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 2021 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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by November 15, 2022 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, 2022 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 2021 Annual Report on the remittance.

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

### A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.

• We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

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, 2021

Form 8879-TE	***** THIS IS NOT A FILEABLE COPY IRS e-file Signature Authorizat for a Tax Exempt Entity	tion	OMB No. 1545-0047
	For calendar year 2021, or fiscal year beginning, 2021, and ending	, 20	0004
Department of the Treasury	Do not send to the IRS. Keep for your records		2021
Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest inform		
Name of filer		EIN or SSI	
WACOSA		41-0	871466
Name and title of officer or pe	rson subject to tax JON ARCHER BOARD PRESIDENT		
Part I Type of	Return and Return Information		
Form 5330 filers may enter or <b>10a</b> below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable amou dollars and cents. For all other forms, enter whole dollars only. If you check ount on that line for the return being filed with this form was blank, then leav ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on t	k the box on line <b>1a, 2a</b> ve line <b>1b, 2b, 3b, 4b, 5</b> k	, 3a, 4a, 5a, 6a, 7a, 8a, 9a o, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere <b>b Total revenue,</b> if any (Form 990, Part VIII, column (	(A), line 12)	1b <u>9,104,818.</u>
2a Form 990-EZ che	ck here <b>&gt; b Total revenue,</b> if any (Form 990-EZ, line 9)		2b
3a Form 1120-POL			
4a Form 990-PF che			
5a Form 8868 check			
6a Form 990-T chec			
7a Form 4720 check			
8a         Form 5227 check           9a         Form 5330 check		m D)	8b 9b
10a Form 8038-CP ch		8-CP Part III line 22)	10b
	ion and Signature Authorization of Officer or Person Subj		100
later than 2 business days payment of taxes to receiv	t the entry to this account. To revoke a payment, I must contact the U.S. Tro prior to the payment (settlement) date. I also authorize the financial instituti e confidential information necessary to answer inquiries and resolve issues aber (PIN) as my signature for the electronic return and, if applicable, the co	ions involved in the proce related to the payment.	essing of the electronic I have selected a
	IFTONLARSONALLEN LLP	to enter my l	PIN 56387
	ERO firm name		Enter five numbers, but do not enter all zeros
with a state age	on the tax year 2021 electronically filed return. If I have indicated within this ncy(ies) regulating charities as part of the IRS Fed/State program, I also authisclosure consent screen.		
return. If I have i IRS Fed/State p	person subject to tax with respect to the entity, I will enter my PIN as my sig ndicated within this return that a copy of the return is being filed with a state rogram, I will enter my PIN on the return's disclosure consent screen.	e agency(ies) regulating	
Signature of officer or person subje	tito tax ► **** THIS IS NOT A FILEABLE COPY tion and Authentication	**** Dat	e ►
	,	7512975 enter all zeros	
	neric entry is my PIN, which is my signature on the 2021 electronically filed cordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Info		
ERO's signature 🕨	Da	ate  08/16/22	
	ERO Must Retain This Form - See Instructi Do Not Submit This Form to the IRS Unless Request		
LHA For Privacy act and	Paperwork Reduction Act Notice, see instructions.		Form <b>8879-TE</b> (2021)
102521 01-11-22			

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

Type or	Name of exempt organization or other filer, see instru-	ructions.			Taxpayer identification number (TIN)		
print	WACOSA				41-0	871466	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 310 SUNDIAL DRIVE, PO BOX 7		ions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a for WAITE PARK, MN 56387-0757		ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870			12	
Form 990	-T (corporation) TRACI MCKINNON	07					
<ul> <li>If the c</li> <li>If this box ▶ [</li> <li>1 I re the ▶[</li> <li>2 If tt</li> </ul>	tione No. $\sum 320 - 257 - 5194$ organization does not have an office or place of business is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box $\sum$ quest an automatic 6-month extension of time until organization named above. The extension is for the organization named above. The extension is for the organization ramed above. The extension is for the organization ramed above. The extension is for the organization named above. The extension is for the organization ramed above. The extension ramed above	Group Exe and atta <b>NOVEN</b> anization's , an heck reasc	mption Number (GEN), in the names and TINs of the names and the name	f this is fo all membe	r the whole ers the extension of the ext	e group, check this	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.	
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84		d Form 887		

123841 01-12-22

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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.



<u>A</u> F	or th	e 2021 calendar year, or tax year beginning and	ending				
B	Check if pplicab	e: C Name of organization		D Employer identific	ation number		
	Addre	WACOSA					
	Name chang		41-087140	56			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final returr	310 SUNDIAL DRIVE, PO BOX 757		320-251-0	087		
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	9,139,039.		
	Amer returr	WATTE PARK, MN 50507-0757		H(a) Is this a group re	turn		
	Appli tion	F Name and address of principal officer: SIEVE HOWARD		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) (	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	art I	Summary					
e	1	Briefly describe the organization's mission or most significant activities: TO PI					
anc		DISABILITIES THE OPPORTUNITY TO WORK AND					
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets. 15		
Š	3						
ن م	4	Number of independent voting members of the governing body (Part VI, line 1b)			15		
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			478		
ivit	6	Total number of volunteers (estimate if necessary)		35			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
		Contributions and grants (Dort ) (III line 1h)		Prior Year 3,292,727.	<u>Current Year</u> 3,284,791.		
an	8	Contributions and grants (Part VIII, line 1h)		3,494,810.	5,745,935.		
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52,537.	28,765.		
Ве	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,900.	45,327.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,872,974.	9,104,818.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,830,269.	5,662,524.		
Ises	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	92.				
ы	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,323,131.	1,468,776.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,153,400.	7,131,300.		
_	19	Revenue less expenses. Subtract line 18 from line 12		-280,426.	1,973,518.		
or				ginning of Current Year	End of Year		
Assets Balanc	20	Total assets (Part X, line 16)		10,454,872.	12,140,309.		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	21	Total liabilities (Part X, line 26)		1,886,532.	1,607,229.		
INet		Net assets or fund balances. Subtract line 21 from line 20		8,568,340.	10,533,080.		
Pa	art II						

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	JON ARCHER, BOARD PRES	IDENT							
	Type or print name and title								
	Print/Type preparer's name	Date							
Paid KRISTIN L SCHMIDT, CPA				" self-employed P01487323					
Preparer	Firm's name CLIFTONLARSONALL			Firm's EIN 🕨 41–0746749					
Use Only	Firm's address 818 SECOND STREE	r south, suite 320							
	WAITE PARK, MN 56387 Phone no. 320-203								
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form <b>990</b> (2021)								

	art III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission:		
	TO PROVIDE INDIVIDUALS WITH DISABILITIES THE OPPORTUNITY TO WOR	K AND	
	LIVE IN THEIR COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes." describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Vec	XNo
3			
	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 e	-	_
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	penses, ar	hd
	revenue, if any, for each program service reported.		
4a		<u>,292,</u>	386.
	PROGRAM SERVICES		
	WACOSA'S PROGRAM SERVICES CONSIST OF WACOSA'S SOUTH PROGRAM, NO	RTH	
	PROGRAM, SENIORS PROGRAM, SAUK CENTRE DT & H PROGRAM, 1ST AVENU	E AND	
	SAUK CENTRE EE PROGRAM. WACOSA WAS ESTBLISHED AS A GRASSROOTS		
	ORGANIZATION IN 1963 BY PARENTS LOOKING TO PROVIDE SERVICES TO	THETR	
	CHILDREN WITH DISABILITIES. TODAY WACOSA HAS GROWN TO SERVE OVER		
	ADULTS WITH DISABILITIES ANNUALLY. OUR CLIENTS PRIMARILY LIVE		
	STEARNS, BENTON AND SHERBURNE COUNTIES, WITH SITE LOCATIONS IN V		
		VALIE	
	PARK, SAUK CENTRE AND WHITNEY SENIOR CENTER IN ST. CLOUD.		
	PRODUCTION CREWS, THRIFTWORKS! AND DOCUSHRED. WACOSA SERVES PEO WITH A VARIETY OF MENTAL, PHYSICAL AND COGNITIVE ABILITIES. SON WACOSA'S CLIENTS LIVE INDEPENDENTLY, SOME WITH FAMILIES, AND OTH GROUP HOME SETTINGS. THROUGH WACOSA'S VOCATIONAL SERVICES, CLIENTE EMPLOYED BY LOCAL BUSINESSES, GO OUT IN THE COMUNITY IN WORK CRI	ME OF HERS ENTS	ARE
	THEY WORK IN ONE OF WACOSA'S FACILITIES. WACOSA'S IN HOUSE WOR		n
	WIDE RANGING. WACOSA DOES ASSEMBLY, QUALITY CHECKING, MAILING	1 10	
	SERVICES, LABELING, COLLATING, PACKAGING/KITTING, RE-WORK, DOCU		
	SHREDDING, THRIFT STORE OPERATIONS, RECYCLING SERVICES AND MUCH		
	WACOSA'S CLIENTS ENJOY WORKING, ARE DEDICATED AND TAKE GREAT PR		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
	Other program services (Describe on Schedule O.)		
4d			
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)	
		)	
	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ▶ 5,822,379.	) Form <b>9</b>	<b>90</b> (202
4e		) Form <b>9</b>	<b>90</b> (202
4e	Total program service expenses ► 5,822,379.	_) Form <b>9</b>	<b>90</b> (202
l <b>e</b> 2002	Total program service expenses ► 5,822,379.		90 <sub>(202</sub>

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? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U		11c		x
Ь	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>			
u		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- 23
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a	х	
Ь	Schedule D, Parts XI and XII	12a	- 23	
D		106		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
				X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 11
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		116		x
45	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		v
16	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	1		x
47	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			- v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	X
132003	3 12-09-21	Form	990	(2021)

Form 990 (2021)

WACOSA

Form	990 (2021) WACOSA	41-08	371466	P	<sub>age</sub> 4
Par	t IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	uals 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 or	rganization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If " $\gamma$	′es, " complete			
	Schedule J		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24	d and complete			
	Schedule K. If "No," go to line 25a				X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<b>24b</b>		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during th				
	any tax-exempt bonds?				<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year		<b>24d</b>		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess				37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<u>25a</u>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	lf "Yes," complete			37
	Schedule L, Part I		<u>25b</u>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	y current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				v
	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, trus		.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member,				x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete		27		
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	edule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):	1.0.1			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu		00-		v
	"Yes," complete Schedule L, Part IV				X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		<u>28b</u>		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?		00		v
00	"Yes," complete Schedule L, Part IV				X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Sched</i>		29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualificent the participation of the second seco		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Sched</i>		30		X
32	Did the organization inquidate, terminate, or dissolve and cease operations $r_{II}$ "yes," complete Sched Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "yes,"				
32			32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Reg		52		
33			33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	t II III or IV and			
<b>U</b> T	Part V, line 1		34		x
352					X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with				
~	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-charitab				
	If "Yes," complete Schedule R, Part V, line 2				x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not a related organization conduct more than 5% of its activities through an entity that is not activities through an entity that is not activities through an entity that is not activities through an entity that				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines				
	· · · · · · · · · · · · · · · · · · ·		38	х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	. <u></u>	<u></u>		
				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	19		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
	(gambling) winnings to prize winners?		1c		
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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 478				
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	
b	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).				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		X X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b		<u> </u>	
	Organizations that may receive deductible contributions under section 170(c).	_		v	
	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		<u>x</u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v	
	to file Form 8282?	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X	
-	<ul> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> </ul>				
8					
Ŭ	sponsoring organizations have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.	8			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
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				
	Enter the amount of reserves on hand 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v	
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
4-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.	Form	900	(2021)	
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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
					Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		L
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		X
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -				
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem			100		v
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101		
Sec	exempt status with respect to such arrangements?			16b		<u> </u>
	List the states with which a copy of this Form 990 is required to be filed <b>MN</b>					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	4 000	T (appetian 501(a)/2)		ovoilo	blo
10	for public inspection. Indicate how you made these available. Check all that apply.	u 990		s of ity)	avalla	DIE
			$h = d \cdot d = O$			
19	Own website       Another's website       Image: Constraint of the cons		,	1 finan	lein	
13	statements available to the public during the tax year.	mot C	a interest policy, and	a 1111di 10	Jial	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke ond				
20	TRACI MCKINNON - 320-257-5194	no ant				
	310 SUNDIAL DRIVE, WAITE PARK, MN 56387					
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Part VII Com	pensation of Officers, Directors, Trustee	s, Key Employees, Highest Compensated		
Empl	oyees, and Independent Contractors			
Check	if Schedule O contains a response or note to any line	in this Part VII		
Section A. Office	ers, Directors, Trustees, Key Employees, and High	est Compensated Employees		
1a Complete this t	able for all persons required to be listed. Report com	pensation for the calendar year ending with or within th	e organization's	tax year.
<ul> <li>List all of the</li> </ul>	organization's current officers, directors, trustees (v	hether individuals or organizations), regardless of amou	unt of compensa	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) STEVE HOWARD	40.00	-	_				<u> </u>			
EXECUTIVE DIRECTOR		1		x				122,039.	0.	3,127.
(2) TRACI MCKINNON	40.00									
DIRECTOR OF FINANCE		1		x				76,203.	0.	10,845.
(3) JON ARCHER	1.00							-		
BOARD CHAIR		х		x				0.	Ο.	0.
(4) LEROY NORTHAM	1.00									
BOARD VICE PRESIDENT		х		х				0.	Ο.	0.
(5) JEFF BENVENISTE	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(6) RON BRANDENBURG	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(7) MATTHEW DESJARDINS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) CURT GAINSFORTH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) MOLLIE GARDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) JENNIFER JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LAURA KRUEGER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JEFFREY MURPHY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) KARLA MYRES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) JOE PERSKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) LINDSEY RENNIE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) HERB TRENZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) SANDIE WESTERGREN	1.00									
BOARD MEMBER		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)						
(A) Name and title	<b>(B)</b> Average hours per week	(do box	not cl	(C Pos heck i ss per	C) ition <sup>more</sup> rson i		one an	<b>(D)</b> Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate ount o other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS	organizations con -2/1099-MISC/ 1099-NEC) or al org					
1b Subtotal c Total from continuation sheets to Part VI								<u>    198,242.</u> 0.		0.	13	8,97	72.		
d       Total (add lines 1b and 1c)         2       Total number of individuals (including but n compensation from the organization		<u></u>						<b>198,242.</b> eceived more than \$100,	000 of reportable	<b>0.</b>	13	3,97	12.		
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	xey e	empl	loye	e, or	hig	hest compensated empl	loyee on	[		Yes	No		
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su</li> <li>and valeted exceptions greater than \$15.</li> </ul>	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from the	he organization		3		x x		
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>con</i></li> </ul>	accrue comper	nsati	on fr	om	any	unre	elate	ed organization or individ	dual for services		4 5		X		
Section B. Independent Contractors           1         Complete this table for your five highest complete the your five highest complete this table for your five highest complete this table for your five highest complete the your five hig	mpensated inc	depe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of com	pensat	ion fro	m			
the organization. Report compensation for (A) Name and business			ndin DNE		<u>ith c</u>	or wi	thin	n the organization's tax ye (B) Description of s		C	(C ompen		 ו		
				-				·							
							_								
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lin	nitec	d to f	thos C		ted	above) who received mo	ore than		Form <b>9</b>	<b>)90</b> (c	021		
													.uc I)		

rm ar	<u>990 (</u>	2021) WAC							41-0871	466 P
		Check if Schedule O			onse	or note to any lir	e in this Part VIII			
			50112	ano a 100p	01100	or note to any III	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue exc
								function revenue	business revenue	from tax u sections 512
										360110113 3 12
nts							4			
no							4			
Am		Fundraising events					4			
ar	d	Related organizations .		1d			-			
Ξ	е	Government grants (contr	ributio	ons) <b>1e</b>	2,	752,741.				
Š	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	d abov	e 1f		532,050.				
0	g	Noncash contributions included in	lines 1	a-1f <b>1g</b>	\$	15,860.				
and Other Similar Amounts	h	Total. Add lines 1a-1f				►	3,284,791.			
						Business Code				
	2 a	MEDICAL ASSIS	STAI	NCE		624310	3,802,961.	3,802,961.		
	b	VOCATIONAL BU					1,440,657.			
anc	c	COUNTIES & SC				624310		304,133.		
vel	d	PRIVATE BILLI				624310	198,184.			
Revenue	e			-						
		All other program service	rever	חוופ						
		Total. Add lines 2a-2f					5,745,935.			
							5,745,555.			
	3	Investment income (inclue	•				52,755.			52,7
		other similar amounts)					52,755.			54,1
	4	Income from investment o		•		-				
	5	Royalties								
				(i) Rea	1	(ii) Personal	-			
		Gross rents	6a				-			
		Less: rental expenses	6b				-			
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss	s)			🕨				
	7 a	Gross amount from sales of		(i) Securi	ties	(ii) Other				
		assets other than inventory	7a			1,900.				
	b	Less: cost or other basis								
		and sales expenses	7b			0.				
	с	Gain or (loss)	7c	-25,89	90.	1,900.				
		Net gain or (loss)					-23,990.	-23,990.		
5	8 a	Gross income from fundraisi	ing ev	ents (not						
		including \$								
		contributions reported on								
		Part IV, line 18		,	8a	42,560.				
	h	Less: direct expenses				8,331.	1			
		Net income or (loss) from				▶	34,229.			34,2
		Gross income from gamir		-		····· 🕨	51,225.			
	Ja	Part IV, line 19								
	h									
		Less: direct expenses				L				
		Net income or (loss) from				<b>P</b>				
	iu a	Gross sales of inventory,			1.0					
	-	and allowances					-			
		Less: cost of goods sold								
+	С	Net income or (loss) from	sales	s of invento	ory					
						Business Code	11 000	11 000		
e	11 a	OTHER INCOME				900099	11,098.	11,098.		
enu	b									
ev.	С									
Revenue	d	All other revenue								
	е	Total. Add lines 11a-11d					11,098.			
	12	Total revenue. See instruction					9 10/ 818	5,733,043.	0.	86,9

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	e or note to any line in t (A) Total expenses	his Part IX (B) Program service	(C) Management and	 (D) Fundraising
7b, 8	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,	212 214	20.006	170 010	
_	trustees, and key employees	212,214.	39,996.	172,218.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	4,271,868.	2 600 120	523,882.	57,866
7	Other salaries and wages	4,4/1,000.	3,690,120.	545,004.	57,000
8	Pension plan accruals and contributions (include	67,104.	60,501.	5,833.	770
0	section 401(k) and 403(b) employer contributions)	790,541.	680,958.	101,039.	770 8,544
9	Other employee benefits	320,797.	273,579.	43,790.	3,428
0	Payroll taxes	540,131.	413,313.	45,130.	5,420
1					
a h	Management	2,280.	1,680.	600.	
b		34,423.	1,000.	34,423.	
	Accounting	54,425.		51,125.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	11,726.		11,726.	
g	Other. (If line 11g amount exceeds 10% of line 25,	,,			
9	column (A), amount, list line 11g expenses on Sch 0.)	169,605.	12,494.	157,111.	
12	Advertising and promotion	21,046.	8,783.	12,245.	18
13	Office expenses	143,072.	74,360.	68,712.	
14	Information technology	•		,	
15	Royalties				
6	Occupancy	236,828.	223,418.	13,410.	
17	Travel	350,144.	349,042.	1,036.	66
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	335.		335.	
20	Interest	40,296.	27,227.	13,069.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	376,379.	302,657.	73,722.	
3	Insurance	61,615.	60,989.	626.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	01 005	10	4 450	
	DUES & LICENSING	21,027.	16,575.	4,452.	
b					
C					
d					
	All other expenses	7 121 200	E 022 270	1 220 220	70 600
5	Total functional expenses. Add lines 1 through 24e	7,131,300.	5,822,379.	1,238,229.	70,692
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fight following SOP 98-2 (ASC 958-720)				

#### $08140816 \ 131839 \ 091-028225$

091 - 0281

Form 990 (2021) WACOSA
Part IX Statement of Functional Expenses

12

20	ho	dulo	0	cor	tair	20	

_		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,483,469.	1	874,247.
	2	Savings and temporary cash investments	798,515.	2	2,300,669.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	384,093.	4	1,436,882.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	103,750.	8	121,493. 55,901.
₿ As	9	Prepaid expenses and deferred charges	52,191.	9	55,901.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a9,326,264.Less: accumulated depreciation10b4,649,433.			
	b	Less: accumulated depreciation <b>10b 4</b> , 649, 433.	5,013,475.	10c	4,676,831.
	11	Investments - publicly traded securities	2,619,379.	11	2,674,286.
	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.	16	12,140,309.
	17	Accounts payable and accrued expenses	811,320.	17	639,819.
	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	
s	22	Loans and other payables to any current or former officer, director,			
itie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ן ב	23	Secured mortgages and notes payable to unrelated third parties	1,075,212.	23	967,410.
	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	1,886,532.	26	1,607,229.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
Sec		and complete lines 27, 28, 32, and 33.			
and	27	Net assets without donor restrictions	7,879,907.	27	9,429,060.
Bal	28	Net assets with donor restrictions	688,433.	28	1,104,020.
pu		Organizations that do not follow FASB ASC 958, check here 🕨			
Ë		and complete lines 29 through 33.			
2 d	29	Capital stock or trust principal, or current funds		29	
τi	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
σI				31	
Asse	31	Retained earnings, endowment, accumulated income, or other funds			
Net Assets or Fund Balances	31 32	Total net assets or fund balances	8,568,340. 10,454,872.	32	10,533,080. 12,140,309.

WACOSA

 $08140816 \ 131839 \ 091-028225$ 

Form	990 (2021) WACOSA	41-0	871466	Pag	<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	9,104		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,131		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,973		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,568		
5	Net unrealized gains (losses) on investments	5	- 8	3 <u>,</u> 7'	78.
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	10,533	3,08	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	х	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	L
			4	000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury

(Form 990)

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2021
Open to Public

Interna	I Rever	nue Service	Go to www.irs.gov	//Form990 for instruction	ons and th	ie latest in	formation.		Inspection
Nam	e of t	the organization	0.01						identification number
Pa	<del>4</del> 1	WAC Beason for Public		(All organizations must c		is month C			1-0871466
					-		ee instruction	15.	
	organ	ization is not a private four		<b>c</b> .					
1		A church, convention of c				n 170(b)(1	)(A)(I).		
2		A school described in se					•		
3		A hospital or a cooperativ						VIII) Enter	
4		A medical research organ city, and state:	lization operated in cor	njunction with a nospital	aescribea	in sectio	n 170(d)(1)(A	(III). Enter	the hospital s name,
5		An organization operated section 170(b)(1)(A)(iv).		llege or university owned	or operat	ed by a go	vernmental u	nit describe	əd in
6		A federal, state, or local g		nental unit described in	section 17	70(h)(1)(A)	(v)		
7		An organization that norn						he general r	oublic described in
•		section 170(b)(1)(A)(vi).			onna gove			ne general p	
8		A community trust descri		(1)(A)(vi) (Complete Par	• II )				
9		An agricultural research of				ad in coniu	nction with a	land-grant	college
Ŭ		or university or a non-land	-					-	-
		university:	a grant conege or agric			ianio, org		and conloge	
10	Χ	An organization that norn	nally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	is. membersh	nip fees, and	d aross receipts from
		activities related to its exe							
		income and unrelated but		-					-
		See section 509(a)(2). (C	Complete Part III.)					-	
11		An organization organized	d and operated exclusi	vely to test for public sat	ety. See	section 50	9(a)(4).		
12		An organization organized	d and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	arry out the	purposes of one or
		more publicly supported	organizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on
		lines 12a through 12d tha	at describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting or	ganization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving
		the supported organiza	tion(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
		organization. You mus	t complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting o	rganization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
		control or management	of the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or mana	ge the supp	orted
		organization(s). You mi	ust complete Part IV,	Sections A and C.					
с		Type III functionally in	tegrated. A supporting	g organization operated	in connect	tion with, a	nd functiona	lly integrate	d with,
		its supported organizat	ion(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functiona	Ily integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppo	rted organiz	ation(s)
		that is not functionally i	ntegrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	d an attentiv	reness
		requirement (see instru	ctions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е			•	written determination from			Туре I, Туре	II, Type III	
				nally integrated supporting	ng organiz	ation.			
		er the number of supported	0						
g		vide the following informati (i) Name of supported	on about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	,	organization		(described on lines 1-10	in your governi	ng document? No	support (see i	-	support (see instructions)
		<b>.</b>		above (see instructions))	Yes			,	
Tota	I								

	(Complete only if you checked fails to qualify under the tests			•	on failed to qualify	under Part III. If the	organization
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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.						
	••	(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	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						
5	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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	•
13	First 5 years. If the Form 990 is for th	e organization's f				501(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	divided by line 11,	column (f))		14	%
15	Public support percentage from 2020						%
<b>16</b> a	33 1/3% support test - 2021. If the c	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	ייייי ו			
k	<b>33 1/3% support test - 2020.</b> If the c	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	is box
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the org	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstand	ces test, check this	s box and stop he	e <b>re.</b> Explain in Parl	t VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported o	organization		►
k	10% -facts-and-circumstances test	- 2020. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circu	mstances test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu		•				▶∐
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction:	s ►

 Schedule A (Form 990) 2021
 WACOSA
 41-0871

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

Schedule A (Form 990) 2021

41-0871466 Page 2

132022 01-04-22

#### Schedule A (Form 990) 2021

#### 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

Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       8132056.       9129291.       9423482.       6824922.       9073286.42583037         10 Gross income from interest, dividends, payments received on securites loans, rents, royaties, and income from similar sources       43,198.64,932.70,919.63,497.52,755.295,301         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       43,198.64,932.70,919.63,497.52,755.295,301         c Add lines 10a and 10b       13,198.64,932.70,919.63,497.52,755.295,301         11 Net income. Do not include gain or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly. (Add lines, 106, 11, and 12)         13 Total support. (Add lines, 106, 11, and 12)       6,968.3,197.9,583.4,724.11,098.35,570         14 First 5 years. If the Form 900 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         55       Fotion C. Computation of Public Support Percentage         15       93.95         16       93.24         Section C. Computation of Public Support Percentage         17       Investment income percentage from 2020 Schedule A, Part III, line 15.         19a 33 1/3%, check this box and stop here. The organization qualif	Sec	ction A. Public Support						
membership fees resided. (Do not include any nursual grants.)         369,286.         1017286.         612,981.         3292727.         3284791.         8577071           2 Gross recipts from activities per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose         7762770.         8112005.         8610501.         3532195.         5788495.         34005966           3 Gross receipts from activities that are not an unrelated trade or bus- iness under sources or failling. from shuld exercise of the organ- ization's benefician either paint tation's benefician either paint tation's benefician either paint tation's benefician either paint from shuld or the organization or copended on its behalf         8132056.         9129291.         9423482.         6824922.         9073286.         42583037           7a Amouth included on Ints 1, 2, and 3 received from disqualitop prevision that expanziation without charge         8132056.         9129291.         9423482.         6824922.         9073286.         42583037           6 9, 750.         109, 728.         191,000.         249,984.         283,057.         903,519           5 Stop 46.         535,464.         519,529.         514,241.         386,222.         308,8510.           8 robust from advisoult prevents the constant should en line 10.         8132056.         9129291.         9423482.         6824922.         9073286.42583037           6 Add lines Travely f	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.")       369,286.       1017286.       612,981.       3292727.       3284791.       8577071         Gross receipts from activities functions on the second receives account of the second programation" is account proper account of the second programation" is account of the second programation" is account of the second programation" is account of the second programation is benefit and either paid to or expended on this behalf       7762770.       8112005.       8810501.       3532195.       5788495.       34005966         3 cross receives the maximum of the organization is benefit and either paid to or expended on this behalf       7762770.       8112005.       8810501.       3532195.       5788495.       34005966         5 The value of services or facilities functions benefit and either paid to or expended on this behalf       7762770.       8112005.       9129291.       9423482.       6824922.       9073286.       42583037         6 Total. Add lines 1 through 5       7.4 mounts included on lines 1.2, and and 70       69,750.       109,728.       191,000.       249,984.       283,057.       903,519         9 Amounts form ine activation and the add and and to the add the add to the add	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles and of services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is that exempt purpose 3 Gross receipts from admission is the organization's tax exempt and the organization's tax exempt addition without change 1 Gross Gross and the organization's tax exempt addition without change 1 Gross G		membership fees received. (Do not						
mechandise sold or services performed, or facilities furnised to the organization is services proposal activity that is related to the organization is services proposal activities that are not an unrelated trade or business under section S13       7762770.8112005.8810501.3532195.5788495.34005966         3 Gross receipts from activities that are not an unrelated trade or business under section S13       1       1       1         1 Tax revenues level of or the organization or lis behall       9       9423482.6824922.9073286.42583037       1         3 reserved on disbedial       8132056.9129291.9423482.6824922.9073286.42583037       903.519         4 revenues or not liste organization without charge       69.750.109.728.191.000.249.984.283.057.903.519         4 revenues or the activities or the norganization without charge       69.750.109.728.191.000.249.984.283.057.903.519         4 revenues or the norganization without charge       69.750.109.728.191.000.249.984.283.057.903.519         4 revenues or the norganization without charge       69.750.109.728.191.000.249.984.283.057.903.519         4 revenues activities that is the norganization without charge       69.750.109.728.192.91.9423482.6824922.9073286.42583037         9 revenues activities that is the norganization without charge       69.750.109.70.192.01.325.2755.295.201.91.9423482.6824922.9073286.42583037         9 Amounts form infeed       61.32056.9129291.9423482.6824922.9073286.42583037         9 Amounts form infeed       61.32076.9129291.9423482.6824922.9073286.42583037      <		include any "unusual grants.")	369,286.	1017286.	612,981.	3292727.	3284791.	8577071.
3 Gross receipts from activities that are not an unrelated trade or bus- liness under section 513       Image: Status in the interval of the organization without charge         6 Total. Add lines 1 through 5       8132056.9129291.9423482.6824922.9073286.42583037         7a Amounts included on lines 1, 2, and 3 received from disquilled persons 6 or other than adapted persons are constrained and lines 1, 2, and 3 received from disquilled persons 6 and these 3 and 1 received from other than disquilled persons 6 public support. Status in the than activity and the than adapted persons 6 public support. Status in the than activity and the than adapted persons 6 public support. Status in the than activity and the than adapted persons 6 public support. Status in the than activity and the than adapted persons 6 public support. Status in the than activity and the than adapted persons 6 public support. Status in the than activity and the than adapted persons 6 public support. Status in the than activity and the than adapted persons 7 add the status include on lines 10 interval. 9 Amounts from line 6 10 dires income from interest, dividends, payments received on securities loss refut, royalites, and income from interest, dividends, payments received on securities loss refut, royalites, and income from interest, dividends, payments received on securities loss refut, royalites, and income from interest, dividends, payments received on securities loss refut, royalites, and income from interest, dividends, payments received on securities loss refut, royalites, and income from interest, dividends, payments received on securities loss refut, royalites, and income from interest, dividends, payments received on securities loss refut, royalites, and income rom anstal rowale distatus received on securities loss refut,	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	7762770.	8112005.	8810501.	3532195.	5788495.	34005966.
I nask under section 513       Image: Section 513         4 Tax revenues levied for the organization without charge       Image: Section 513         5 The value of services or facilities for misched by a governmental unit to the organization without charge       Image: Section 513         6 Total. Add lines 1 through 5       8132056.9129291.9423482.6824922.9073286.42583037         7a Amounts included on lines 1, 2, and 3 received the mage: Section 513       69, 750.109, 728.191, 000.249, 984.283, 057.903, 519         b months included on lines 1, 2, and 3 received the mage: of 58.000 rt% of the amount on line bidingsattle greaters and the the section greater of the secti	3	•						
icreation's benefit and either paid to or expanded on its behalf       icreated is a process of calibles furnished by a governmental unit to the organization without charge       8132056.9129291.9423482.6824922.9073286.42583037         6 Total. Add lines 1 through 5       8132056.9129291.9423482.6824922.9073286.42583037         7a Amounts included on lines 1, 2, and 3 received from disqualified persons encode to the system encode the grade of 8.000 received is an a section to more than displated persons to encode to the system encode to the sy		are not an unrelated trade or bus-						
or expended on its behalf       5       The value of services or facilities furnished by a governmental unit to the organization without charge       5         6       Total. Add lines 1 through 5       8132056.9129291.9423482.6824922.9073286.42583037         7 a Amounts included on lines 1, 2, and 3 createved term discullified persons bat incode the discullified persons bat incode persons bat incode persons and the dincode person discullified persons bat incode persons an	4	Tax revenues levied for the organ-						
furnished by a governmental unit to the organization without charge       8132056.9129291.9423482.6824922.9073286.42583037         7a Amounts included on lines 1, 2, and 3 received from disqualified persons       69, 750.109, 728.191, 000.249, 984.283, 057.903, 519         b arounts included on lines 2 and 3 newless from disqualified persons       69, 750.109, 728.191, 000.249, 984.283, 057.903, 519         b arounts included on lines 1, 2, and 69, 750.109, 728.191, 000.249, 984.283, 057.903, 519       903, 519         b arounts included on lines 1, 2, and 69, 750.109, 728.191, 000.249, 984.283, 057.903, 519       903, 519         b arount in the dimalatiod persons from dimalation derived from diretal dimalation derived from discultation from discultation from dimalation derived from discultation discultation from		ization's benefit and either paid to						
the organization without charge         8132056.9129291.9423482.6824922.9073286.42583037           6 Total. Add lines 1, through 5         69,750.109,728.191,000.249,984.283,057.903,519           b mounts included on lines 1, 2, and 3 received from disqualified persons that exceed the grade on the that disqualified persons that exceed the grade of \$500 er by the the that the the the the that the the the the the the the the the th	5	The value of services or facilities						
6 Total. Add lines 1 through 5       8132056.9129291.9423482.6824922.9073286.42583037         7a Amounts included on lines 1, 2, and 3 received from discuttaffee persons b monts included on lines 2 and 3received from discuttaffee persons that exceed the againtic persons that exceed the againt of the xen       69,750.109,728.191,000.249,984.283,057.903,519         b monts included on line 3, 2, and throm discuttaffee persons that decadifies persons that exceed the grater of \$5000 er Norther amount on its for the xen       465,714.409,801.323,241.136,238.25,794.1360788         c Add lines 7a and 7b       465,714.409,801.323,241.386,222.308,851.2264307         8 Public support.       465,714.409,801.323,241.386,222.308,851.2264307         Section B. Total Support       8132056.9129291.9423482.6824922.9073286.42583037         Yota representing the person sectifies loans, rents, royaties, and income from line 6       8132056.9129291.9423482.6824922.9073286.42583037         43,198.64,932.70,919.63,497.52,755.295,301       43,198.64,932.70,919.63,497.52,755.295,301         b Urselated business taxable income (less section Form unrelated business acquired after June 30, 1975       43,198.64,932.70,919.63,497.52,755.295,301         10 Access I (rend me not the business acquired after June 30, 1975       6,968.3,197.92,953.4,724.11,098.35,570         11 Total lapport. (ded lines 10, whether or unrelated business acquired after June 30, 1976       6,968.3,197.92,953.4,724.11,098.35,570         13 Total support. (ded lines 10, businesses activities not include gan ordeset (fordam in Pat Vi))       6,968.3,								
7a Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on ther than disqualified persons that exceed the greater 45.000 of 19 of the amount on the theraper exceed the greater 45.000 of 19 of the amount of the theraper and income from interest, dividends, payments received on securities brank, rents, royattes, and income from similar sources a durities thank income (less section 511 taxes) from businesses a durities to find und to b. the the come from numelated business is activities on tincluded gain or loss from line 100, whether or not the business is regularly carled on 11 Net income. Too not include gain or loss from line 40.000 (line 100, whether or not the business is regularly carled on 12 Other income. Do not include gain or loss from line 100 business sativities not included gain or loss from line 100 bus whether or not the sale of capital assets (Explain in Part VI). 13 Total support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). 14 First Spears. If the form 200 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. 54 Dublic support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). 15 Dublic support percentage for 2020 Schedule A, Part III, line 15 18 Dublic support percentage for		the organization without charge						
3 received from disqualified persons b measure include on mile stand 3 reserved ion mother hand available graves of 80,000 r W of the amount on the dwallable graves of 80,000 r W of the amount on the dwallable graves of 80,000 r W of the amount on the dwallable graves of 80,000 r W of the amount on the dwallable graves of 80,000 r W of the amount on the store the year 535,464 519,529 514,241 386,222 308,851 2264307         8 Public support. Support is the two the amount on the preserved on securities loans, rents, royatles, and income from sinterest, dividends, payments received on securities loans, rents, royatles, and of the mount on the subscience (less section 511 taxes) from businesses acquired aff rule 30, 197 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 43, 198 64, 932 70, 919 63, 497 52, 755 295, 301 6, 968 3, 197 9, 583 4, 724 11, 098 35, 570 8182222 19197420 9503984 6893143 9137139 42913908 14 First Spears. If the form 90 is for the organizations first, second, third, fourth, or fifth tax year as a section 5010(c)(3) organization, check this box and stop here.         Section C. Computation of Public Support Percentage 17 Investment income percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2022 (line 100, column (f), divided by line 13, column (f)) 19 Outs income than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support efor angle for 2022 for the column (f), divided by line 13, column (f)) 19 Investment income percentage for 2022 Schedule A, Patt III, Ine 15 19 A3 1/3% support tests - 2021. If the organization did not check ta box on line 14 on line 16, and line 17 is not more than 3		0	8132056.	9129291.	9423482.	6824922.	9073286.	42583037.
b       b       average of the gradual degreement bet exercised the gradual of greeness that the gradual of the type of of the	7a		<b>60 550</b>	4 4 4 5 5 4 4				
term of the final diagualities persons that exceed the general of \$5000 or \$160 or \$16			69,750.	109,728.	191,000.	249,984.	283,057.	903,519.
c Add lines 7a and 7b       535,464.519,529.514,241.386,222.308,851.2264307         8 Public support. Subactine 7 from lines       535,464.519,529.514,241.386,222.308,851.2264307         8 Public support. Subactine 7 from lines       602101         2 Gross income from interest, dividends, payments received on securities loans, rents, royatlies, and income from similar sources       612019       (d) 2020       (e) 2021       (f) Total Support.         9 Amounts from line 6       8132056.9129291.9423482.6824922.9073286.42583037       70,919.63,497.52,755.295,301         10a Gross income from similar sources       43,198.64,932.70,919.63,497.52,755.295,301         9 Unrelated business taxable income (less section 511 taxes) from businesses activities not included gain or loss from unrelated business taxable income (less section 11ne 10b, whether or not the capital assets (Explain in Part VI)       43,198.64,932.70,919.63,497.52,755.295,301         11 Net income from similar 6,968.3,197.9,583.4,724.11,098.35,570       81822222.9197420.9503984.6893143.9137139.42913908         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.       593.92.91         15 Public support percentage from 2020 Schedule A, Part III, line 15       93.93.92         16 Public support percentage from 2020 Schedule A, Part III, line 16       93.93.94         17 Investment income percentage from 2020 Schedule A, Part III, line 17       69 <t< td=""><td>b</td><td>from other than disqualified persons that exceed the greater of \$5,000 or 1% of the</td><td>465.714.</td><td>409.801.</td><td>323,241,</td><td>136,238,</td><td>25.794.</td><td>1360788.</td></t<>	b	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	465.714.	409.801.	323,241,	136,238,	25.794.	1360788.
8 Public support. (September 1: Monitor 1: Support       40318730         Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         2alendar year (or fiscal year beginning in) >       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       (b) 2016       (c) 2019       (d) 2020       (e) 2021       (f) Total         10a Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources       43,198.64,932.70,919.63,497.52,755.295,301       43,198.64,932.70,919.63,497.52,755.295,301         b Unrelated business taxable income (less section 511 taxe) from businesses activities not included gain or loss from the sale of capital assets (Explain in Part VI)       43,198.64,932.70,919.63,497.52,755.295,301         11 Net income from unrelated business is regularly carried on float (d) assets (c) and taxe is the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here       6,968.3,197.9,583.4,724.11,098.35,570         13 Total support percentage from 2020 Schedule A, Part III, line 15       93.95.95         16 Public support percentage from 2020 Schedule A, Part III, line 15       93.95.95         17 Investment income percentage from 2020 Schedule A, Part III, line 17       69         18 novestment income percentage from 2020 Schedule A, Part III, lin			535,464.	519,529.	514,241.		308,851.	
Section B. Total Support       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       8132056.       9129291.       9423482.       6824922.       9073286.42583037         10 Gross income from interest, dividends, payments received on securites loans, rents, royaties, and income from similar sources       43,198.64,932.70,919.63,497.52,755.295,301         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       43,198.64,932.70,919.63,497.52,755.295,301         c Add lines 10a and 10b       13,198.64,932.70,919.63,497.52,755.295,301         11 Net income. Do not include gain or not the business is regularly carried on line 10b, whether or not the business is regularly carried on line 10b, whether or not the business is regularly. (Add lines, 106, 11, and 12)         13 Total support. (Add lines, 106, 11, and 12)       6,968.3,197.9,583.4,724.11,098.35,570         14 First 5 years. If the Form 900 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         55       Fotion C. Computation of Public Support Percentage         15       93.95         16       93.24         Section C. Computation of Public Support Percentage         17       Investment income percentage from 2020 Schedule A, Part III, line 15.         19a 33 1/3%, check this box and stop here. The organization qualif								40318730.
Calendar year (or fiscal year beginning in)       (a) 2017       (b) 2018       (c) 2019       (d) 2020       (e) 2021       (f) Total         9 Amounts from line 6       8132056.       9129291.       9423482.       6824922.       9073286.42583037         10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       43,198.64,932.70,919.63,497.52,755.295,301         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       43,198.64,932.70,919.63,497.52,755.295,301         c Add lines 10a and 10b       43,198.64,932.70,919.63,497.52,755.295,301         11 Net income from unrelated business is regularly carried on ine 10b, whether or not the business is regularly carried on or los folde gain or loss from the sale of capital assets (Explain in Part VI).       8182222.9197420.9503984.6893143.9137139.42913908         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       93.95         15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.93         16 Public support percentage from 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Duvestment Income Percentage       17       69         17 Investment income percentage from 2020 Schedule A, Part IIII, line 17       18       66	Sec	tion B. Total Support						
9 Amounts from line 6       8132056.9129291.9423482.6824922.9073286.42583037         10a Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources       43,198.64,932.70,919.63,497.52,755.295,301         b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       43,198.64,932.70,919.63,497.52,755.295,301         c Add lines 10a and 10b       43,198.64,932.70,919.63,497.52,755.295,301         11 Net income from munelated business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is regularly carried on ine 10b, whether or not the business is trist systems. 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         16       93.92         17       Incess from 2020 Schedule A, Part III, line 13, column (f)       17       17       66         19a 33 1/3%, check this box and st			(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royaties, and income from similar sources   b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   c Add lines 10a and 10b   11 Net income from unrelated business is acquired after June 30, 1975   c Add lines 10a and 10b   12 Other income from unrelated business is acquired after June 30, 1975   12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).   assets (Explain in Part VI).   13 Total support. (Add lines 9, toc. 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.   5ection C. Computation of Investment Income Percentage   17 Investment income percentage for 2020 Schedule A, Part III, line 15   18 Investment income percentage for 2020 Schedule A, Part III, line 17   19 Nuestment income percentage for 2020 Schedule A, Part III, line 17   16 ag 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   17 Investment income percentage for 2020. If the organization did not check the box on line 14, and line 16 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization   16 Deriver to 2020 Schedule A, Part III, line 17   17 Investment income percentage for 2020. If the organization did not check the b				9129291.	9423482.		9073286.	42583037.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975       43,198.64,932.70,919.63,497.52,755.295,301         c Add lines 10a and 10b       43,198.64,932.70,919.63,497.52,755.295,301         11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on       43,198.64,932.70,919.63,497.52,755.295,301         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       6,968.3,197.9,583.4,724.11,098.35,570         13 Total support. (Add lines 9, 10c, 11, and 12)       8182222.9197420.9503984.6893143.9137139.42913908         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         15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16 Public support percentage for 2022 (line 10c, column (f), divided by line 13, column (f))       17       .699         17 Investment income percentage from 2020 Schedule A, Part III, line 17       666         19a 31/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         19 31/3% support tests - 2020. If the organization did not check a box on line 14, and line 16 is		Gross income from interest, dividends, payments received on securities loans, rents, royalties,	43 198.	64 932	70 919.	63 497.		
c Add lines 10a and 10b       43,198,64,932,70,919,63,497,52,755,295,301         11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI)       6,968,3,197,9,583,4,724,11,098,35,570         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)       6,968,3,197,9,583,4,724,11,098,35,570         13 Total support. (Addines 9, toc, 11, and 12)       6,968,3,197,9,583,4,724,11,098,35,570         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         15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16 Public support percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .699         17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .699         18 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .699         19 a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         19 31 3/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1	b	Unrelated business taxable income (less section 511 taxes) from businesses	10,1900	01,9321	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5277554	25575010
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on         12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       6,968.3,197.9,583.4,724.11,098.35,570         13 Total support. (Add lines 9, toc, 11, and 12.)       8182222.9 9197420.9503984.6893143.9137139.42913908         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         15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16 Public support percentage form 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Investment Income Percentage       17       .69         17 Investment income percentage form 2020 Schedule A, Part III, line 17       6.66         18 Investment income percentage from 2020 Schedule A, Part III, line 17       .66         19a 31 /3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         31 31/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly		acquired after June 30, 1975						
activities not included on line 10b, whether or not the business is regularly carried on       12         12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       6,968.3,197.9,583.4,724.11,098.35,570         13       Total support. (Add lines 9, 10c, 11, and 12.)       8182222.9197420.9503984.6893143.9137139.42913908         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       5         Section C. Computation of Public Support Percentage         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16       Public support percentage form 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .69         18       Investment income percentage for 2020 Schedule A, Part III, line 17       .66       .66         19a 31 /3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         19a 31 /3% support tests - 2020. If the organization did not check a box on line 14 or line			43,198.	64,932.	70,919.	63,497.	52,755.	295,301.
12       Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       6,968.3,197.9,583.4,724.11,098.35,570         13       Total support. (Add lines 9, 10c, 11, and 12.)       8182222.9197420.9503984.6893143.9137139.42913908         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         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16       93.24         Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .69         18       .66       .66         18       .666         19       .69         17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .69         18       .666       .60       .60       .60         18       .66         19       .10       .69         19       .69         18       .66 <td>11</td> <td>activities not included on line 10b, whether or not the business is</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	11	activities not included on line 10b, whether or not the business is						
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         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16       93.24         Section D. Computation of Investment Income Percentage       16       93.24         Section D. Computation of Investment Income Percentage       17       .699         18       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .699         18       Investment income percentage from 2020 Schedule A, Part III, line 17       18       .666         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       13         130203 01-04-22       Schedule A (Form 990) 202	12	or loss from the sale of capital						35,570.
check this box and stop here       ▶         Section C. Computation of Public Support Percentage         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16       Public support percentage from 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Investment Income Percentage       17       69         17       Investment income percentage from 2020 Schedule A, Part III, line 17       18       66         18       Investment income percentage from 2020 Schedule A, Part III, line 17       18       66         18       Investment income percentage from 2020 Schedule A, Part III, line 17       18       66         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       ▶         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶         132023       01-04-22       Schedule A (Form 990) 202	13		8182222.	9197420.	9503984.	6893143.	9137139.	42913908.
Section C. Computation of Public Support Percentage         15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16       Public support percentage from 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Investment Income Percentage       17       .69         17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .69         18       investment income percentage from 2020 Schedule A, Part III, line 17       18       .66         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       Image: Schedule A (Form 990) 202         Schedule A (Form 990) 202	14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
15       Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))       15       93.95         16       Public support percentage from 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Investment Income Percentage         17       .69         18       .66         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       IX         b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       IX         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       IX         132023 01-04-22       Schedule A (Form 990) 202								
16       Public support percentage from 2020 Schedule A, Part III, line 15       16       93.24         Section D. Computation of Investment Income Percentage       17       .69         17       Investment income percentage from 2020 Schedule A, Part III, line 17       17       .69         18       Investment income percentage from 2020 Schedule A, Part III, line 17       18       .66         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       X         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       X         132023 01-04-22       Schedule A (Form 990) 202	Sec	ction C. Computation of Publi	c Support Per	centage				
Section D. Computation of Investment Income Percentage         17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .69         18       Investment income percentage from 2020 Schedule A, Part III, line 17       18       .66         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       IX         b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       IX         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       IX         132023 01-04-22       Schedule A (Form 990) 202					olumn (f))			
17       Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))       17       .69         18       Investment income percentage from 2020 Schedule A, Part III, line 17       .66         19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       ▶ X         b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization       ▶ X         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions       ▶ 132023 01-04-22			1	1			16	93.24 9
18       Investment income percentage from 2020 Schedule A, Part III, line 17         19a 33 1/3% support tests - 2021. 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 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         20       Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions         132023 01-04-22       Schedule A (Form 990) 202	Sec	•		•				
<ul> <li>19a 33 1/3% support tests - 2021. 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 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► X</li> <li>b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► X</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► C</li> <li>132023 01-04-22</li> </ul>	17				ne 13, column (f))			
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b</b> 33 1/3% support tests - 2020. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <b>20</b> Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			•				· · · · ·	,
<ul> <li>b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</li> <li>In 192023 01-04-22</li> </ul>	19a		-					
line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 132023 01-04-22 Schedule A (Form 990) 202			•	•				
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	b	••	•				-	
132023 01-04-22 Schedule A (Form 990) 202	•				•		•	
			n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins		
	13202	23 01-04-22		16			Schedule /	a (Form 990) 202 <sup>-</sup>

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3b

3c

4a

4b

4c

5a

5b

5c

6

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9a

9b

9c

10a

10b

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Sche	edule A (Form 990) 2021 WACOSA	41-087146	6 Pa	age <b>5</b>
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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's or directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amore supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	officers, ) oported		
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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in: The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. <i>Describe in</i> <b>Part VI</b> how you supported a governmental entity. Activities Test. <b>Answer lines 2a and 2b below.</b>	nuty (see instruction	· ·	Ne
2			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			

these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

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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### Schedule A (Form 990) 2021

2b

3a

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
Check here if the organization satisfied the Integral Part Test as a qualif	ying trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instruction
All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
B Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
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		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
B Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
B Minimum Asset Amount (add line 7 to line 6)	8		
ection C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

instructions).

Schedule A (Form 990) 2021

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Sche Pai	dule A (Form 990) 2021 WACOSA t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>		<u>1-0871466  </u>	Page <b>7</b>
Sect	ion D - Distributions				Current Year	r
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 203	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
<u>a</u>	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
<u> </u>	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2021 distributable amount					
<u>    i</u>	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h					
6	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
'	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

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

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

OTHER INCOME			
2017 AMOUNT: \$	6,968.		
2018 AMOUNT: \$	3,197.		
2019 AMOUNT: \$	9,583.		
2020 AMOUNT: \$	4,724.		
2021 AMOUNT: \$	11,098.		
132028 01-04-22		21	Schedule A (Form 990) 2021

### Schedule A

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

2021

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

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
JOHN & NANCY					
BARTLETT	56,000.	3,500.	67,850.	100,000.	100,000
AUTO PARTS					
HEADQUARTERS	10,950.	100,433.	123,150.	149,984.	183,057
RON AND MARLYS					
HOWARD	2,800.	5,795.	0.	Ο.	0
otal to Schedule A, Part III, Line 7a	69,750.	109,728.	191,000.	249,984.	283,057

### Schedule A

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

2021

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

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
STEARNS COUNTY HUMAN SERVICES	381,876.	310,755.	188,846.	72,234.	0.
STEARNS COUNTY EXTENDED EMPLOYMENT	53,523.	32,266.	10,339.	0.	0.
MN DEED	30,315.	51,215.	117,629.	30,478.	0.
CONSUMER DIRECTIONS	0.	15,565.	6,427.	33,526.	25,794.
Total to Schedule A, Part III, Line 7b	465,714.	409,801.	323,241.	136,238.	25,794.

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

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

Payer's Name	Amount Received in 2021	2021 Excess Payments
STEARNS COUNTY HUMAN SERVICES	72,747.	0.
STEARNS COUNTY EXTENDED EMPLOYMENT	78,255.	0.
MN DEED	87,817.	0.
CONSUMER DIRECTIONS	117,165.	25,794.
otal Excess Payments to Schedule A, Part III, Line 7b, column (e)		25,794.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2021

Employer identification number

	WACOSA	41-0871466				
Organization type (chec	k one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization	on is covered by the General Rule or a Special Rule.					

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 exclusively 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 exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

WACOS.	A	41	-0871466
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l 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	\$ <u>183,057.</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
2	CENTRAL MINNESOTA COMMUNITY FOUNDATION 101 7TH AVE S ST CLOUD, MN 56301	\$ <u>12,500.</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
3	JOAN GROTH 3844 RIVIERA RD ST CLOUD, MN 56301	\$20,000.	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
4	JOHN AND NANCY BARTLETT 3871 PINE POINT RD SARTELL, MN 56377	\$ <u>100,000.</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
5	MARTHA SCHNEIDER 421 LUELLA AVE APT 10 WATKINS, MN 55389	\$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
6	SMALL BUSINESS ADMINISTRATION         330 SECOND AVE. SOUTH         MINNEAPOLIS         MINNEAPOLIS	\$1,214,185.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Employer identification number

20092

Schedule B (Form 990) (2021) Name of organization

	B (Form 990) (2021)		Page <b>2</b>
Name of c	organization	Empl	oyer identification number
WACOS	A	42	1-0871466
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MCDOWALL COMPANY PO BOX 606 WAITE PARK, MN 56387	\$32,000.	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
8	BENTON TELECOMMUNICATIONS FOUNDATION 2220 125TH ST NW RICE, MN 56367	\$25,000.	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	MN STATE ART BOARD 540 FAIRVIEW AVE N SUITE 304 ST PAUL, MN 55104	\$7,400.	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
10	C-4 WELDING <u>11 INDUSTRIAL BLVD</u> <u>SAUK RAPIDS, MN 56379</u>	\$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
11	DEPARTMENT OF TREASARY INTERNAL       REVENUE SERVICES       1       OGDEN, UT 84201	\$1,145,377.	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	MINNESOTA UNEMPLOYMENT INSURANCE PO BOX 4629 ST. PAUL, MN 55164	\$220,790.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

123452 11-11-21

Schedule B (Form 990) (2021)

	332 MINNESOTA ST.	<u> </u>	Noncash
	ST PAUL, MN 55101		(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 Poncash Contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
8452 11-1	28		Schedule B (Form 990) (2021)
)816		4014 WACOSA	091-028

Name of organization

WACOSA

Part I

(a)

No.

13

(a)

No.

14

(d)

Type of contribution

X

X

41-0871466

Person Payroll

Noncash

Person Payroll

(Complete Part II for

noncash contributions.)

(d)

Type of contribution

(c)

**Total contributions** 

(c)

**Total contributions** 

\$

50,708.

081408

123452

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. Name, address, and ZIP + 4

ST PAUL, MN 55155

SERVICES

540 CEDAR ST.

DEVELOPMENT

(b)

(b)

Name, address, and ZIP + 4

DEPARTMENT OF EMPLOYMENT AND ECONOMIC

DEPARTMENT OF HEALTH AND HUMAN

	3 (Form 990) (2021)		Page 3	
Name of organization			mployer identification number	
WACOS	A		41-0871466	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Schedule B (Form 990) (2021)

Name of or	rganization	Employer identification numbe			
WACOS	A		41-0871466		
Part III		ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)  \$		
(a) No.	Use duplicate copies of Part III if additional	space is needed.			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
ŀ	Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee				
		[			
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Γ	(e) Transfer of gift				
	Transforce's name address at	Polationship of transform to transform			
F	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			<u> </u>		
Ļ					
	(e) Transfer of gift				
	Transferee's name, address, ar	Relationship of transferor to transferee			
Γ					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I					
			<u> </u>		
	(a) Transfer of sitt				
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
123454 11-11-	-21		Schedule B (Form 990) (20		

091-0281

<sup>30</sup> 2021.04014 WACOSA

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

		~	~	-	-		~	~	
Л	1 -	- 0	x	•7	1	л	6	6	

	WACOSA		41-0871466
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (for example, recreat		torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a co	onservation 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			2b
с	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rele		nization during the tax
	year ►		5
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
	•		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	asements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthera	ince of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
			. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2021
13205	10-28-21		

31	
2021.04014	WACOSA

	dule D (Form 990) 2021 WACOSA							41-08	71466	- Pa	ιge <b>2</b>
Par	t III   Organizations Maintaining C								(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the f	ollowing tha	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	-		-	-			se in Part	XIII.		
5	During the year, did the organization solicit of								-		1
De	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	ine 9, or		
	•						the set of set				
1a	Is the organization an agent, trustee, custodi										1
	on Form 990, Part X?							L	Yes		No
d	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:					Amount		
-	Designing belongs						10		Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par							10.				<u>.</u>
		(a) Current year		rior year	(c) Two yea		(d) Three y	/ears back	(e) Four	years I	back
1a	Beginning of year balance						.,				
	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g	ı, 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	ssion of the organiza	ation that	t are held ar	nd administe	red for th	ne organiza	ation	-		
	by:									Yes	No
(i) Unrelated organizations3						3a(i)					
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm				_						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	), Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		• •	or other (other)		ccumulate preciation		( <b>d)</b> Bool	c value	;
<b>1</b> a	Land				9,281.				569	9,28	31.
	Buildings			2	9,600.		25,1			1,49	
	Leasehold improvements			5,80	3,375.	2,	057,0	01.	3,740		
	Equipment			1,32	7,393.		233,4			3,94	
	Other			1,59	6,615.	1,	333,8'			2,74	
	. Add lines 1a through 1e. (Column (d) must e		X. colum	nn (B), line 1	0c.)				4,670	5,83	31.

Schedule D (Form 990) 2021

08140816 131839 091-028225

	Complete if the organization answered "Yes" ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
1) Financial				,
	neld equity interests			
3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
	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 er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	) must equal Form 990, Part X, col. (B) line 13.)			
	Other Assets.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line <sup>-</sup>	11d. See Form 990, Part X, line 15.	
	(a)	Description		
	(4)	Description		(b) Book value
(1)	(3)	Description		(b) Book value
(1)	(0)	Description		(b) Book value
(2)				(b) Book value
(2) (3)				(b) Book value
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	nn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b>			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X	nn (b) must equal Form 990, Part X, col. (B) line	ə 15.)		·
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) Part X	nn (b) must equal Form 990, Part X, col. (B) line <b>Other Liabilities.</b>	ə 15.)		·
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) otal. <i>(Colum</i> Part X	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X (1) Fede (2)	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Colum Part X (1) Fede (2) (3)	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (2) (1) Fede (2) (3) (4)	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) Datal. (Colum Part X (1) Fede (2) (3) (4) (5)	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Fede (2) (3) (4) (5) (6) (7)	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum Part X (1) Fede (2) (3) (4) (5) (6)	nn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ə 15.)		5.

08140816 131839 091-028225

Schedule D (Form 990) 2021
Part VII Investments WACOSA Other Securities

X 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

Sche	dule D (Form 990) 2021 WACOSA			41-	0871466	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With F	Revenue per Re			0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	9,092,	645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-8,778.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		8,331.			
е	Add lines <b>2a</b> through <b>2d</b>			2e	_	447.
3	Subtract line 2e from line 1			3	9,093,	092.
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	11,726.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		726.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	9,104,	818.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With	Expenses per l	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total expenses and losses per audited financial statements			1	7,127,	905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	8,331.			
е	Add lines 2a through 2d			2e	8,	331.
3	Subtract line 2e from line 1			3	7,119,	574.
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	11,726.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		726.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,131,	300.
Pa	t XIII Supplemental Information.					
Duard	de the descriptions required for Dort II, lines 2, 5, and 0; Dort III, lines 1e and 4; De	ant IV/ linea the a	and Ohy Dout V line			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE	ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF	
THE	INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX CODES, AND THEREFORE	
THE	FINANCIAL STATEMENTS DO NOT INCLUDE A PROVISION FOR INCOME TAXES.	
CONT	RIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY	
THE	CONTRIBUTOR. THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION,	
SHOU	LD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION	
WOUL	D BE SUBJECT TO REVIEW BY THE IRS.	

### PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

132054 10-28-21

8,331.


132055 10-28-21

08140816 131839 091-028225

8,331.

Schedule D (Form 990) 2021 WACOSA

Part XIII Supplemental Information (continued)

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

### SPECIAL EVENT EXPENSES

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2021	
Department of the Treasury Internal Revenue Service		Attach to Form 990						Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instruction	uction	s and	the latest information	on.	Employer ide	entification number	
	WACOSA						41-0871	466	
	complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E2	Z filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations itations blicitations on have a written o ted in Form 990, Pa ) highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye:		
(i) Name and addres or entity (fund		<b>(ii)</b> Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
		n is registered or licensed to solicit o	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration	
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedul	e G (Form 990) 2021	

132081 10-21-21

	Schedule G	(Form 990	) 2021
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### 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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 1−5K	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			WALK/RUN (event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	42,560.			42,560.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	42,560.			42,560.
	4	Cash prizes				
s	5	Noncash prizes	8,331.			8,331.
Direct Expenses	6	Rent/facility costs				
irect E>	7	Food and beverages				
D	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through	9 in column (d)		►	8,331. 34,229.
_	11					34,229.
Ра	nrt I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or i	reported more than	
anue		· · · ·	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				

Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % [ └── No	Yes %	
<ul> <li>7 Direct expense summary. Add lines 2 through 5 in column (d)</li> <li>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</li> </ul>						
<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>						
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						
	<b>b</b> If "Yes," explain:					

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	WACOSA		41-0	871466	Page 3
11	Does the organization conduc	t gaming activities with nonm	embers?		Yes	No
	Is the organization a grantor, b	peneficiary or trustee of a trus	t, or a member of a partnership or other entity	formed	Yes	No
13	Indicate the percentage of gar					
		<b>e</b> ,			13a	%
					13b	%
			e organization's gaming/special events books			
	Name 🕨					
	Address 🕨					
15a	Does the organization have a d	contract with a third party fro	m whom the organization receives gaming rev	enue?	Yes	No No
k	If "Yes," enter the amount of g of gaming revenue retained by		he organization 🕨 💲 a	nd the amount		
C	If "Yes," enter name and addre					
	Name 🕨					
	Address 🕨					
16	Gaming manager information:					
	Name 🕨					
	Gaming manager compensation	on 🕨 \$	-			
	Description of services provide	ed 🕨				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
a	Is the organization required un retain the state gaming license	2	able distributions from the gaming proceeds to		Yes	No
k			to be distributed to other exempt organizations			
	organization's own exempt ac	tivities during the tax year 🕨	\$			
Pa			planations required by Part I, line 2b, columns any additional information. See instructions.	(iii) and (v); and Par	t III, lines 9, 9	9b, 10b,
			·			
1320	83 10-21-21			Sched	ule G (Form	990) 2021

	Schedule G (Form 990)

132084 11-18-21

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



WACOSA

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

THE WORK THEY DO.

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

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.

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) 2021

 132211
 11-11-21

Schedule O (Form 990) 2021	Page <b>2</b>
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 2021. 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 2021.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

132212 11-11-21

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:	Fiscal Year-End: <u>12312021</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 <u>310 SUNDIAL DRIVE, PO BOX 757</u>	Contact Person <u>310 SUNDIAL DRIVE, PO BOX 757</u>			
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	Alternate Former			
<ul> <li>Alternate Forme</li> <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> </ul>				
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: \$ 1,967,025.			
<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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## 08140816 131839 091-028225

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or gover $\square$ Yes $\boxed{X}$ No If yes, attach explanation.	nment agency?				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):					
	Name of Professional Fundraiser	Compensation				
	Street Address	City, State, and ZIP Cod	e			
10.	<ul> <li>0. Is the organization a food shelf? Yes X No</li> <li>If yes, is the organization required to file an audit? Yes, audit attached No</li> <li><u>Note:</u> An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.</li> </ul>					
11.	<ol> <li>Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No</li> <li>If yes, provide the following information for the five highest paid individuals:</li> </ol>					
	Name and title	Compensation*	Other compensation			
	STEVE HOWARD EXECUTIVE DIRECTOR	122,039.	3,127.			

\*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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C2

### **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	\$ 1
2.	Government Grants	2
3.	Program Service Revenue	3
4.	Other Revenue	4
5.	TOTAL INCOME	5
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$
8.	Fund-raising Expenses	\$
9.	TOTAL EXPENSES	\$
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	ETS	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$
13.	Other Assets	\$
14.	TOTAL ASSETS	\$
LIAB	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$
17.	Other Liabilities	\$
18.	TOTAL LIABILITIES	18
FUN	D BALANCE/NET WORTH	\$

(Line 14 minus Line 18)

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C2

## 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.

Colu	mns B, C, and D must equal Column A. The amour	nt on Line 25, Column A	A must match Line 17 of	IRS Form 990-EZ or Line	26 of IRS Form 990-PF
		<b>(A)</b> Total expenses	(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.					
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.					
11.	Fees for services (non-employees):				
	. Management				
	. Legal				
	. Accounting				
	. Lobbying				
	Professional fundraising services				
	Investment management fees				
	. Other				
12.					
13.	Office expenses				
14.	Information technology				
15.					
16.	Occupancy				
17.					
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.					
20.	Interest				
20. 21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
<u>23.</u> 24.					
	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				
25. 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				
L				1	L

185474 04-01-21

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledge	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 r	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.
JON ARCHER	JEFF BENVENISTE
Name (Print)	Name (Print)
Signature	Signature
BOARD PRESIDENT	TREASURER
Title	Title
Date	Date

C2