# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	e 2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 20	23
В	Check if applicab	C Name of organization	D Employer ide	ntification number
	Addre chang	CASA LAKE COUNTY, INC.	**_**	C1.42
-	lchang lnitial return	e Doing business as	<u> </u>	<del></del>
누	return	Calo Control House Hand	y	
_	—Jreturn termir			383-6260
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,049,105.
F	lreturn	VERNON HILLS, IL 60061-3172	H(a) Is this a grou	ates? Yes X No
	⊥ltiön pendi			ates included? Yes No
_	Tayov	SAME AS C ABOVE   empt status:   X   501(c)(3)     501(c)(   )   (insert no.)     4947(a)(1) or	N 2 00000 000 000 000	ch a list. See instructions
	Websi		H(c) Group exem	
				3 M State of legal domicile: TI,
	art I	Summary	our or remarkent. 177	J W Clare of logal definions.
	-	Briefly describe the organization's mission or most significant activities: RECRUIT.	TRAIN AND	SUPERVISE
Governance		COURT APPOINTED ADVOCATES TO REPRESENT THE B		
rna	2	Check this box if the organization discontinued its operations or disposed of n		
Sve	3			3 16
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 16
SS		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5 25
/itie		Total number of volunteers (estimate if necessary)		6 0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
٩		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.
			Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)	1,239,03	6. 906,902.
Revenue	9	Program service revenue (Part VIII, line 2g)	1,312,01	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,56	
<b>E</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-71,95	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,551,66	3. 1,952,854.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,378,70	4. 1,516,028.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 232, 239.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	257,47	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,636,17	
	19	Revenue less expenses, Subtract line 18 from line 12	915,48	
SOF			Beginning of Current Yo	
Sset	20	Total assets (Part X, line 16)	3,603,13	
Net Assets or	21	Total liabilities (Part X, line 26)	71,02	
		Net assets or fund balances. Subtract line 21 from line 20	3,532,11	7. 3,708,394.
	art II	Signature Block		
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		of my knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	
٥.		Signature of officer	Date	-7
Sig			2410	
He	re	DOUG MEYER, VICE PRESIDENT  Type or print name and title		
_		100 TO CONTROL Margor to Long deletable colored via 1992	Date , Check	k PTIN
Pai	4	Print/Type preparer's name  Preparer's signature	alsohil it	
	parer	CHERYL K. ROHLFS, CPA   NOW ONLY   Firm's name CHERYL ROHLFS & ASSOCIATES, IND.	Firm's EIN	**-***8687
	Only		I IIIII 2 CIIV	
000	July		Phone no	847-753-9200
Ma	v the II	NORTHBROOK, IL 60062  S discuss this return with the preparer shown above? See instructions	i mone no.	X Yes No
	01 12-1			Form <b>990</b> (2022)
	100 to 100 to 1			

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print \*\*-\*\*\*6143 CASA LAKE COUNTY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date fo filing your 700 FOREST EDGE DR. return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. . IL 60061-3172 VERNON HILLS. Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 **Application** Return Application Code Is For Code Is For Form 1041-A 08 Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 03 Form 4720 (individual) 10 Form 990-PF 04 Form 5227 Form 6069 11 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 8870 12 06 07 Form 990-T (corporation) TERRI GREENBERG The books are in the care of ► 700 FOREST EDGE DR - VERNON HILLS, IL 60061 Telephone No. ► (847) 383-6260 Fax No. If the organization does not have an office or place of business in the United States, check this box \_\_\_\_\_\_\_\_ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

If this is for the whole group, check this box 

. If it is for part of the group, check this box 

and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year ▶ 🗓 tax year beginning 🔠 1, 2022 \_\_\_\_, and ending 🗍 10 30, 2023 Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment LHA Form 8868 (Rev. 1-2022) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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orm	1 990 (2022) CASA LAKE	COUNTY, INC.	**-***6143	Page 2
Pa	rt III Statement of Program Service	Accomplishments		
	Check if Schedule O contains a respons	e or note to any line in this Part III		
1	Briefly describe the organization's mission:			ARW.
/·•I	CASA LAKE COUNTY IS A N	ONPROFIT MEMBERSHIP OF	RGANTZATION THAT ADVOCA	TES
	FOR THE BEST INTEREST C			
	JUVENILE COURT SYSTEM.	T ADOUGH AND MIGHET HE		
	OUVERTHE COURT STRIPM.			
2	Did the organization undertake any significant	program services during the year which we	re not listed on the	
-	prior Form 990 or 990-EZ?			X No
	If "Yes," describe these new services on Sche			-
3	Did the organization cease conducting, or ma		ny program services?	X No
~	If "Yes," describe these changes on Schedule			
4	Describe the organization's program service a		program services, as measured by expenses	S.
7	Section 501(c)(3) and 501(c)(4) organizations			
	revenue, if any, for each program service repo		and anotations to entered the retail expenses,	
4a	(Code:) (Expenses \$1, 348		) (Revenue \$1,045,	282 )
40	RECRUITING, TRAINING AN			
				LAND
	NEGLECTED CHILDREN IN T	HE COURT SYSTEM.	XIII (1870) X (1870)	
	( <del>************************************</del>		2	
	C SC TANGE COMPANY			
	1			
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			1.7	
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	,
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4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
			Total Science Control of the Control	
	( <del>)</del>	***************************************		
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	s			
			***************************************	
4d	Other program services (Describe on Schedul	- 30.500		
	(Expenses \$ includ		Revenue \$	
4e	Total program service expenses	1,348,328.	XXX V Z.O.O.A. V.W	
			Form 9	90 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	591		
	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?			1000
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	445		37
	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	10-	v	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	106		
40	We control to the many of the many transfer of the	12b 13		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
b	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
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	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			-42
1,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-41
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.5	41	
.5	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a 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
	The state of the s			

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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 escrow at any time during the year to defease	AS 43		
	any tax-exempt bonds?	24c		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
5	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	×	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		37
00	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		_X_
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
_	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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	1.774	_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
	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			6
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			722
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O  **Total Complete Schedule O**  **Total Complete Schedule O**	38	Х	
· ai	Check if Schedule O contains a response or note to any line in this Part V			
	Official in confedure of contains a response of note to any line in this Fart v		V	No
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c	x	
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232004 12-13-22

Form 990 (2022) CASA LAKE COUNTY, INC.

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b		K-51200-6100
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (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	action	?	5b		X
C	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	ne org	anization 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 contribute	tions (	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		10 N N N N 20			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se					_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		1	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 of			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f	-	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, ai			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			0		
a				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	Ì			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		<del>*************************************</del>			
	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	î	ř			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration	n or			
	excess parachute payment(s) during the year?			15		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?	16		_X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

13170320 793308 125

Form 990 (2022) CASA LAKE COUNTY, INC.

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

	10 1110 04, 04, 04, 04					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		î	Ï		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			_3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		_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 approximately appr	opoint	one or			
	more members of the governing body?			7a		_X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or	10000		
	persons other than the governing body?			7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	A2580 11	2001 Post 10	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code.)		590	
				_	Yes	No_
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				000000	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_X_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	_X_	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				Station:	
	on Schedule O how this was done			12c	Х.	
13	Did the organization have a written whistleblower policy?			13	_X_	
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 approve		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			anaena I		
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger					
	taxable entity during the year?			16a		_X_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
_	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	3-1 (section 501(c)(3	s only)	availa	ible
	for public inspection. Indicate how you made these available. Check all that apply.	-				
7212	Own website Another's website X Upon request Other (explain		OF THE PERSON AND THE SAME	1.0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy, an	d finar	icial	
	statements available to the public during the tax year.		5			
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records			
	TERRI GREENBERG - (847) 383-6260					
	700 FOREST EDGE DR, VERNON HILLS, IL 60061			FEE	990	20000
DODOO	10.10.00			FORM	3301	/11//1

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per	(do box	not c	Pos heck ss pe	ition		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer a		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) TERRI Z. GREENBERG	40.00									0
EXECUTIVE DIRECTOR						X		187,981.	0.	0.
(2) BRENT MOODY	5.00									
PRESIDENT		X		X				0.	0.	O.
(3) DOUG MEYER	5.00								_	
VICE PRESIDENT		X		Х			_	0.	0.	0.
(4) KYLE SAUERS	5.00									
TREASURER		X	_	X				0.	0.	0.
(5) GARY BENNETT	2.00									
DIRECTOR		X	L					0.	0.	0.
(6) KURT FEIEREISEL	5.00									
ASSISTANT TREASURER		X		Х				0.	0.	0.
(7) SARAH LESSMAN	2.00									
DIRECTOR		X						0.	0.	0.
(8) RICHARD B. BIAGI	2.00			ĺ					20200	
DIRECTOR		X						0.	0.	0.
(9) DONNA GREENBERG	2.00									
DIRECTOR		Х						0.	0.	0.
(10) MATTHEW MAYS	2.00									
DIRECTOR		X	_					0.	_0.	0.
(11) MAIA DAVIS-SINGLETON	2.00									
DIRECTOR		X						0.	0.	0.
(12) NORMA HURTADO	2.00									
DIRECTOR		X						0.	0.	0.
(13) TOBEY SHERIDAN	2.00									
DIRECTOR		X					_	0.	0.	0.
(14) JACQUELINE DIOGUARDI	2.00									
DIRECTOR		Х						0.	0.	0.
(15) PAUL JENISTA	2.00									
DIRECTOR		Х			_			0.	0.	0.
(16) CINDY TAYLOR ROBINSON	2.00									
DIRECTOR		X						0.	0.	0.
(17) JUDI DUCHOSSOIS	2.00							****	5.00	
DIRECTOR		X					L_	0.	_0.	Form <b>990</b> (2022)

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rm 990 (2022)	CASA	TAKE:	COUNTY.	TNC.	*	* _ *

	(A) Name and title	(B) Average hours per week (list any	box	not c	ss pe	ition more rson	than is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	aı	(F) stimate mount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	orç ar	rom th ganizat id relat anizati	e ion ed
											ř		
											li de		
						-							
	Subtotal								187,981.	0			0.
d	Total from continuation sheets to Part V Total (add lines 1b and 1c)								187,981.	0			0.
2	Total number of individuals (including but a compensation from the organization	not limited to th	nose	liste	d a	bove	e) wh	io r	eceived more than \$100	,000 of reportable			1
_	Did the organization list any former officer	divestor trust				lovo		hio	heat compensated amp	loves on		Yes	No
3	line 1a? If "Yes," complete Schedule J for	such individual	***								3		_X_
4	For any individual listed on line 1a, is the s and related organizations greater than \$15									the organization	4	x	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi				
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedul	e J t	or si	ıch	pers	son ,				5		X
1	Complete this table for your five highest co										sation	from	
	the organization. Report compensation for (A)		ear	endi	ng v	vitn	or w	itnir	(B)	1		C)	
	Name and business	address	N	INC	<u> </u>			-	Description of s	ervices	Compe	ensatio	in —
								-	-				
								l	<u> </u>				
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot li	mite	d to		se lis	stec	I above) who received m	ore than			
	e. sayas a campanadan nam dia argan						<u> </u>				Form	990 (	2022)

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			Check if Schedule O	conta	ains a respo	nse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns		1a						-
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues				544.6				
ē, Ĕ			Fundraising events				102,781.				
ar A			Related organizations				202,102,				
S,E			Government grants (contr								
Sign			All other contributions, gifts,								
the		·	similar amounts not included				804,121.				
ÖĘ		а	Noncash contributions included in		Alterial Comments for		,				
a Co			Water Control of the		NEEDLE VE TOMANIA			906,902.			
							Business Code				
မွ	2	a	GOVERNMENT GRANTS				611710	1,022,741.	1,022,741.	1.116	
ه ڲٙ		b	TRAINING FEES	200			611710	100.	100.		
Program Service Revenue		С									
eve		d	7								
<u>6</u>		е	\$\$_								
مة ا		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					1,022,841.			
	3	1	Investment income (include	ding	dividends, ir	itere	est, and				
			other similar amounts)					56,526.	56,526.		
	4		Income from investment of	of tax	c-exempt bo	nd p	roceeds				
	5	i	Royalties								
					(i) Real		(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
		C	Rental income or (loss)	6с							
			Net rental income or (loss)	)							
	7	7 a Gross amount from sales of (i) Securities			(ii) Other						
l		assets other than inventory 7a 1,033,071.									
0)		b	Less: cost or other basis	98888							
Revenue			A DOMESTICATE	7b							
eve			Gain or (loss)					25.510			
<u>بر</u>	_		Net gain or (loss)			·····		-36,01 <u>0</u> ,	-36,010.		
ther	8	а	Gross income from fundraising								7
0			including \$	Name of the last				Y			
			contributions reported on Part IV, line 18			8a	27 840				
		b	Less: direct expenses			8b	27,840. 27,170.				
			Net income or (loss) from				27,170.	670.			670.
	q		Gross income from gamin					<u> </u>			0,70,
	_	_	Part IV, line 19			9a					
1		b	Less: direct expenses			9b					
			Net income or (loss) from			_			= = = = = = = = = = = = = = = = = = = =		
	10		Gross sales of inventory, I		270						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from			y					
S							Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOM	E			611710	1,925.	1,925.		
ane		b				_					
See l		С				_					
N N		d	All other revenue								
		е	Total. Add lines 11a-11d					1,925.			
	12		Total revenue. See instruction	ns				1,952,854.	1,045,282.	0.	670.

# Form 990 (2022) CASA LAKE COUNTY , Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
0	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
^	Grants and other assistance to foreign				
3					
	organizations, foreign governments, and foreign				
21	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
_	trustees, and key employees	***			
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	4			
	persons described in section 4958(c)(3)(B)			4.15 0.54	100 151
7	Other salaries and wages	1,304,160.	960,918.	145,071.	198,171
8	Pension plan accruals and contributions (include	į			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	114,896.	92,733.	12,692.	9,471
10	Payroll taxes	96,972.	72,766.	10,374.	13,832
11	Fees for services (nonemployees):	3		1	
а	Management				
b	Legal		The state of the s		
С	Accounting	6,923.		6,923.	
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 O.)	50,620.	44,083.	6,537.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		1 -1 -1 -1		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26,064.	26,064.		
23	Insurance	13,043.	11,405.	1,638.	111-2
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	13,413	<u> </u>	2,000	
а	EOUIPMENT	42,136.	23,579.	18.557.	
b	STAFF DEVELOPMENT AND R	33,677.	28,262.	4,665.	750
		29,961.	28,281.	1,680.	
c	MAINTENANCE AND SECURIT	22,155.	9,867.	12,288.	
d	SUPPLIES AND PRINTING	97,318.	50,370.	36,933.	10,015
	All other expenses				232,239
25	Total functional expenses. Add lines 1 through 24e	1,837,925.	1,348,328.	257,358.	434,439
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

Parl	ťΧ	Balance Sheet								
		Check if Schedule O contains a response or n	ote to ar	line in this Part X						
					(A) Beginning of year		(B) End of year			
	1	Cash - non-interest-bearing			1,069,723.	1	177,743			
	2	Savings and temporary cash investments			273,614.	2	467,131			
	3	Pledges and grants receivable, net			360,177.	3	165,887			
1	4	Accounts receivable, net				4				
	5	Loans and other receivables from any current	or forme	officer, director,						
		trustee, key employee, creator or founder, sub	stantial	ontributor, or 35%						
		controlled entity or family member of any of th	ese pers	ns		5				
	6	Loans and other receivables from other disqua								
		under section 4958(f)(1)), and persons describ	ed in se	ion 4958(c)(3)(B)		6				
23	7	Notes and loans receivable, net	Notes and loans receivable, net							
Assets	8	Inventories for sale or use			8					
4	9	Prepaid expenses and deferred charges			9,201.	9	13,418			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D		939,948.						
	b	Less: accumulated depreciation	94,854.	864,000.	10c	845,094				
	11	Investments - publicly traded securities	Co.	1,026,424.	11	2,168,873				
	12	Investments - other securities. See Part IV, line			12					
	13	Investments - program-related. See Part IV, line		13						
	14	Intangible assets		14	3					
	15	Other assets. See Part IV, line 11		15						
-	16	Total assets. Add lines 1 through 15 (must eq	3)	3,603,139.	16	3,838,146				
	17	Accounts payable and accrued expenses		71,022.	17	114,752				
	18	Grants payable			18					
	19	Deferred revenue	The state of the s		19	15,000				
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete		A CALLES AND A CONTRACTOR OF THE SAME AND A CONTRACTOR		21				
es	22	Loans and other payables to any current or fo								
Liabilities		trustee, key employee, creator or founder, sub								
1 2		controlled entity or family member of any of th		State of the state		22				
	23	Secured mortgages and notes payable to unre		18 TO THE PROPERTY OF THE PROP		23	-			
	24	Unsecured notes and loans payable to unrelat		- 0.0240000000000000000000000000000000000		24				
	25	Other liabilities (including federal income tax, p		A CALABOTTO TO CONTROL OF THE CONTRO						
		parties, and other liabilities not included on line	es 17-24	Complete Part X		25				
		of Schedule D			71 000		120 752			
-	26	Total liabilities. Add lines 17 through 25			71,022.	26	129,752			
Se		Organizations that follow FASB ASC 958, cl	теск пег	· LX						
اي	07	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions			3,532,117.	27	2 700 204			
Sala	27	Net assets with donor restrictions			3,534,117.	28	3,708,394			
190	28	Organizations that do not follow FASB ASC				20				
7		and complete lines 29 through 33.	CK Here							
5	20	Capital stock or trust principal, or current fund			29					
ers	29	Paid-in or capital surplus, or land, building, or				30				
Net Assets or Fund Balances	30 31	Retained earnings, endowment, accumulated		- DELANGUEDAN SERVICIONARIOS		31				
ا ت	32	Total net assets or fund balances		Company of the second state of the second se	3,532,117.	32	3,708,394			
<u>o</u>		I OLD TICL BOOKS OF IUTIO DAIDITOCO		ти и почито на визи в начите на принада на на начина на	J, JJ 4, LL, 0	U.E	3,100,334			

orm	990 (2022) CASA LAKE COUNTY, INC.	**_**	*6143	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,952	2,8	54.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,837	7,9	25.
3	Revenue less expenses. Subtract line 2 from line 1	3	114	1,9	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,532	2,1	17.
5	Net unrealized gains (losses) on investments	5	6.1	.,3	48.
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	3,708	3.3	94.
Pa	rt XII Financial Statements and Reporting			•	
	Check if Schedule O contains a response or note to any line in this Part XII		******		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		Х
18000715	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				ľ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
1000	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
× 55.55	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

2022

Open to Public Inspection

Name of the organization

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

Employer identification number

\*\*-\*\*\*6143 INC LAKE COUNTY Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. J Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization No above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	755,197.	1051154.	2109656.	2234649.	1826862.	7977518.
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	755,197.	1051154.	2109656.	2234649.	1826862.	7977518.
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)						130,571.
6	Public support. Subtract line 5 from line 4.						7846947.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	755,197.	1051154.	2109656.	2234649.	1826862.	7977518.
	Gross income from interest,						
	dividends, payments received on					ļ	
	securities loans, rents, royalties,						
	and income from similar sources	33,216.	20,246.	84,015.	72.564.	20,516.	230,557.
9	Net income from unrelated business		20,2101		7-4-0		
•	activities, whether or not the						
	business is regularly carried on				3		
10	Other income. Do not include gain						
	or loss from the sale of capital				,		
	assets (Explain in Part VI.)	2.700.	2.799.	3.642.	2,202.	2.025.	13 368
11	Total support. Add lines 7 through 10	2,700	4,122				8221443.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,544,051.
	First 5 years. If the Form 990 is for the						, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stor						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (			column (f))		14	95.44 %
	Public support percentage from 2021					15	96.81 %
	33 1/3% support test - 2022. If the d					nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
1.50	and stop here. The organization qual						
17=	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to						
h	10% -facts-and-circumstances tes				- A		
~	more, and if the organization meets the	100					**************************************
	organization meets the facts-and-circle				1.170		
18	Private foundation. If the organization						
				,,,,,,,,			

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 CASA LAKE COUNTY, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and					1	
	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	777					
•	furnished by a governmental unit to		,				
	the organization without charge						
6	Total. Add lines 1 through 5					-	
	Amounts included on lines 1, 2, and						
ra	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						-
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizati	on,
	check this box and stop here	**********					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2	Carrier Woodlester Workship Services 110					%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box as						
h	33 1/3% support tests - 2021. If the	79	70 m				
D	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						CITAL EL SU SIGNA SIGNA SIGNA CI
20	Tivate roundation. It the organizatio	ii ala not oneon a	20x 011 III 14, 13	a, or roo, or look ti	no box and 300 II		

### **Supporting Organizations** Part IV

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		_
	2		-
	3a		
	3b		
	3с		
	4a		
	4b		
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\*\*-\*\*\*6143 Page 6 Schedule A (Form 990) 2022 CASA LAKE COUNTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 7 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5

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

Schedule A (Form 990) 2022

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

emergency temporary reduction (see instructions).

instructions).

6

Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt organizations, in excess of income from activity	purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
6	6 Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions.	e organization is responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	***
		(3)	(ii)		(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.		La	
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7: \$			S
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CASA	LAKE	COUNTY,	INC.		**-***6143 Page 8
Part VI	Supplemental II Part IV, Section A, lir line 1: Part IV, Section	nformation. nes 1, 2, 3b, 3c, on D. lines 2 and	Provide the 4b, 4c, 5a 3: Part IV.	e explanations , 6, 9a, 9b, 9c, Section E. line	required by Part 11a, 11b, and 1 s 1c. 2a. 2b. 3a.	t II, line 10; Part II, line 17a 1c; Part IV, Section B, lines and 3b; Part V, line 1; Part plete this part for any addit	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, . V. Section B, line 1e; Part V,
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Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Total Contributions	Excess Contributions
295,000.	130,571
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### Schedule B

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization \*\*-\*\*\*6143 CASA LAKE COUNTY. TNC Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

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

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

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

\*\*-\*\*\*6143

ASA	LAKE COUNTY, INC.	**	-***6143
art I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	ABBVIE FOUNDATION  1 N. WAUKEGAN RD.  N. CHICAGO, IL 60064	\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRENT L. & KIM MOODY  14669 N. SOMERSET CIR.  LIBERTYVILLE, IL 60048	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GORTER FAMILY FOUNDATION  855 SKOKIE HIGHWAY, SUITE D  LAKE BLUFF, IL 60044	\$\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GRACE A. BERSTED FOUNDATION C/O BANK OF AMERICA, 135 S. LASALLE ST. CHICAGO, IL 60603	-   \$ <u>24,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE TRUSTMARK FOUNDATION  400 N. FIELD LANE  LAKE FOREST, IL 60045	- \$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	EDWARD & WANDA JORDAN FAMILY FOUNDATION	-	Person X Payroll
	DES PLAINES, IL 60018	\$20,000.	(Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CASA	LAKE	COUNTY	INC.

\*\*-\*\*\*6143

	LAKE COUNTY, INC.		
art I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NORTH SHORE EXCHANGE, NFP  372 HAZEL AVE  GLENCOE, IL 60022	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COMMUNITY FOUNDATION FOR THE FOX VALLEY REGION  4455 W. LAWRENCE ST.  APPLETON, WI 54914	\$67,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HEALTHCARE FOUNDATION OF HIGHLAND PARK 785 HIGHLAND PLACE HIGHLAND PARK, IL 60035	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THE LAKE COUNTY COMMUNITY FOUNDATION  114 SOUTH GENESEE STREET, STE 505  WAUKEGAN, IL 60085	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		TOTAL CONTRIBUTIONS	
11	THE JOHN AND KATHLEEN SCHREIBER FOUNDATION  682 BANK LANE, SUITE 200  LAKE FOREST, IL 60045	\$ 130,000.	Person X Payroll Noncash (Complete Part II for
(a) No.	FOUNDATION  682 BANK LANE, SUITE 200  LAKE FOREST, IL 60045  (b)		Person X Payroll
(a)	FOUNDATION  682 BANK LANE, SUITE 200  LAKE FOREST, IL 60045	\$ 130,000.	Person X Payroll

Name of organization

Employer identification number

CASA LAKE COUNTY, INC.

\*\*-\*\*\*6143

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

	KE COUNTY, INC.	ons to organizations described in se	**-**6143 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the
fr	rom any one contributor. Complete columns (a)	through (e) and the following line ent	ry For organizations
C	ompleting Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.) \$
U	Ise duplicate copies of Part III if additional	space is needed.	
No.	W. W. W. W.		
om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
_		7	
-			
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
-			
-			
No.			<del></del>
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rtl			
_			
N		(e) Transfer of gif	t
		(6)	•
	Transferee's name, address, a	nd 71D . 4	Relationship of transferor to transferee
-	Transferee's flame, address, a	IIU ZIF + 4	Netationship of transfer of to transfer ee
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-			
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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200			
-		(a) Tunnefer of air	
		(e) Transfer of gif	·
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
_			
_			
No.			
rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
( <del></del>			
-   -			
		(e) Transfer of gif	t
		Property of	Relationship of transferor to transferee
	Transferee's name, address, a	nd ZIP + 4	
	Transferee's name, address, a	nd ZIP + 4	
	Transferee's name, address, a	nd ZIP + 4	
	Transferee's name, address, a	nd ZIP + 4	
-	Transferee's name, address, a	nd ZIP + 4	

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number \*\*-\*\*\*6143 CASA LAKE COUNTY, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year ..... 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after July 25,2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Schedule D (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232051 09-01-22

_	t III Organizations Maintaining C		t, Hist	orical Tr			Similar Ass			ge <b>2</b>
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make sign	ificant use of i	ts		
	collection items (check all that apply):		944							
а	Public exhibition	d	L	_oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	lections and explain	n how th	ey further t	he organizati	on's exemp	purpose in P	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or oth	er similar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	ollection?	,		Yes		No
Pai	reported an amount on Form 990, Par		te if the	organizatio	n answered	"Yes" on Fo	rm 990, Part I	V, lìne 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	ns or other as	sets not inc	luded			
	on Form 990, Part X?						E	Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	<i>i</i> 1	13.7	<b>S</b> (					Amount	-3	
С	Beginning balance						1c			
d	Additions during the year						1d		-	
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par				trainment (a)	The state of the s	The second secon				
		(a) Current year		rior year			Three years bad	k (e) Four	years b	ack
1a	Beginning of year balance							1		
b	Contributions									
	Net investment earnings, gains, and losses		<del>-2</del>					1		
C	Grants or scholarships								= = = = = = = = = = = = = = = = = = = =	
d	The state of the s				<u> </u>					
е	Other expenditures for facilities									
	and programs				<b> </b>			1		
f	Administrative expenses				<del>                                     </del>					
9	End of year balance		n Olman 1							
2	Provide the estimated percentage of the curr			g, column (a	a)) neid as.					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С		%								
<u> </u>	The percentages on lines 2a, 2b, and 2c short	and the second								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are neid a	ina administe	rea for the		15	Yes	No
	organization by:								163	140
	(i) Unrelated organizations								-	
	(ii) Related organizations									
	If "Yes" on line 3a(ii), are the related organiza							3b		-
4	Describe in Part XIII the intended uses of the		wment f	unds.	- 1 - 1	4.5				
Pai	t VI Land, Buildings, and Equipm			n terre a arriv	) F 000	N D- 4 V I'-	10			
	Complete if the organization answered			10					-	
	Description of property	(a) Cost or of basis (investre			or other (other)	(c) Accu depre		(d) Book	value	
1a	Land			53	2,600.			532	, 60	0.
b	Buildings				9,090.	1	8,407.		, 68	
c	Leasehold improvements				1.581.		8.779.		, 80	
d	Equipment				6,362.		7.353.		,00	
	Other				0.315.		0.315.			0.

Schedule D (Form 990) 2022

845,094.

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

Schedule D (Form 990) 2022 CASA LAKE CO	UNTY. INC.	*1	*_***6143 Page
Part VII Investments - Other Securities.		11b See Form 000 Part V line 12	
Complete if the organization answered "Yes" of a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market value
(1) Financial derivatives	(2) 20011 1213	(6)	<u> </u>
(2) Closely held equity interests	-		
(3) Other			
(A)	3, 310, 00		
(B)			
(C)	2		
(D)			
(E)			and the same of th
(F)	S		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	-		
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	- F 000 D-4 IV F	11d 0 F 000 D V line 15	
Complete if the organization answered "Yes" o	escription	11d. See Form 990, Part X, line 15.	(b) Book value
	escription		(b) Book value
(1)			
(2)	<del></del>		
(3)	-		
(4)		¥	
(6)			
(7)			
(8)			
(9)	<del></del>	# # # # # # # # # # # # # # # # # # #	
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability	4		(b) Book value
(1) Federal income taxes			
(2)	-		
(3)			
(4)	<del></del>		
(5)	30		
(6)	- 3 - 3 8 - 1		<u> </u>
(7)		V-10-10-10-10-10-10-10-10-10-10-10-10-10-	

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\_

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

Schedule D (Form 990) 2022

(8)

_	t XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per F		**6143 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total revenue, gains, and other support per audited financial statements			1	2,003,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	**********************	*****************		
a	Net unrealized gains (losses) on investments	2a	61,348.		
b	Donated services and use of facilities			1	
c	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)			1 1	
e	Add lines 2a through 2d		the section contact to the latter had up all practices because	2e	61.348.
3	Subtract line 2e from line 1			3	1,942,527.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,327.		
b	Other (Describe in Part XIII.)		10,507	1	
	Add lines 4a and 4b			4c	10,327.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1.952.854
	t XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	1,827,598.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		***************************************		
z a	Donated services and use of facilities	2a			
a b	Prior year adjustments			1	
C	Other losses	200		1	
d	Other (Describe in Part XIII.)			1 1	
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	1.827.598
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	********			1,021,330
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	10,327		
a	Other (Describe in Part XIII.)			4	
ь				4c	10,327.
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18			-	1.837.925
	t XIII Supplemental Information.				
Prov	de 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 an	y additional inforn	nation.		
-			<del></del>		
					1 8 /2
23205	4 09-01-22			Sched	ule D (Form 990) 2022

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### SCHEDULE G (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

**2022**Open to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization						Employer ide	ntification number
CASA LA	KE COUNTY, INC.					**-***6	143
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV,	line 1		
required to complete this par						- 2000	
1 Indicate whether the organization rais	sed funds through any of the following	ng activ	vities.	Check all that apply			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
b Internet and email solicitations	f Solicitat	ion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ising	events			
d In-person solicitations							
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ding o	fficers, directors, trus	stees	, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	rofess	ional f	undraising services?		Yes	☐ No
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursu	ant to	agree	ments under which	the fu	ındraiser is to b	е
compensated at least \$5,000 by the	organization.		2770				
					0.020	2 2 2	
(i) Name and address of individual	tante mas musica	(iii) fundr	Did	(iv) Gross receipts	(v)	Amount paid or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have con	istody trol of	from activity		fundraiser	to (or retained by) organization
		contribu	itions?		list	ed in col. (i)	organization
		Yes	No				
	£						
5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -							
	Figure 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
0.00							
3							
Total							
3 List all states in which the organizatio		contrib	utions	or has been notified	d it is	exempt from re	egistration
or licensing.						1	
							<u> </u>
	-						<del></del>
30.000							
						West file and the second secon	

232081 10-27-22

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

Schedule G (Form 990) 2022

Gross income (line 1 minus line 2) 27.840 27.840. Cash prizes Noncash prizes Direct Expenses Rent/facility costs 20,575. 20,575. 7 Food and beverages 8 Entertainment 395. 6.595. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 27,170. Net income summary. Subtract line 10 from line 3, column (d) 670. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes 6 Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) \_\_\_\_ 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990) 2022 232082 10-27-22

Sch	edule G (Form 990) 2022 CASA LAKE COUNTY, INC. **	-***6143	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	1.00	,,,
1-4	The file hane and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	B		
	Name	-2-2-2-2-	
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
		<del></del>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
~	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

232083 10-27-22

Schedule G (Form 990)	CASA LAKE COUNTY,	INC.	**_***6143 Page 4
rait iv Supplemental line	offination (continued)		<b>3</b> 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10
**			
<del></del>			
			***************************************
* * * * * * * * * * * * * * * * * * *			

### SCHEDULE J (Form 990)

## **Compensation Information**

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

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

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

Attach to Form 990.

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Inspection
Employer identification number

\*\*-\*\*\*6143 CASA LAKE COUNTY. INC. Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X 4a b Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? X 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a X b Any related organization? X If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

232111 10-18-22

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

Schedule J (Form 990) 2022

\*\*-\*\*6143

Schedule J (Form 990) 2022

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

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

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

	=	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	J	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TERRI Z. GREENBERG	ε	187,981.	0	0	0	0	187,981.	0
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Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022
Open to Public
Inspection

CASA LAKE COUNTY, INC.	**-***6143
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGAN	IZATION_MISSION:
AND NEGLECTED CHILDREN IN THE JUVENILE COURTS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIREC	CTOR AND REPRESENTATIVES OF
THE BOARD OF DIRECTORS PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE BOARD OF DIRECTORS ARE REQUIRED TO COMPLET	E ANNUAL CONFLICT OF INTEREST
STATEMENTS WHICH ARE MONITORED BY THE EXECUTIVE	E DIRECTOR AND
REPRESENTATIVES OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS EVALUA	ATED ANNUALLY BY THE BOARD OF
DIRECTORS AND IS BASED ON PERFORMANCE EVALUATION	ON.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAINTAINS COPIES OF ITS GOVERN	NING DOCUMENTS, CONFLICT OF
INTEREST POLICIES AND AUDITED FINANCIAL STATEM	ENTS AT ITS OFFICE, AVAILABLE
UPON REQUEST.	

# 2022 DEPRECIATION AND AMORTIZATION REPORT

ORM 9	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life	0 o c >	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
m	CDW PHONES	09/13/11	SL	5.00	HY11.7	6,079.				6,079.	6,079.		• 0	6,079.
4		07/01/11	SI	7.00	HXII 7	16,925.				16,925.	16,925.		0.	16,925.
5	CABINETS	07/01/11	TS	7.00	HY17	4,000.				4,000.	4,000.		.0	4,000.
00	COMPUTER	06/30/15	SL	2.00	MQ17	1,489.				1,489.	1,489.		.0	1,489.
6		09/16/15	SL	5.00	HY17	2,990.				2,990.	2,990.		.0	2,990.
10	DATABASE)	09/17/15	IS	5.00	нхц 7	3,500.				3,500.	3,500.		0	3,500.
11	SERVER	06/30/17	SI	5.00	MQ17	2,600.				2,600.	2,600.		0.	2,600.
12	WEBSITE	08/02/16	SL	3.00	MQ1 7	2,900.				2,900.	2,900.		.0	2,900.
13	LENOVO COMPUTERS	04/14/18	SI	5.00	MQ1 7	8,345.				8,345.	7,093.		1,252.	8,345.
14	PROJECTOR	08/01/18	SI	5.00	HY17	541.				541.	378.		108.	486.
15	FOUR THINKBOOKS 13	09/25/19	SL	5.00	HY17	2,853.				2,853.	1,570.		571.	2,141.
16	THINKCENTER M630E	03/04/20	IS	5.00	HX17	918.				918.	429.		184.	613.
17	THINKBOOK 14	03/04/20	SL	5.00	HX17	1,049.				1,049.	490.		210.	700.
18	POWEREDGE T30 SERVER	03/11/20	SL	5.00	HY17	682.				682.	318.		136.	454.
19	BUILDING	05/12/21	SL	20.00	MQ17	169,090.				169,090.	9,863.		8,543.	18,406.
20	2 LAPTOPS	07/25/20	SI	5.00	MQ17	1,425.				1,425.	546.		285.	831.
21	5 THINK PADS	11/01/20	SL	2.00	MO17	4,601.				4,601.	1,533.		920.	2,453.
22	22 COMPUTERS	02/15/21	SI	5.00	MQ17	3,811.				3,811.	1,080.		762.	1,842.
228111 04-01-22	14-01-22					(D) - Asset disposed	pesoc		•	ITC, Salvage,	Bonus, Comr	nercial Revita	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	tion, GO Zone

# 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM	M 990 PAGE 10		Ī	i	-		066							
₹*	Asset No. Description	Date Acquired	Method	Life	Ooc>	Unadjusted Cost Or Basis	ted Bus asis % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	23 LAND	05/12/21	ŭ			532,600	.00	ne u		532,600.			0.	
	24 COMPUTER LAPTOPS (20)	12/30/21	TS	5.00	MQ17	25,549	49.			25,549.	2,555.		5,110.	7,665.
	25 NETWORK EQUIPMENT	12/30/21	SL	2,00	MO17	5,261	61.			5,261.	526.	-	1,052.	1,578.
	26 HVAC-SUPERIOR SHEET METAL	11/29/21	SI	20.00	MQ17	38,147	47.			38,147.	1,113.		1,907.	3,020.
	27 ROOF-LINDHOLM	05/10/22	SL	20.00	MQ17	97,434	34.			97,434.	812.		4,872.	5,684.
	28 OUTDOOR LIGHTING	03/21/23	SL	20.00	HY19F	000 9 H	.00			6,000.			75.	75.
	29 COMPUTER	02/23/23	SL	5.00	ну19в		1,159.			1,159.			.77.	77.
	* TOTAL 990 PAGE 10 DEPR					939,948.	48.			939,948.	.68,789.		26,064.	94,853.
	CURRENT YEAR ACTIVITY						- FR-							
	BEGINNING BALANCE					932,789.	.68		0.	932,789.	68,789.			94,701.
	ACQUISITIONS					7,1	7,159.		.0	7,159.	.0			152.
	DISPOSITIONS/RETIRED		,						0	0.	.0			0
	ENDING BALANCE					939,948.	48.	==-	.0	939,948.	68,789.			94,853.
	ENDING ACCUM DEPR										94,853.			
-1-4	ENDING BOOK VALUE										845,095.			
					-									
2281	228111 04-01-22				$\dashv$	(D) · Asse	(D) - Asset disposed			ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	lization Deduc	tion, GO Zone

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 4562

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172 **2022** 

Attachment Sequence No. 179

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and

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

Business or activity to which this form relates

Sequence No. 1
Identifying number

CAS	SA LAKE COUNTY, INC	erty Under Section 1	79 Note; If you h		M 990 PA		V before y	**-***6143 ou complete Part I.
	Maximum amount (see instructions)							1,080,000.
	otal cost of section 179 property place						****	1,000,000.
	hreshold cost of section 179 property						Service of the servic	2,700,000.
	Reduction in limitation. Subtract line 3							2,700,000.
	ollar limitation for tax year. Subtract line 4 from lin		20.040-000 11 V 004-000 100 - \$1 10-7000 11 V0000 14 1 - 400				···	
6	(a) Description of pa			ovviale over the pro-	ess use only)	(c) Elected		
	*							
	isted property. Enter the amount from	20,470,380,000,000				***		
	otal elected cost of section 179 property	(70)					ACCOUNTS OF THE PARTY OF THE PA	
9 T	entative deduction. Enter the smaller	r of line 5 or line 8	***************************************				9	
10	Carryover of disallowed deduction from	n line 13 of your 2	021 Form 4562	************			10	
	Business income limitation. Enter the s				CHARLEST TOTAL TO BOX 1000			
12 5	section 179 expense deduction. Add I	ines 9 and 10, but	don't enter mo	re than line	11 <u></u>		12	
13	Carryover of disallowed deduction to 2	2023. Add lines 9 a	and 10, less line	12	13			
	: Don't use Part II or Part III below for	listed property. In	stead, use Part	٧				
Pai	TII Special Depreciation Allows	ance and Other D	epreciation (Do	n't include	e listed property	/.)		
14 8	special depreciation allowance for qua	alified property (oth	ner than listed p	roperty) pla	aced in service	during		
ti	ne tax year						14	
15 F	Property subject to section 168(f)(1) el	ection					15	
	Other depreciation (including ACRS)						16	
	t III MACRS Depreciation (Don't							
			Secti	on A				
17 N	MACRS deductions for assets placed	in service in tax ye	ears beginning b	efore 2022	2		17	25,912.
	you are electing to group any assets placed in ser							
	Section B - Assets	Placed in Service	e During 2022	Tax Year l	Jsing the Gene	ral Deprecia	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only - see inst	tment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property		1	.159.	5 YRS.	HY	SL	77,
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property		6	,000.	20 YRS	НҮ	SL	75.
g	25-year property			1000	25 yrs.	****	S/L	
		1 - 1			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	*
		1			39 yrs.	MM	S/L	
i	Nonresidential real property	7			00 )10.	MM	S/L	
	Section C - Assets F	Placed in Service	During 2022 Ta	ax Year Us	sing the Altern	<del></del>		tem
20a	Class life		,				S/L	
b	12-year			-	12 yrs.		S/L	
C	30-year	1			30 yrs.	MM	S/L	
d	40-year	,			40 yrs.	MM	S/L	
1000	t IV Summary (See instructions.)					171171	1 0/2	
	isted property. Enter amount from line	28					21	
	otal. Add amounts from line 12, lines		ee 10 and 20 in				21	
	nter here and on the appropriate lines	1551 ()					22	26 064
	or assets shown above and placed in						22	26,064.
	ortion of the basis attributable to sect				23			
	ortion of the basis attributable to Sect	TOTI ZOUM COSIS			23			

Form 4562 (2022) CASA LAKE COUNTY. \*\*-\*\*\*6143 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No Yes No (b) (i) (c) (e) (f) (g) (h) Date Business/ Basis for depreciation Elected Depreciation Type of property Cost or Recovery Method/ placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: % S/L · S/L % S/I -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ...... 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30		(a Veh		(k Veh		(d Veh		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	year (don't include commuting miles)									-	-	-	
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33													
	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization (b) Date amortization (c) (d) (f) (e) Amortizable amount Description of costs Amortization for this year begins period or percentage 42 Amortization of costs that begins during your 2022 tax year: 43 43 Amortization of costs that began before your 2022 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

216252 12-08-22 Form 4562 (2022)