			** PUBLIC DISCLOSURE COPY	* *								
	0	00	Return of Organization Exempt Fror	n Incon	ne Tax	OMB No. 1545-0047						
For	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code) 2019						
•		uary 2020)	Do not enter social security numbers on this form as it n	nay be made	public.	Open to Public						
Depa Interi	ntment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la	atest informa		Inspection						
AF	or th	e 2019 calend	ar year, or tax year beginning $OCT\ 1$, $\ 2019$ and endin	g SEP 3	0, 2020							
	Check if	le.	forganization	D Em	ployer identifica	tion number						
-	pplicab	LAKE	S & PINES COMMUNITY ACTION COUNCIL,									
	Addre	ge INC.										
	Name chang Initial	ge Doing b	usiness as	4	1-090098	2						
	returr	n Number	and street (or P.O. box if mail is not delivered to street address) Room,		ephone number	~ ~ ~						
Final return/ termin- termin												
termin- ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 9,957,384												
	_returr ⊐Appli	MORA	, MN 55051-1227		this a group retu							
	tion pend		nd address of principal officer: ROBERT BENES		or subordinates?							
<u> </u>		empt status: [e all subordinates incl							
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or LAKESANDPINES.ORG			st. (see instructions)						
					roup exemption	number 🕨 State of legal domicile: MN						
	art I	Summary		. TEAL OF IOFFIAL		State of legal dofinitie. FIIN						
	1		be the organization's mission or most significant activities: \underline{TO} BUILI	D PROSP	EROUS CO	MMIINTTTES						
e	'	BY SERV	ING LOCAL FAMILIES AND INDIVIDUALS IN	PURSUT	<u></u>							
nan	2	Check this bo				ts						
Governance	3		ting members of the governing body (Part VI, line 1a)		1.1	19						
	4		lependent voting members of the governing body (Part VI, line 1b)			19						
ა ა	5		of individuals employed in calendar year 2019 (Part V, line 2a)			137						
Activities &	6		of volunteers (estimate if necessary)			410						
çti	7 a		d business revenue from Part VIII, column (C), line 12			0.						
			business taxable income from Form 990-T, line 39			0.						
					or Year	Current Year						
Ð	8	Contributions	and grants (Part VIII, line 1h)		04,333.	9,443,789.						
nue	9	Program servi	ce revenue (Part VIII, line 2g)	4	49,634.	502,857.						
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		7,408.	10,738.						
ш	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		61,375.	9,957,384.						
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	2,3	22,965.	2,611,688.						
		•	to or for members (Part IX, column (A), line 4)	F 2	$\frac{0.}{66.272}$							
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		66,373.	5,645,406.						
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses				1 7	90,114.	1,736,755.						
_	17		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		79,452.	9,993,849.						
	19		expenses. Subtract line 18 from line 12		18,077.	-36,465.						
28		Revenue less			of Current Year	End of Year						
ets (20	Total assets (F	Part X, line 16)		16,536.	3,505,179.						
Ass	21		(Part X, line 26)		33,620.	1,258,728.						
Net Assets or	22		fund balances. Subtract line 21 from line 20		82,916.	2,246,451.						
	art II				- 1	· ·						
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	tatements, and	to the best of my k	nowledge and belief, it is						
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which pre	eparer has any k	knowledge.							

Sign		Signatu	ure of c	officer									Date						
Here		ROB	ERT	BENI	ES,	EXEC	UTIV	E DIRE	СТО	R									
		Туре о	r print I	name and	title														
	Prin	t/Type pr	reparer	's name				Preparer's				Date		Check	PTIN				
Paid	MAI	RIE 2	A. 3	PRIM	JS,	CPA		MARIE	Α.	PRIMUS,	CPA	08/16	/21	ii self-employed	P01272	184			
Preparer	Firm	's name		BERG	ANK	DV, L	TD.						Firm's	5 EIN ▶ 41	-14316	13			
Use Only	Firm	's addre	SS 🕨	220	PAR	K AVE	S												
				ST.	CLO	UD, M	N 56	301					Phone	e no. 320 -	251-70	10			
May the IF	Aay the IRS discuss this return with the preparer shown above? (see instructions)																		
932001 01-20	0-20	LHA	For F	Paperwo	rk Re	duction A	ct Notic	P32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)											

01-20-20LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2019)SEESCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	LAKES & PINES COMMUNITY ACTION COUNCIL, 1990 (2019) INC.	41-0900982 Pa
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
	SEE PART I, LINE 1.	
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
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
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 m	leasured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 3,313,676. including grants of \$ 33,795.) (Revenue	•\$ 3,092
Ĩ	EARLY CHILDHOOD AND FAMILY DEVELOPMENT	
	PROVIDED SERVICES TO INCOME ELIGIBLE PREGNANT WOMEN AND C	
	5 YEARS OF AGE. THE SERVICES ARE COMPREHENSIVE WITH THE C	
	PARENT AND CHILD EDUCATION, HEALTH, FAMILY, AND COMMUNITY BUILDING. EARLY HEAD START AND HEAD START ARE PROGRAMS CC	
	GIVING EVERY VULNERABLE CHILD AN OPPORTUNITY TO SUCCEED.	
	PROGRAM IN PARTNERSHIP WITH AITKIN COUNTY TO PROVIDE AT R	ISK FAMILIES
	WITH CHILDREN ASSISTANCE.	
4b	(Code:) (Expenses \$ 2,159,623. including grants of \$ 974,390.) (Revenue COMMUNITY SERVICES HAS A VARIETY OF PROGRAMS:	e\$315,252
	COMMONITY SERVICES HAS A VARIETY OF FROGRAMS.	
	EMERGENCY HOUSING ASSISTANCE	
	PROVIDED CASE MANAGEMENT AND/OR FINANCIAL ASSISTANCE TO I	
	FAMILIES WHO EXPERIENCED A TEMPORARY HOUSING CRISIS THAT RENDERED THEM HOMELESS. FUNDS HELPED BY ASSISTING WITH MC	
	DEPOSITS, TRANSPORTATION COSTS, AND EMERGENCY SHELTER COS	
	INTENSIVE CASE MANAGEMENT TO PREVENT FUTURE HOUSING EMERG	
	COUNSELING, RESOURCE REFERRALS, OR A PERMANENT HOUSING PL	AN).
	HOMELESS YOUTH PROGRAMS	
	PROVIDED CASE MANAGEMENT AND/OR FINANCIAL ASSISTANCE TO A	T-RISK AND
4c	(Code:) (Expenses \$1, 407, 126. including grants of \$799, 428.) (Revenue	
	ENERGY ASSISTANCE	
	AIDED THROUGH PAYMENT OF FUEL/UTILITY BILLS AND REPAIR OR OF HEATING SYSTEMS TO CORRECT EMERGENCY PROBLEMS. THIS PR	
	FUEL BILLS MORE AFFORDABLE FOR LOW INCOME FAMILIES.	IOGINAM MADE
4-1	Other program convices (Describe on Sale duits O	
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,891,584. including grants of \$ 804,075.) (Revenue \$ 1	52,216.)
4e	Total program service expenses ► 8,772,009.	, ,, ,
	Total program service expenses ► 8,772,009. 2 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S	For

	990 (2019) INC. 41-0900	982	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2019)

INC.

Form 990 (2019)

Zet Did the organization report more than S5,000 of grants or other assistance to or for domestic individuals on Part N, column (A), line 27. If "Yes," complete Schedule I, Part I and III. Zet 20 Did the organization means of the organization as current on former officers, directors, trustees, key employees, and highest compensation of the organization's current schedule I. No. (a) or 0 into 28a Zet Zet 24a Did the organization means an accore account of the than a refunding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," camplete for the day and complete Schedule I. No. (a) or 0 into 28a Zet Zet Zet 25a Botto organization mixed are proceeded after December 31, 20027 If "Yes," camplete Schedule I, Part I Zet Zet Zet 25a Botto organization mixed are proceeded at the comparization. Joint an an accerve account of the organization engage in an excess benefit transaction was that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been organization. Joint or grange year or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled error of any on these persons? If "Yes," complete Schedule I, Part I Zet Zet 27b Did the organization reported an any anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled erinty or family memoter dary of these persons? If "Y	Pa	t IV Checklist of Required Schedules (continued)							
Part IX. column (A). Ino 27: If Yes, "complete Schedule (<i>Parts l and II</i>) 22 X 23 Did the organization answer Yes' to Part IV. Schedule J. All in 34, or 5 about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule J. Yes," complete Schedule J. Yes, "complete Schedule J. Part II. 23 X 24a Did the organization invest any proceeds of tax-exempt bond leave with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If Yes, "answer lines 264 brough 264 and complete Schedule J. No. 7 both and schedule J. No. 7 both and schedule J. No. 7 both and schedule J.				Yes	No				
23 Did the organization arswer 'Yes' to Part VII. Section A, line 3, 4, or 5 about componentiated employees? If 'Yes, "complete Schedule J. 33 X 24 Did the organization haves a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization matrix any proceeds of tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the organization matrix any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 24b Did the organization matrix any proceeds of tax-exempt bonds? 24a X 25 Did the organization matrix any proceeds of tax-exempt bonds? 24a X 25 Section 501(6)(5), 501(6)(4), 406 501(6)(2) organization. Dud the organization and the tax engoed in an excess benefit transaction with a discussified person during the year? 24d X 25 Section 501(6)(5), 501(6)(4), 406 501(6)(2) organizations. Du the organization game in an excess benefit transaction want that it ranspaced in an excess benefit transaction has not been reported on any of the organization game in an excess burg of the organization provide a game or other assistance to any of the organization game in a excess burg of the organization provide a game or other assistance to any current or former office, dreador, hustee, key employee, creator or founder, substantial contributory or 35% controlled entity orfamily member of any of these persons? If 'res,' complete Schedule L, Part II 25b X 26 Was	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 23 X 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," <i>resume lines 24b through 24d and complete Schedule I, PNC, 'po a line access accession principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," <i>resume lines 24b through 24d and complete Schedule I, Part I</i> 24a X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a pior year, and that the transaction han othe bene reported on any of the organization rights Schedule L, Part I 25a X 25b Did the organization norgan amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity of namy member of any of these persons? If "Yes," complete Schedule L, Part I 26 X 27 X Not the organization avector theory or the member of a part to the assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity including an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 26a X 28 Was the organization needow and ore theneod organization edge schedule L, Part II<</i>		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>				
Schedule J 23 X 24a Dot the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L, If "No," op to line 25a. 24a X 24b Dot the organization maintain an escrew account other than a refunding account any time during the year to delease any tax-exempt bonds? 24a X 24b Dot the organization amaintain an escrew account other than a refunding account any time during the year to delease any tax-exempt bonds? 24d 24d 25a Section 501(c)[3), 501(c)[4), and 501(c)[30 programizations. Did the organization acque in an excess benefit transaction with a disqualified person during the year? 24d 25a 25a Section 501(c)[3), 501(c)[4), and 501(c)[30 programizations. Did the organization acque in an excess benefit transaction with a disqualified person during the year? 25a X 25a Did the organization account but any of the organization account binds or 356% controlled antity or tamily member of any of these person? If "Yes," complete Schedule L, Part I 25a X 27 Did the organization provide a grant or them assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 356% controlled antity of new memory thereody a ramily and any of these person? If "Yes," complete Schedule L, Part IV 26a X 28 Was the organization acput the basiness transaction with one of the following parties (see Schedule L, Part IV 26a X	23								
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue dater December 31, 2002? If "Yes," <i>answer lines 24b through 24d and complete Schedule K (I "No." go to line 25a</i> 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X 25a Section 501(c)(3b, and 501(c)(4b, and 501(c)(2b) organizations. Did the organization are at mit the angaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not year and organization are period exception? 25a X 25a Section 501(c)(3b, and 501(c)(4b, and 501(c)(2b) organizations. Did the organization are provide a grant or other sources to end or sources to end that the transaction with a disqualified person in a prior year, and that the transaction name that the angaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that or angage than excess to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 355e 26d X 27 Did the organization provide a grant or other assistance to any or these persons? If "Yes," complete Schedule L, Part II 26a X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? II 7 28a X 29 Did the organization parvi be thane 32, 000 in non-cash contributions? II "Y					v				
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b 24b c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 24d c Did the organization animatin an encrow account other than a refunding secrew at any time during the year to detease any tax-exempt bonds? 24d 24d c Did the organization animatin an encrow account other than a refunding secrew at any time during the year? 24d 24d 25 Section 501(c)(3), 501(c)(4), 400(c)(4), 500(c)(4), 400(c)(4), 500(c)(4),	.		23						
Schedule K. If "No." go to line 25a 24a X b Did the organization invest any proceeds of taxe exempt bonds beyond a temporary period exception? 24b 24b c Did the organization and the server account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24d 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations boil the organization regare, and that the transaction ware that it engaged in an excess benefit transaction with a disqualified person during the year? 12s 12s X 25b It the organization arware that it engaged in an excess benefit transaction with a disqualified person during the year? 17s, "complete Schedule L, Part I 25b X 25b It the organization provide any of these person? 17 "Nes," complete Schedule L, Part II 26b X 25b It the organization provide any of these person? 17 "Nes," complete Schedule L, Part II 26b X 25b X It the organization provide any of these person? 17 "Nes," complete Schedule L, Part II 26b X 25b X It the organization eneode thereof of annity member of any indiv	24a								
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding service at any time during the year 0 defease any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25 Section 50(c)(a), 50(c)(d), 40, and 50(c)(20) granizations. Did the organization longage in an excess benefit transaction with a disqualified person during the year? if 'Yes,' complete Schedule L, Part I 25a 25 Did the organization avare that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99-E27. If 'Yes,' complete Schedule L, Part I 25b X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 356 controlled entity (including an employee thereol, a grant selection committee member, or to a 356 controlled entity of neuroparization aparty to a business transaction with one of the organization combines. Here, or canaple Schedule L, Part IV 26 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? H 28 X 29 Did the organization recelve more than 325.000 in non c			242		x				
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-esempt bonds? 24d 22a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 22a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1/3e, 1/2e, 2/2e, 2/	ь								
any tax-everyt bords? 24c d Did the organization act as an "on behalf of" issue for books outstanding at any time during the year? 24d 25a Section 501(c)(a), 501(c)(a), and 501(c)(29) organizations. Did the organization onegae in an excess benefit transaction with a disqualified person during the year? // "ves," complete Schedule L, Part I 25a 26 Did the organization aver that It engaged in an excess benefit transaction with a disqualified person in a pror year, and that the transaction in the methor of any of the organization's prior Forms 990 or 990-E27 // "ves," complete Schedule L, Part I 25a 27 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or tourder, substantial contributor, or 35% controlled entity (including an employee thereof) or family member of any of these persons? // "Yes," complete Schedule L, Part II 26 X 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part III) 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III) 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part III 28a X 20 Did the organization receive ontributions of at historical treasure, or other similar assets, or qualified contributor or 100 in organization needve to ontrol withone organization neavenont to any taxes/be and to reganization nea			2-10						
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Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Note: All Form 990 filers are required to complete Schedule O Schedule O Statements Regarding Other IRS Filings and Tax Compliance Yes No If a Enter the number reported in	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 33 X 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and</i> 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35a X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X Attements Regarding Other IRS Filings and Tax Compliance Yes Yes No Attements Regarding Other IRS Filings and Tax Compliance Yes Yes No	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i> 4 Was the organization related to any tax exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 5 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 5 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 5 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 5 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 5 Note: All Form 990 filers are required to complete Schedule O 5 Part V 5 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 5 In Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 5 In Enter		Schedule N, Part II	32		X				
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Yes No 1a 171 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Pa								
1a 171 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V	<u></u>		\square				
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_			Yes	No				
			-						
		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable							

(gambling) winnings to prize winners?

1c X

LAKES	&	PINES	COMMUNITY	ACTION	COUNCIL,
INC.					

Pa	TV 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 137							
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)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	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).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X				
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
40	amounts due or received from them.)	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-						
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.							
a	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	14-		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x				
	excess parachute payment(s) during the year?	15						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x				
16	If "Yes," complete Form 4720, Schedule O.	16						

Form **990** (2019)

Form 990 (2019)

_	LAKES & PINES COMMUNITY ACTION COUNCIL	Ļ,	41 0000	مەم	_	6
Form Par	990 (2019) INC . t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	$\frac{41-0900}{7}$		P	age 6
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			110 76	spons	
	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	19			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
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	direct	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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					- v
	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					v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			0.	v	
a	The governing body?			8a	X X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		23
	tion 211 onoioo (This Section B requests information about policies not required by the internal Re	venue	Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
		•	, anniacoo,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		5			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "y					
	in Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MN					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990	T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, and	I financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	THE ORGANIZATION - 320-679-1800 1700 MAPLE AVENUE EAST, MORA, MN 55051-1227					
0000				Form	990	(2019)
932000	§ 01-20-20			LOUI	000	(2019)

Form 990 (2		INC.					41-0
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Con	npensated
	Employees, and	d Independe	ent Contra	ctors			

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

INC.

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		Pos	ition) than d		Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	ndad I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		yolqr	t con				organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT BENES	40.00				-		-			
EXECUTIVE DIRECTOR				X				98,704.	0.	14,128.
(2) TIFFANY STARKS	40.00									
FISCAL DIRECTOR (PARTIAL YEAR)				Х				65,276.	0.	14,808.
(3) VICKI SPALDING	40.00									
FISCAL DIRECTOR				Х				37,006.	0.	9,325.
(4) BRAD LARSON	1.50									
CHAIRPERSON		Х		Х				0.	0.	0.
(5) GENNY REYNOLDS	1.00									
1ST VICE CHAIR		Х		X				0.	0.	0.
(6) STEPHEN HALLAN	1.00									
2ND VICE CHAIR		Х		Х				0.	0.	0.
(7) PETER RIPKA	1.00									
TREASURER		Х		X				0.	0.	0.
(8) PATRICIA JOHNSON	1.00									
TREASURER (PARTIAL YEAR)		Х		X				0.	0.	0.
(9) CARLA BRUGGEMAN	1.00									
SECRETARY		Х		X				0.	0.	0.
(10) DONALD NIEMI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GARY PETERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MIKE ROBINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) GREG ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) GENE ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) LAURA ENGLISH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) RONALD DUKE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) ROBERTA FOLKESTAD	1.00							_		
BOARD MEMBER		Х						0.	0.	0.

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Form 990 (2019) INC .									41-09	0098	32 Pag	ge 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	Compensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Estimated	Ł
	hours per	box	, unles	ss per	rson i	than o s both	ı an	compensation	compensation	1	amount o	f
	week	offi	cer an	d a d	irecto	or/trus [:]	tee)	from	from related		other	
	(list any	ector						the	organizations		compensati	on
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	·	from the	
	related organizations	stee	truste			pense		(W-2/1099-MISC)			organizatio	
	below	ual tru	onal		ploye	ee					and relate	
	line)	Individual trustee or director	Institutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organizatio	ns
(18) TIM BURKHARDT	1.00	-	드	ò	ž	Ξē	F					
BOARD MEMBER	1.00	x						0.		0.		0.
(20) JEFFREY HABERKORN	1.00											
BOARD MEMBER		х						0.		0.		0.
(21) VICKI WUNDER	1.00											
BOARD MEMBER		Х						0.		0.		0.
(22) BETH CROOK	1.00											
BOARD MEMBER		Х						0.		0.		0.
(23) SCOTT TEN NAPEL	1.00											_
BOARD MEMBER	1 0 0	х						0.		0.		0.
(24) ANNETTE WEAVER	1.00	v						0				^
BOARD MEMBER (25) ROBERT MARCUM	1.00	Х						0.		0.		0.
BOARD MEMBER (PARTIAL YEAR)	1.00	х						0.		0.		0.
(26) STACY THALER	1.00											
BOARD MEMBER (PARTIAL YEAR)		х						0.		0.		Ο.
(27) REBECCA FOSS	1.00											
BOARD MEMBER (PARTIAL YEAR)		Х						0.		0.		0.
1b Subtotal								200,986.		0.	38,26	
c Total from continuation sheets to Part VI	-							0.		0.		0.
d Total (add lines 1b and 1c)								200,986.		0.	38,26	<u> </u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	mol	ove	e. or	hic	phest compensated empl	ovee on			
line 1a? If "Yes," complete Schedule J for su	-		•	•	•						3	Х
4 For any individual listed on line 1a, is the su										–		
and related organizations greater than \$150										[]	4	Х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	plete Schedule	e J fe	or su	ich į	oers	on .					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest con	-									ensatior	ו from	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thir		ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices	Con	(C) npensation	
HY-TECH CONSTRUCTION											<u></u>	
11380 BUSINESS 371, BRAIN	ERD, MN	5	64	01				CONSTRUCTION			112,93	2.
EAST CENTRAL ENERGY	i											
PO BOX 39, BRAHAM, MN 550	06							UTILITIES			108,82	5.
							_					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to	thos	se lis	ted	above) who received mo	ore than			

INC.

41-0900982

Form 990 INC .									41-090	0982
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title			((Pos	C) ition that	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(28) STEVEN WALBRIDGE	1.00									
BOARD MEMBER (PARTIAL YEAR)		X						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
Total to Dart VIII. Continue A. Vine 1-		1								
Total to Part VII, Section A, line 1c										1

	1 990							-	41-0900	982 Page 9
Pa	rt VI		Statement of Rev	venue						
			Check if Schedule O c	ontains a r	response	or note to any lir		(B)	(0)	
							(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 2	a Fe	ederated campaigns		1a					
	k				1b		1			
	c		undraising events		1c					
iifts ar A	c		elated organizations		1d		1			
is, G imils	e		overnment grants (contril		1e 9,	176,015.				
r Si	f	All	l other contributions, gifts, g	grants, and						
ibut		sir	milar amounts not included	above		267,774.	-			
ontr d O	ç	g No	oncash contributions included in li	ines 1a-1f	1g \$					
an Co	ł	ו To	otal. Add lines 1a-1f	<u></u>	<u></u>		9,443,789.			
		~				Business Code	215 050	215 050		
ice	2 8		OMMUNITY SERV			624100	315,252.	315,252.		
ervi	k		THER PROGRAM			624100	138,293.	138,293.		
n S /eni	c		NERGY ASSIST			624100	32,297.	32,297.		
grar Rev	C		EATHERIZATION			624100 624100	9,770.	9,770.		
Program Service Revenue	e					624100	4,153. 3,092.	4,153. 3,092.		
ш			Il other program service r				502,857.	5,092.		
	3		otal. Add lines 2a-2f vestment income (includi				502,057.			
	3		ther similar amounts)	-			10,738.			10,738.
	4		come from investment of				10,750.			10,750.
	5		oyalties		-					
	Ũ			(i)	Real	(ii) Personal				
	6 a	a Gr	ross rents	6a			1			
	k			6b						
				6c			1			
	c	d Ne	et rental income or (loss)			►				
	7 a	a Gr	ross amount from sales of	(i) Se	ecurities	(ii) Other				
		as	sets other than inventory	7a						
	k	b Le	ess: cost or other basis							
anı			nd sales expenses	7b			4			
evenue				7c						
R			et gain or (loss)			>				
Other Ro	8 8		ross income from fundraisin							
0			cluding \$							
			ontributions reported on I	,						
	L		art IV, line 18 ess: direct expenses							
			et income or (loss) from f		·····					
			ross income from gaming							
			art IV, line 19							
	t		ess: direct expenses		·····					
			et income or (loss) from g		····· <u> </u>	►				
			ross sales of inventory, le							
			nd allowances							
	k		ess: cost of goods sold							
			et income or (loss) from s			►				
s						Business Code				
e e	11 a	a								
lane	t	° _								
Miscellaneous Revenue	c									
Mis	C		Il other revenue							
			otal. Add lines 11a-11d			····· P	9,957,384.	502 857	0.	10,738.

Form 990 (2019) INC .
Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

0000	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons	e or note to any line in t (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	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	2,611,688.	2,611,688.		
3	Grants and other assistance to foreign	, , , , , , , , , , , , , , , , , , , ,	, - ,		
U	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,	050 045	F0 000	107 000	
	trustees, and key employees	250,045.	52,222.	197,823.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,888,211.	3,322,705.	565,506.	
8	Pension plan accruals and contributions (include	-	-	-	
-	section 401(k) and 403(b) employer contributions)	11,150.	9,145.	2,005.	
9	Other employee benefits	1,161,278.	971,481.	189,797.	
		334,722.	274,522.	60,200.	
10	Payroll taxes	554,1220	<u> </u>	00,200.	
11	Fees for services (nonemployees):				
а	Management	0.5			
b	F	25.		25.	
С	Accounting	32,873.	26,555.	6,318.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	495,380.	466,370.	29,010.	
12	Advertising and promotion	62,658.	54,111.	8,547.	
13	Office expenses	426,300.	355,290.	71,010.	
14	Information technology		,	,	
	F				
15	Royalties	243,996.	215,101.	28,895.	
16		189,820.	175,780.	14,040.	
17		109,020.	1/5,/00.	14,040.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111,666.	111,666.		
23	Insurance	55,879.	53,318.	2,561.	
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.)				
2	TRAINING	72,317.	49,259.	23,058.	
a 1	DUES AND SUBSCRIPTIONS	45,841.	22,796.	23,045.	
ŭ		4J,041•		23,013.	
C					
d					
	All other expenses	0 002 040	0 770 000	1 001 040	
25	Total functional expenses. Add lines 1 through 24e	9,993,849.	8,772,009.	1,221,840.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
					Farm 990 (0010)

ar	t X	Balance Sheet			0900982 Page
_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,123,374.	1	552,353
	2	Savings and temporary cash investments	223,159.	2	205,733
	3	Pledges and grants receivable, net	766,251.	3	1,375,009
	4	Accounts receivable, net	143,354.	4	125,567
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	62,266.	8	53,41
	9	Prepaid expenses and deferred charges	42,462.	9	101,05
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a1,844,277.Less: accumulated depreciation10b1,389,474.	528,620.	10c	454,80
	11	Investments - publicly traded securities		11	-
	12	Investments - other securities. See Part IV, line 11	626,548.	12	637,25
	13	Investments - program-related. See Part IV, line 11	•	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	502.	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,516,536.	16	3,505,17
	17	Accounts payable and accrued expenses	686,356.	17	530,34
	18	Grants payable		18	-
	19	Deferred revenue	543,971.	19	725,09
	20	Tax-exempt bond liabilities	•	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	3,293.	21	3,29
	22	Loans and other payables to any current or former officer, director,			- , -
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	1,233,620.	26	1,258,72
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,282,916.	27	2,083,84
	28	Net assets with donor restrictions		28	162,60
		Organizations that do not follow FASB ASC 958, check here			-
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,282,916.	32	2,246,45
- I			3,516,536.	33	3,505,17

LAKES	&	PINES	COMMUNITY	ACTION	COUNCIL,
TNO					

	<u>1990 (2019)</u> INC.	11 05	00982	T ag	je 12
Par	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	9,957		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,993		
3	Revenue less expenses. Subtract line 2 from line 1	3	-36	,46	55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,282	, 91	16.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	2,246	, 45	51.
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	

Form **990** (2019)

SCHEDULE A			Dublic Cha	rity Status an	d Duk	lia Si	unnort		OMB No. 1545-0047
(Form 990 or 990-EZ)				nrity Status an nization is a section 501					2010
			49	947(a)(1) nonexempt cha	ritable tru	ıst.			2013
Department of the Treasury Internal Revenue Service				Attach to Form 990 or F v/Form990 for instruction			oformation		Open to Public Inspection
Name	of the organizati			COMMUNITY ACT				Employer	identification number
		INC.					-		1-0900982
Part	I Reason	for Public	Charity Status	(All organizations must co	mplete th	is part.) Se	ee instructions	S.	
The org	ganization is not a	private found	dation because it is:	(For lines 1 through 12, cl	neck only	one box.)			
1	_			on of churches described			1)(A)(i).		
2	_			(Attach Schedule E (Form					
3 ∟ 4 □		•		anization described in se				Viii) Entor	the hospital's name
4	A medical res	-		njunction with a nospital	described	Section			the hospital's hame,
5		-	for the benefit of a co	ollege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
		-	Complete Part II.)	с ,	·	, ,			
6	A federal, sta	te, or local go	overnment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7 Σ	🔇 An organizati	on that norma	ally receives a substa	antial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	`		Complete Part II.)						
8 [)(1)(A)(vi). (Complete Part	-	ad in anni	unation with a	land grant	
9 🗌	•		•	l in section 170(b)(1)(A)(culture (see instructions).	· ·			Ū.	•
	university:		grant conege of agric			name, city	, and state of	the college	0
10		on that norma	ally receives: (1) more	e than 33 1/3% of its supp	port from a	contributio	ns, membersl	nip fees, an	d gross receipts from
				ect to certain exceptions,					
	income and u	inrelated busi	iness taxable income	e (less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.
	_		omplete Part III.)						
11 ∟ 10 □		-	-	sively to test for public sat	•				
12 🗌	-	-	-	sively for the benefit of, to ed in section 509(a)(1) o				-	
				of supporting organization					
а		-	• •	supervised, or controlled		-		-	giving
	the suppor	ed organizati	ion(s) the power to re	egularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
	organizatio	n. You must e	complete Part IV, S	ections A and B.					
b			-	d or controlled in connect			-		-
		•		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted
с		()	st complete Part IV,	ng organization operated	in connect	tion with	and functional	lv integrate	d with
U		-	•	s). You must complete I		,		ly integrate	a with,
d		0		porting organization oper			-	ted organiz	ation(s)
	that is not	unctionally in	tegrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	reness
	requiremer	t (see instruct	tions). You must co	mplete Part IV, Sections	A and D,	and Part	V.		
е				written determination from			Туре I, Туре	II, Type III	
			·	onally integrated supporting					[]
	Enter the number Provide the follow		organizations	ed organization(s)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount o	fmonetary	(vi) Amount of other
	organizatior	l		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions)
						<u> </u>			
Total									

Schedule A (Form 990 or 990-EZ) 2019 INC.

Part II

41-09<u>00982 Page 2</u>

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7823002.	7814579.	9155634.	9004333.	9443789.	43241337.
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	7823002.	7814579.	9155634.	9004333.	9443789.	43241337.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						43241337.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	7823002.	7814579.	9155634.	9004333.	9443789.	43241337.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,985.	4,845.	5,998.	7,408.	10,738.	33,974.
9	Net income from unrelated business				-		-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						43275311.
	Gross receipts from related activities,	etc. (see instructio	ins)			12 1	,771,126.
	First five years. If the Form 990 is for						
	organization, check this box and stop	-			•		
Sec	tion C. Computation of Publi						·
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.92 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	99.93 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	•	• •	,	•		
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						s >
	<u> </u>		,				<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 INC.

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•		•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
13	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d. fourth. or fifth ta	ax vear as a section	n 501(c)(3) ora:	anization.
		-					
Se	ction C. Computation of Publ						
15	Public support percentage for 2019 (ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and lir	ne 17 is not
t	more than 33 1/3%, check this box as 33 1/3% support tests - 2018. If the						▶□
-	line 18 is not more than 33 1/3%, che						
20							

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 INC. Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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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	dule A (Form 990 or 990-EZ) 2019 INC .	41-090098	2 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	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			
6 00	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	0		
2	the organization maintained a close and continuous working relationship with the supported organization(s). Dure second of the relationship described in (0) did the organization's supported organizations have a	2		
3	By reason of the relationship described in (2), 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			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		I
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		

Schedule A (Form 990 or 990-EZ) 2019

	edule A (Form 990 or 990 EZ) 2019 INC .			41-0900982 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2019

Sche Par	dule A (Form 990 or 990-EZ) 2019 INC . t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga		1-0900982 Page 7	
Secti	ection D - Distributions				
1	Amounts paid to supported organizations to accomplish exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-			
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019	
1	Distributable amount for 2019 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2019 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019				
a	From 2014				
b	From 2015				
C	From 2016				
d	From 2017				
e	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2019. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2015				
b	Excess from 2016				
с	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

LAKES	&	PINES	COMMUNITY	ACTION	COUNCIL,
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	THE & FINES COMMONILY ACTION COUNCIL,
Schedule A	(Form 990 or 990-EZ) 2019 INC. 41-0900982 Page 8
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.)
ī <u></u>	

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

Name	of the	orga	nizatior

* *	PUBLIC	DISCLOSURE	COPY	*
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Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

	LAKES & PINES COMMUNITY ACTION COUNCIL, INC.	41-0900982
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\mathbf{X} 501(c)(3) (enter number) organization	

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization 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

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

X 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 or 990-EZ), 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 crueity to children or animals. Complete Parts I, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

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

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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
			Employer identification number
LAKES	& PINES COMMUNITY ACTION COUNCIL,		41-0900982
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	11 0900902
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
<u> 1</u>		- \$ <u>573,3</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2	Name, address, and Zir + 4	- \$5,208,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3		- _ \$\$744,5	96. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4_		\$ <u>189,5</u>	14. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
5		- _ \$ <u>194,6</u>	65. Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
6		\$272,0	Person X Payroll

Name of o	rganization		Employer identification number
LAKES INC.	& PINES COMMUNITY ACTION COUNCIL,		41-0900982
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 contribution	(d) ns Type of contribution
7		\$ <u>215,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		. \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		. \$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Page **2**

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 3	
	rganization		Employer identification number	
LAKES INC.	& PINES COMMUNITY ACTION COUNCIL,		41-0900982	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional analysis paedad		
	(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.)		
Parti				
		_		
		_ _		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		_		
		-		
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		_		
		_		
		— _{\$}		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		_		
		_		
		\$		
(a)				
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
		_		
		-		
		\$		
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)		
Part I				
		_		
		\$		

Name of organization

INC. Part III

	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
_					
		(e) Trans	fer of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
		(e) Trans	fer of gift		
			-		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
-		l (e) Trans	fer of gift		
		(0) 11410	ici ol gitt		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of transferor to transferee	
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
F					
		(e) Trans	fer of gift		
	Transferee's name, address, a	nd 7 IP ± 4	п	elationship of transferor to transferee	
F			n		

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year

from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations

completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.)

Employer identification number

41-0900982

20		Supplement	al Financial Statements	-		OMB No. 1	545-0047
	HEDULE D n 990)		anization answered "Yes" on Form 990,			20	10
(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	b.		20	IJ
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest inform	ation		Inspect	o Public tion
	e of the organization		UNITY ACTION COUNCIL,		Emplo	ver identificatio	n number
Num		INC.	,		Emplo	41-0900	
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds	or Ac	counts		
		n answered "Yes" on Form 990, Part IV, lin				·	
			(a) Donor advised funds	(t) Funds	and other acco	unts
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value at	t end of year					
5	Did the organization	on inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds	s		
	are the organizatio	on's property, subject to the organization's	exclusive legal control?			Yes	No
6	•	on inform all grantees, donors, and donor a	• •		•		
		oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferrir	ng		
Par	impermissible priva					Yes	No
		ation Easements. Complete if the org		Part IV, I	line 7.		
1		servation easements held by the organization	(11.57				
		of land for public use (for example, recrea				portant land are	а
		f natural habitat	Preservation of	r a certifi	ied histo	ric structure	
•		of open space					
2	•	through 2d if the organization held a qualif	ried conservation contribution in the form	of a con			
-	day of the tax year			H		eld at the End of t	ne lax rear
a h		proservation easements			2a 2b		
b c	-	ricted by conservation easements	ucture included in (a)	Г	20 2c		
		vation easements included in (c) acquired a		F	20		
u					2d		
3		nal Register vation easements modified, transferred, rel				ring the tax	
Ū	year ►		cased, extinguished, or terminated by the	organiz	ation du	ning the tax	
4		where property subject to conservation easily and the	sement is located				
5		tion have a written policy regarding the per					
	0	orcement of the conservation easements it				Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,					vear
	•					0,	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conserva	tion eas	ements o	during the year	
	▶\$						
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h))(4)(B)(ii)?				Yes	No
9	In Part XIII, describ	be how the organization reports conservation	on easements in its revenue and expense	stateme	ent and		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial stateme	ents that	t describ	es the	
_		ounting for conservation easements.		<u> </u>			
Par		ations Maintaining Collections of		her Si	milar A	Assets.	
		f the organization answered "Yes" on Form					
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd balar	nce shee	et works	
		easures, or other similar assets held for put	, ,		ce of pub	olic	
	· •	Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exhibition, education, or research in furth	nerance	ot public	service,	
	•	ing amounts relating to these items:					
		ded on Form 990, Part VIII, line 1			▶ \$_		
~		ed in Form 990, Part X			▶ \$_		
2	•	received or held works of art, historical tre		ı gaın, p	rovide		
	-	unts required to be reported under FASB A	-				
a h		on Form 990, Part VIII, line 1					
		Form 990, Part X			► \$ \$	bodulo D (Com	000) 0040
∟ПА	FOI Paperwork R	eduction Act Notice, see the Instructions	5 IUI FUIIII 330.			chedule D (Forn	າ ອອບ) 2019

932051 10-02-19

LAKES	&	PINES	COMMUNITY	ACTION	COUNCIL
	~	1 1100	001110101111	110 1 1 010	COOMCIA

Sobo	7110	PINES COM	NONTI	I ACII		лоть,		41-09	00982	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Trea	asures, o	r Other	Simila	r Assets	continu	Page =
3	Using the organization's acquisition, accessi								(CONTAIN	
	collection items (check all that apply):			,	U	0				
а	Public exhibition	c	1 🗌 L	oan or excl	nange progra	am				
b	Scholarly research	e			0 1 0					
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	e organizatio	on's exem	ot purpo	se in Part	XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatior	n answered	"Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for co	ontributions	or other as	sets not in	cluded		_	
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F						y?	<u>X</u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been p	provided on	Part XIII				X
Par	t V Endowment Funds. Complete									
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs back 🚺	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1g,	column (a))) held as:					
a	Board designated or quasi-endowment		_%							
a	Permanent endowment									
С		%								
0-	The percentages on lines 2a, 2b, and 2c sho				el e elvestreteter					
38	Are there endowment funds not in the posse	ssion of the organiza	alion that	are neio an	u auminister	red for the	organiza	alion		Yes No
	by:									Yes No
	(i) Unrelated organizations								3a(i) 3a(ii)	
h	(ii) Related organizations								3b	
4	Describe in Part XIII the intended uses of the								50	
	t VI Land, Buildings, and Equipm		whichtid	1103.						
	Complete if the organization answere). Part IV.	line 11a. Se	ee Form 990). Part X. lii	ne 10.			
	Description of property	(a) Cost or c		(b) Cost			cumulate	ed	(d) Book	value
		basis (investr	ment)	basis (other)		reciation			
1a	Land			6	0,818.				60	,818.
b	Buildings			80	2,023.	5	47,0	46.		.,977.
с	Leasehold improvements									
	Equipment			98:	1,436.	8	42,4	28.	139	,008.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	<u>X. columi</u>	<u>n (B), line 10</u>)c.)				454	,803.

Schedule D (Form 990) 2019

LAKES & PINES COMMUNITY ACTION COUNC

Schedul	e D (Form 990) 2019 INC •			41-0900982 Page 3
Part V	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Des	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1) Fina	ncial derivatives			
	ely held equity interests			
(3) Othe				
	CERTIFICATES OF DEPOSIT	637,252.	COST	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ol. (b) must equal Form 990, Part X, col. (B) line 12.)	637,252.		
	/III Investments - Program Related.	,		
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	11c. See Form 990. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ol. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I		1		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, line 15.	
	· · · · · · · · · · · · · · · · · · ·	Description	· · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990. Part X. col. (B) line			
Part)	Other Liabilities.	, 10.,		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 990, Part X, lin	ie 25.
1.	(a) Description of liability			(b) Book value
	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Column (b) must equal Form 990, Part X, col. (B) line	25)		
<u></u>		, , , _ , _ , _ , _ , _ , _ , _		

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

	edule D (Form 990) 2019 INC .			1900982 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	, <u> </u>	
1	Total revenue, gains, and other support per audited financial statements		1	9,957,384.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			9,957,384.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
			4c	0.
с				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			9,957,384.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Returr	<u>9,957,384</u> . 1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ements With Expen	ses per Return	<u>9,957,384.</u> 1.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Returr	9,957,384. n. 9,993,849.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Expen	ses per Returr	1.
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With Expen	ses per Returr	1.
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ements With Expen 12a. 2a	ses per Returr	1.
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ements With Expen 12a.	ses per Returr	1.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2b 2c	ses per Returr	1.
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	ses per Return	1.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2b 2c 2c 2d	ses per Return	n. 9,993,849.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2b 2c 2c 2d	ses per Return	n. <u>9,993,849.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 1	2a 2b 2b 2c 2d 2d	ses per Return	n. <u>9,993,849.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2c 2d 2d 4a	ses per Return	n. <u>9,993,849.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e 3	n. <u>9,993,849.</u> 0.
5 Pa 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2b 2b 2c 2d 2d 2d	ses per Return 1 2e 3 4c	n. 9,993,849. 0. 9,993,849.

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 IV, LINE 2B:

THE	COUNCIL	ACTS	AS	А	FISCAL	AGENT	FOR	LAKES	MEDIA	FOUNDATION.	DURING	
-----	---------	------	----	---	--------	-------	-----	-------	-------	-------------	--------	--

FISCAL YEAR ENDED SEPTEMBER 30, 2020 THERE WAS NO ACTIVITY AND \$3,293

REMAINING OF UNEXPENDED FUNDS.

SCHEDULE I		G	rants and Oth	er Assistan	ce to Organ	izations.		OMB N	o. 1545-0047
(Form 990)		Go	vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		20)19
Department of the Treasury Internal Revenue Service			► Go to www.ir	Attach to For s.gov/Form990 fo	m 990. r the latest inform	nation.		-	to Public pection
Name of the organizat	ion LAKES & P INC.	INES COMM	UNITY ACTION	N COUNCIL,	,			Employer identifica $41-0$	tion number 900982
Part I General Ir	nformation on Grants a	nd Assistance						•	
1 Does the organiz	zation maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the select		
criteria used to a	award the grants or assis	stance?						X Yes	No No
	IV the organization's pro								
	d Other Assistance to hat received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for any	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assista	
	per of section 501(c)(3) a per of other organization			e line 1 table				>	
	Reduction Act Notice							Schedule I (For	m 990) (2019)

 Schedule I (Form 990) (2019)
 INC.

 Part III
 Grants and Other Assistance to Domestic Individuals.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III
 Can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WEATHERIZATION	62	193,694.	0.		
ENERGY ASSISTANCE	421	799,428.	0.		
COMMUNITY SERVICES	3490	974,390.	0.		
HOUSING REHABILITATION	138	547,656.	0.		
HEAD START	97	33,795.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS AND ASSISTANCE ARE PAYMENTS MADE TO VENDORS ON BEHALF OF THE

INDIVIDUALS AND FAMILIES WHO QUALIFY FOR THE PROGRAMS BASED ON NEED.

41-0900982

Schedule I (Form 990) INC .		41-0900982 Page 2			
Part III Continuation of Grants and Other Assistance to Individu	uals in the Unite	d States (Schedule	e I (Form 990), Part II	II.)	<i>"</i>
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OTHER PROGRAM GRANTS	33.	62,725.	٥.		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

LAKES & PINES COMMUNITY ACTION COUNCIL,



41-0900982

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SELF-RELIANCE.

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

HOMELESS YOUTH (21 YEARS OLD AND YOUNGER). FUNDS HELPED BY ASSISTING

WITH RENT, DEPOSITS, TRANSPORTATION COSTS, AND INTENSIVE CASE

MANAGEMENT TO ACHIEVE SELF-SUFFICIENCY (BUDGET COUNSELING, GOAL

SETTING, RESOURCE REFERRALS).

TNC.

VOLUNTEER INCOME TAX ASSISTANCE

PROVIDED FREE INCOME TAX PREPARATION FOR LOW-INCOME INDIVIDUALS AND

FAMILIES TO ENSURE INCOME TAX FORMS WERE FILED WITH ALL THE TAX CREDITS

THEY WERE ELIGIBLE FOR. INDIVIDUALS AND FAMILIES WERE ABLE TO USE THE

TAX REFUNDS TO REPAIR THEIR VEHICLES, HOMES AND CREDIT WHICH ALSO

HELPED TO STIMULATE THE LOCAL ECONOMY. THIS PROGRAM ALSO PROVIDED AN

ADDITIONAL OPPORTUNITY FOR STAFF TO EDUCATE THE PUBLIC ON FINANCIAL

LITERACY TOPICS.

FINANCIAL LITERACY EDUCATION PROVIDED ONE-ON-ONE AND CLASSROOM STYLE FINANCIAL COACHING AND EDUCATION SESSIONS. PARTICIPANTS LEARNED ABOUT BUDGETING, DEBT REDUCTION, REPAIRING CREDIT, BUILDING ASSETS AND HOW TO NAVIGATE FINANCIAL INSTITUTIONS AND PRODUCTS. CLASSES WERE OFFERED THROUGHOUT THE SEVEN-COUNTY SERVICE AREA AND ONE-ONE-ONE SESSIONS WERE ALSO SCHEDULED FOR PERSONS ELIGIBLE FOR PUBLIC ASSISTANCE PROGRAMS.

Schedule O (Form 990 or 990-EZ) (2019) Page 2									
Name of the organization	LAKES & INC.	PINES	COMMUNITY	ACTION	COUNCIL,	Employer identification number $41 - 0900982$			

FOOD SHELF SUPPORT

STAFF MEMBERS REGULARLY DONATED TO AREA FOOD SHELVES (BI-WEEKLY

COLLECTIONS ARE HELD. GARDEN SEEDS WERE ALSO DISTRIBUTED TO AREA FOOD

SHELVES IN THE SPRING TO ENCOURAGE INDIVIDUALS AND FAMILIES TO START

GROWING THEIR OWN FOOD.

CLOTHING ASSISTANCE

PROVIDED VOUCHERS TO INDIVIDUALS AND FAMILIES IN AN EMERGENCY OR CRISIS

SITUATION, TO PURCHASE CLOTHING AND NECESSITIES AT AREA LOCAL

BUSINESSES AND THRIFT STORES.

VEHICLE DONATION PROGRAM

PROVIDED VEHICLES TO HOUSEHOLDS THAT WERE SEEKING EMPLOYMENT BUT LACKED

TRANSPORTATION TO OBTAIN EMPLOYMENT. VEHICLES ARE DONATED TO LAKES &

PINES BY COMMUNITY MEMBERS, REPAIRED THROUGH A VOCATIONAL PROGRAM AT A

FEDERAL CORRECTIONAL INSTITUTION AND DISTRIBUTED TO ELIGIBLE HOUSEHOLDS

THAT ARE REFERRED BY PROGRAM PARTNERS.

SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) OUTREACH

PROVIDED OUTREACH, EDUCATION AND APPLICATION ASSISTANCE TO AREA

INDIVIDUALS AND FAMILIES THAT ARE ELIGIBLE. THIS IS FORMERLY KNOWN AS

FOOD SUPPORT OR FOOD STAMPS.

SOCIAL SECURITY OUTREACH, ADVOCACY & RECOVERY (SOAR)

PROVIDED OUTREACH, EDUCATION AND APPLICATION ASSISTANCE TO AREA

INDIVIDUALS THAT SUFFER FROM MENTAL HEALTH ISSUES AND HOMELESSNESS OR

ARE ENROLLED ON ANY STATE PUBLIC ASSISTANCE.

Schedule O (Form 990 or 990-EZ) (2019) Page									
Name of the organization	LAKES INC.	&	PINES	COMMUNITY	ACTION	COUNCIL,	Employer identification number $41 - 0900982$		

HEALTHCARE ACCESS/MNSURE

PROVIDED OUTREACH, EDUCATION AND APPLICATION ASSISTANCE TO AREA

INDIVIDUALS AND FAMILIES TO OBTAIN AFFORDABLE HEALTHCARE COVERAGE,

EITHER THROUGH PUBLIC PROGRAMS OR PRIVATE INSURANCE COMPANIES THROUGH

THE HEALTH CARE EXCHANGE CALLED MNSURE.

LIVE WELL AT HOME

PROVIDED ASSESSEMENTS TO SENIORS AND DISABLED PERSONS AND MATCHED THOSE

INDIVIDUALS WITH VOLUNTEERS WHO PROVIDE CHORE SERVICES AND GROCERY

DELIVERY AIMED TO KEEP THE SENIOR/DISABLED PERSON IN THEIR HOME RATHER

THAN ENTERING A NURSING HOME OR ASSISTED LIVING FACILITY.

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

HOUSING REHABILITATION

FUNDS WERE ADMINISTERED FROM THE MINNESOTA HOUSING FINANCE AGENCY FOR

THE REHABILITATION LOAN PROGRAM. THESE GRANT FUNDS WERE USED TO REPAIR

HOMES TO MEET SECTION 8 HOUSING QUALITY STANDARDS. GRANT FUNDS WERE

LOANED, AT ZERO INTEREST, TO OWNER OCCUPIED PROPERTY FOR A LOAN TERM OF

15 YEARS. AT THAT TIME, IF THE PROPERTY IS STILL OWNED BY THE ORIGINAL

BORROWER THE LOAN WILL BE FORGIVEN.

WEATHERIZATION

THE GOAL IS TO REDUCE AIR FILTRATION AND LOWER ENERGY COSTS WITH

INSULATION, WEATHER STRIPPING, CAULKING AND INSTALLATION OF ENERGY

EFFICIENT DOORS, WINDOWS, ETC. BY INSULATING HOMES THAT WOULD NOT

RECEIVE ENERGY EFFICIENCY IMPROVEMENTS, FAMILIES EXPERIENCE A HIGHER

QUALITY OF LIFE. IT ALSO REDUCES GREENHOUSE GAS EMISSIONS AND REDUCES

THE NATION'S DEPENDENCE ON FOREIGN OIL. 62 HOUSEHOLDS WERE SERVED BY
932212 09-06-19
Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019) Page 2							
Name of the organization	LAKES	&	PINES	COMMUNITY	ACTION	COUNCIL,	Employer identification number
	INC.						41-0900982

THIS PROGRAM.

TITLE III RESPITE PROGRAM

SERVICED CAREGIVERS BY OFFERING A BREAK FROM THEIR ADULT FAMILY MEMBER.

THIS SERVICE ALSO PROVIDED AN OPPORTUNITY FOR THE CARE RECIPIENT TO

ENJOY SOCIALIZING WITH OTHER SENIORS.

EXPENSES \$ 1,891,584. INCLUDING GRANTS OF \$ 804,075. REVENUE \$ 152,216.

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

THE 990 FORM IS MADE AVAILABLE TO THE BOARD OF DIRECTORS AND EXECUTIVE

DIRECTOR FOR REVIEW BEFORE FILING WITH THE IRS.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO IMMEDIATELY NOTIFY THE ORGANIZATION

OF ANY POTENTIAL CONFLICTS OF INTEREST AND DECISIONS ARE MADE ACCORDINGLY.

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

SALARIES ARE REVIEWED ANNUALLY AND COMPARED WITH NUMEROUS WAGE

COMPARABILITY STUDIES.

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

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION OF AN

INDEPENDENT ACCOUNTANT AND OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

•				
File	a separate	application	for each	return.

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

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

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

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

print						Taxpayer identification number (TIN)		
	INC.	,						
File by the due date for filing your return See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions.							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MORA, MN 55051-1227								
Enter th	e Return Code for the return that this application is for (f	file a separat	e application for each return)			0 1		
Application			Application			Return		
Is For			Is For			Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A			08		
Form 47	20 (individual)	03	Form 4720 (other than individual)			09		
Form 99	0-PF	04	Form 5227			10		
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	0-T (trust other than above) THE ORGANIZATI	06	Form 8870	12				
• If this box 1 Ir the 2 If [organization does not have an office or place of busines is for a Group Return, enter the organization's four digi . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the or calendar year or X tax year beginning OCT 1, 2019 the tax year entered in line 1 is for less than 12 months, Change in accounting period	t Group Exe	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>ST 16, 2021</u> , to file return for: d ending <u>SEP 30, 2020</u> on: Initial return	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						-		
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						•		
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.		
Caution instructi	: If you are going to make an electronic funds withdrawa	al (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment		

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