (See instructions.)	
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(a) No. (b) from Description of noncash property given Part I	(c) FMV (or estimate (See instructions.)	
023453 11-25-20	\$	

10550818 131839 091-028225-00

29 2020.04011 WACOSA Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

VACOSA     41-0871465       Part III     Excemany religious obvious contractions to construction described in section 971(6(7), 6(5 or 116)) that cold more than \$1,000 for the year contraction of acadewide in section 971(6(7), 6(5 or 116)) that cold more than \$1,000 for the year contraction of acadewide college of Part III if additional space is needed.       (6) No. Part III     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (f) No. Part III     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (f) No. Part IIII     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (g) No. Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	lame of organization			Employer identification number		
Part III       Exclusively religious, charable, etc., contributions to organizations described in section 501(c)(1, 8), or (10) that total methals, etc., contributions to 41,000 or less for the year, (part limit, tota)) > 6         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held <td< th=""><th>VACOSA</th><th>A</th><th></th><th>41-0871466</th></td<>	VACOSA	A		41-0871466		
Corolemp (hart), there he to all and address variables is 0, corrubates of 0,000 or lies to re-iser, (100 that (100)) PS	Part III	Exclusively religious, charitable, etc., contribution	ins to organizations described in sect	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
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Transferee's name, address, and ZIP + 4     Relationship of transferor to transferee						
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	F	(e) Transfer of gift				
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	)23454 11-25-		I	Schedule B (Form 990, 990-EZ, or 990-PF) (2020		

30 2020.04011 WACOSA SCHEDULE D

Department of the Treasury

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.



Internal Revenue Service Name of the organization

Employer identification number

	WACOSA		41-0871466
Par		Funds or Other Similar Fund	
	organization answered "Yes" on Form 990, Part IV, line 6		•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's exc	-	
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organization (	(check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	n 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	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic struction		
d	Number of conservation easements included in (c) acquired afte		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation easem	nent is located 🕨	_
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it ho	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing co	nservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserv	ation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above sa		
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial stater	nents that describes the
Dor	organization's accounting for conservation easements.	rt Historical Tracquires or C	they Similar Acceto
Par			other Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
та	If the organization elected, as permitted under FASB ASC 958, r	-	
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, t	•	
	art, historical treasures, or other similar assets held for public ex	inibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>N A</b>
-			
2	If the organization received or held works of art, historical treasu		al gain, provide
	the following amounts required to be reported under FASB ASC	-	<b>&gt;</b> *
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
∟⊓А	For Paperwork Reduction Act Notice, see the Instructions fo	1 FUIII 330.	Schedule D (Form 990) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Sche	dule D (Form 990) 2020 WACOSA				4	<u>11-08</u>	71466	Pa	.ge <b>2</b>
Par	t III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	Assets	continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant u	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	I Loan or ex	change program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	how they further t	he organization's ex	empt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	asures, or other simil	ar assets	_	_		
	to be sold to raise funds rather than to be many						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes" o	on Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod					_	-		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
							Amount		
	Beginning balance								
	Additions during the year								
-	Distributions during the year								
f	Ending balance						Yes		
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •				<b>No</b> 
Par						<u></u>	<u></u>		<u>.</u>
		(a) Current year	(b) Prior year	(c) Two years back		ears hack	(e) Four	vears ł	
1a	Beginning of year balance	(a) Ourrent year						yours i	Juon
h	Contributions								
c c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
Ũ	and programs								
f	Administrative expenses								-
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1a. column (	a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment								
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse		tion that are held a	and administered for	the organiza	tion	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI _ Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990, Part 2	X, line 10.				
	Description of property	(a) Cost or o basis (investn	• • •		Accumulate depreciation	d	<b>(d)</b> Book	value	;
1a	Land		5	59,281.			569	,28	31.
	Buildings		5,70	57,966. 2	,005,64	11.	3,762		
	Leasehold improvements			29,600.	22,89	)2.	6	5,70	8.
	Equipment		1,3:		,038,64		275	5,04	.9.
	Other		1,6	76,510. 1	,276,39			),11	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)			5,013	,47	/5.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) BOOK Value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column /b) must could Form 000 Part X col (P) line 25)	

I otal. (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) 2020

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X

Sche	dule D (Form 990) 2020 WACOSA				0871466 <sub>Page</sub> 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,881,694.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	10,941.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<u>    10,941.</u> 6,870,753.
3	Subtract line 2e from line 1			3	6,870,753.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	11,430.		
b	Other (Describe in Part XIII.)	4b	-9,209.		
с	Add lines 4a and 4b			4c	2,221.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,872,974.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Returi	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	7,151,179.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	<b>2</b> a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	9,209.		
е	Add lines 2a through 2d			2e	<u>9,209.</u> 7,141,970.
3	Subtract line 2e from line 1			3	7,141,970.
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	11,430.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	11,430.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,153,400.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b a	and 2b; Part V, line 4	; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	itional inform	ation.		

PART X, LINE 2:

THE	ORGANIZA	FION IS	EXEMPT FROM	INCOME T.	AXES UNDE	R SECTION 50	1(C)(3) OF
THE	INTERNAL	REVENU	E CODE AND C	CORRESPOND	ING STATE	TAX CODES,	AND THEREFORE
THE	FINANCIA	L STATEI	MENTS DO NOT	INCLUDE	A PROVISI	ON FOR INCOM	E TAXES.
CONT	TRIBUTION	S TO THI	E ORGANIZATI	ION QUALIF	Y AS A CH	ARITABLE TAX	DEDUCTION BY
THE	CONTRIBU	FOR. THI	E ORGANIZATI	ON FILES .	AS A TAX	EXEMPT ORGAN	IIZATION,
SHOU	JLD THAT S	STATUS 1	BE CHALLENG	ED IN THE	FUTURE, A	LL YEARS SIN	ICE INCEPTION
WOUI	D BE SUB	ЈЕСТ ТО	REVIEW BY 1	THE IRS.			

# PART XI, LINE 4B - OTHER ADJUSTMENTS:

## SPECIAL EVENT EXPENSES

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-9,209.

WΑ	CC	SA	

Schedule D (Form 990) 2020         WACOSA           Part XIII         Supplemental Information (continued)	41-0871466 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	9,209.
	Schedule D (Form 990) 2020

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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ing or Gaming A	ctiv	/ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	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.					2020		
	0	rganization entered more than \$13			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization								entification number
Part I Fundrais	WACOSA sing Activities.	Complete if the organization answe	ered "Y	es" or	Form 990 Part IV I	ine 1	41 - 0871	
	complete this part			00 01				
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o red in Form 990, Pa		tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
compensated at le				0				
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser sted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
			$\langle$					
				K				
		$\frown$						
		*						
Total								
3 List all states in white or licensing.	ich the organization	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. 9	Sche	edule G (Form	990 or 990-EZ) 2020

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Schedule G (Form 990 or 990-EZ) 2020 WACOSA 41-0871466 Page 2 Part II 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 gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1 1 - 5K WALK / RUN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Revenue			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	37,385.			37,385.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	37,385.			37,385.
	<ul><li>4 Cash prizes</li><li>5 Noncash prizes</li></ul>		9,209.			9,209.
seuses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Δ	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through			►	9,209.
Pa		Net income summary. Subtract line 10 from li		000 De 1 11/1 l'as 10		28,176.
Га		<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15.000 on Form 990-EZ. line 6a.				
anue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo		(c) Other gaming	
	1		(a) Bingo		(c) Other gaming	
	1 2 3	Gross revenue	(a) Bingo		(c) Other gaming	
Direct Expenses Revenue		Gross revenue Cash prizes	(a) Bingo		(c) Other gaming	
	3	Gross revenue Cash prizes Noncash prizes	(a) Bingo		(c) Other gaming	
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo		(c) Other gaming	
	3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	% %	bingo/progressive bingo	% Yes%	
	3 4 5 6	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%           No	bingo/progressive bingo	Yes%	
Direct Expenses	3 4 5 6 7 8	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	Yes%         No         5 in column (d)         from line 1, column (d)	bingo/progressive bingo	Yes%	
6 Direct Expenses	3 4 5 7 8 Ent	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No 5 in column (d) from line 1, column (d) ucts gaming activities:	bingo/progressive bingo	Yes%	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_ Yes \_\_ b If "Yes," explain:

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Schedule G (Form 990 or 990-EZ) 2020

No

Sch	edule G (Form 990 or 990-EZ) 2020 WACOSA	41 - 0	871466	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
••				
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? $\dots$		Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amo	ount		
~	of gaming revenue retained by the third party ►\$	ount		
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation    \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatan / distributions			
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	untain the state naming lineares		Yes	No No
Ŀ	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent			
L	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part	III. lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, and rare	,	,
	····, ···, ···, ····, ·····, ·····, ·····, ···· ······			
0320	83 11-25-20 Schedule	G (Form	990 or 990	)-EZ) 2020

 Schedule G (Form 990 or 990-EZ)

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

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

Employer identification number 41-0871466

OMB No. 1545-0047

WACOSA

### FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE WORK THEY DO.

FORM 990, PART VI, SECTION A, LINE 1:

WACOSA HAS BOTH AN EXECUTIVE COMMITTEE AND A FINANCE COMMITTEE. BOTH

COMMITTEES ARE COMPOSED OF BOARD MEMBERS, EXECUTIVE DIRECTOR AND DIRECTOR

OF FINANCE (FINANCE COMMITTEE ONLY). THE FINANCE COMMITTEE MAKES

RECOMMENDATIONS TO THE BOARD ON VARIOUS FINANCIAL INFORMATION BUT THE BOARD

OF DIRECTORS WILL MAKE A MOTION TO EITHER ACCEPT OR DENY THE

RECOMMENDATION. THE FINANCE COMMITTEE DOES NOT MAKE ANY DECISIONS WITHOUT THE BOARD'S APPROVAL.

THE BOARD S APPROVAL.

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

THE COMPLETE RETURN WAS PRESENTED TO THE FINANCE COMMITTEE WHO REVIEWED THE COMPLETED RETURN. ONCE THE FINANCE COMMITTEE APPROVED THE RETURN, IT WAS PRESENTED TO THE FULL BOARD FOR ACCEPTANCE.

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

PER MN STATUTE SEC 317A.255, GOVERNING CONFLICTS OF INTERESTS FOR DIRECTORS OF NONPROFIT CORPORATIONS, WACOSA HAS A CONFLICTS OF INTEREST DISCLOSURE POLICY. THIS POLICY IS REVIEWED ANNUALLY AND ACKNOWLEDGED VIA SIGNATURE BY ALL THOSE REGULARLY PARTICIPATING IN BOARD MEETINGS; INCLUDING BOARD MEMBERS, ADMINISTRATIVE TEAM MEMBERS, AND THE FUND DEVELOPMENT AND SALES & MARKETING MANAGER POSITIONS. A CONFLICT IS DEFINED AS AN OUTSIDE INTEREST/TRANSACTION OF A FINANCIAL GAIN AMONG STAFF/BOARD/THEIR FAMILIES/THEIR BUSINESSES, OUTSIDE ACTIVITY COMPETING WITH WACOSA SERVICE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
WACOSA	41-0871466
	·

OFFERINGS, AND/OR ACCEPTANCE OF GIFTS/GRATUITIES/ENTERTAINMENT OF

SIGNIFICANT VALUE IN EXCHANGE FOR SERVICE(S) ON BEHALF OF WACOSA.

CONFLICTS SHALL BE DISCLOSED AND PARTICIPANTS SHALL EXCUSE THEMSELVES FROM

VOTING OR MAKING DECISIONS TO ENTER INTO ANY SUCH TRANSACTION ON BEHALF OF

WACOSA.

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

ON AN ANNUAL BASIS THE BOARD OF DIRECTORS CONDUCTS A JOB REVIEW OF THE

EXECUTIVE DIRECTOR AND AT THAT TIME ANY RAISES ARE DISCUSSED BY THE BOARD

AND APPROVED BY THE BOARD OF DIRECTORS. THIS PROCESS WAS LAST CONDUCTED IN

2019. A WAGE SURVEY WAS CONDUCTED BY THE DIRECTOR OF HUMAN RESOURCES AND

ADJUSTMENTS WERE MADE TO ALL PAY SCALES APPROPRIATELY. THIS PROCESS WAS

LAST CONDUCTED IN 2019.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

032212 11-20-20

Mail To: Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Website Address:

www.ag.state.mn.us/charity

## **STATE OF MINNESOTA**

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

### **SECTION A: Organization Information**

Legal Name of Organization WACOSA					
Federal EIN:41-0871466	Fiscal Year-End: <u>12312020</u> mm/dd/yyyy				
	Did the organization's fiscal year-end change? Yes X No				
Mailing Address: TRACI MCKINNON	Physical Address: TRACI MCKINNON				
Contact Person 310 SUNDIAL DRIVE, PO BOX 757	Contact Person 310 SUNDIAL DRIVE, PO BOX 757				
Street Address WAITE PARK, MN 56387-0757	Street Address WAITE PARK, MN 56387-0757				
City, State, and ZIP Code 320-251-0087	City, State, and ZIP Code 320-251-0087				
Phone Number TMCKINNON@WACOSA.ORG	Phone Number TMCKINNON@WACOSA.ORG				
Email Address	Email Address				
1. Organization's website: WWW.WACOSA.ORG					
2. List all of the organization's alternate and former names (attach list if mo	re space is needed).				
<ol> <li>List all names under which the organization solicits contributions (attach list if more space is needed).</li> <li>WACOSA, WACOSA THRIFTWORKS!, THRIFTWORKS!, WACOSA DOCUSHRED, DOCUSHRED</li> </ol>					
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No				
5. Total amount of contributions the organization received from Minnesota	donors: \$ 3,172,283.				
<ul> <li>6. Has the organization's tax-exempt status with the IRS changed?</li> <li>Yes X No If yes, attach explanation.</li> </ul>					
<ul> <li>Has the organization significantly changed its purpose(s) or program(s)?</li> <li>Yes X No If yes, attach explanation.</li> </ul>					

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	3. Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.					
9.	Does the organization use the services of a professional fundraiser (outside solicitor or or solicit contributions in Minnesota? $\square$ Yes $X$ No If yes, provide the following information for each (attach list if more space is needed):	consultant) to				
	Name of Professional Fundraiser	Compensation				
	Street Address	City, State, and ZIP Code	9			
	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached <u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an accordance with generally accepted accounting principles by an independent CPA or L donated food to a nonprofit food shelf may be excluded from the total revenue if the food subsequent distribution at no charge and is not resold. Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? X Yes No	PA. The value of od is donated for				
	If yes, provide the following information for the five highest paid individuals:					
	Name and title	Compensation*	Other compensation			
	STEVE HOWARD EXECUTIVE DIRECTOR	116,353.	2,977.			

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd.

3(i) and Minn. Stat. § 317A.011 for definitions.

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### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

### INCOME

1. Contributions Received 2 \$ 2. Government Grants 3 3. Program Service Revenue \$ 4 4. Other Revenue \$ 5. TOTAL INCOME \$ 5 **EXPENSES** 6. Program Expenses 6 7. Management & General Expenses 7 8. Fund-raising Expenses 8 9. TOTAL EXPENSES 9 10. EXCESS or DEFICIT 10 (Line 5 minus Line 9)

### ASSETS

- 11. Cash
- 12. Land, Buildings & Equipment
- 13. Other Assets
- 14. TOTAL ASSETS

### LIABILITIES

- 15. Accounts Payable
- 16. Grants Payable
- 17. Other Liabilities
- **18. TOTAL LIABILITIES**

### FUND BALANCE/NET WORTH

(Line 14 minus Line 18)

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\$

\$

\$

\$

\$\_

11

12

13

14

15

16

17 \_\_\_\_\_ **18** 

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

## Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	nns B, C, and D must equal Column A. The amou	nt on Line 25, Column A		KS FORM 990-EZ OF LINE	26 OT INS FORM 990-PF
		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
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 contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
a.	Management				
b.	Legal				
c.	Accounting				
d.	Lobbying				
e.	Professional fundraising services				
f.	Investment management fees				
g.	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
c.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organi- zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

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# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledg	ment
The form must be executed pursuant to a resolution of the board of directors,	trustees, or managing group and
must be signed by two officers of the organization. See Minn. Stat.  309.52,	subd. 3.
We, the undersigned, state and acknowledge that we are duly constituted	officers of this organization, being the
BOARD PRESIDENT (Title) and TREASUR	ER (Title) respectively, and
that we execute this document on behalf of the organization pursuant to the	resolution of the
(Board of	Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the documer	nt, and do hereby certify that the
(Board of	Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have supervis	ed, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, correct an	d complete to the best of our knowledge.
JEFFREY MURPHY	CHERIE SCOFIELD
Name (Print)	Name (Print)
Signature	Signature
BOARD PRESIDENT	TREASURER
Title	Title
Date	Date

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