** PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection APR 1, and ending MAR 31, 2024 A For the 2023 calendar year, or tax year beginning 2023 C Name of organization D Employer identification number Check if applicable Address change ATTIC ANGEL PRAIRIE POINT, INC. Name change 39-1978106 initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated (608)662-8895 640 JUNCTION ROAD 3,548,910 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return MADISON, WI 53717 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHELLE GODFREY for subordinates? Yes [X] No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 527 If "No," attach a list. See instructions 4947(a)(1) or 501(c) ((insert no.) WWW.ATTICANGEL.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Association Other 1 Year of formation: 1999 M State of legal domicile: WT Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE HIGH QUALITY SENIOR Governance HOUSING SERVICES IN A CARING AND PERSONALIZED ATMOSPHERE if the organization discontinued its operations or disposed of more than 25% of its net assets. Check this box 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 90 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 0. 25,485. Contributions and grants (Part VIII, line 1h) Revenue 1,927,152. 965,585. Program service revenue (Part VIII, line 2g) 439,226. 317,188. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,632. 1,168. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,248,972. 431,464. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 40,000. 26,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 787. 042. 625,404. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. О. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part 3X, column (D), line 25) 2,449,248. 2,564,511. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,114,652. 3,377,553. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -946,089. -865,680. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 58 33,067,790. 35,096,909. Total assets (Part X, line 16) 47,947,931. 49,645,038. Total liabilities (Part X, line 26) -14,880,141. -14,548,129. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign MICHELLE GODFREY, Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name CP 11/01/24 | self-employed LAURA SCHWEITZER P01760010 LAURA SCHWEITZER, CPA Paid Firm's EIN 41-0746749 CLIFTONLARSONALLEN LLP Preparer Firm's name Firm's address 8215 GREENWAY BOULEVARD, SUITE 600 Use Only Phone no. 608-662-8600 MIDDLETON, WI 53562 X Yes

No

p :	art III Statement of Program Service Accomplishments
1	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	PROVIDE HIGH QUALITY SENIOR HOUSING SERVICES IN A CARING AND
	PERSONALIZED ATMOSPHERE THAT RESPECTS THE DIGNITY, ENCOURAGES THE
	INDEPENDENCE, AND ENHANCES THE QUALITY OF LIFE OF EACH RESIDENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,744,892. including grants of \$ 26,000.) (Revenue \$ 1,966,753.)
	PRAIRIE POINT COMMUNITY PROVIDES MAINTENANCE-FREE HOUSING AND
	SUPPORTIVE SERVICE TO 179 RESIDENTS. RESIDENTS HAVE THE OPTION TO
	PARTICIPATE IN ACTIVITIES, ATTEND EVENTS, AND UTILIZE SERVICES SUCH AS
	HOUSEKEEPING AND MEAL SERVICES, IN ADDITION TO HAVING PRIORITY ACCESS
	TO OTHER LEVELS OF CARE WHEN NEEDED. PROVIDES PERIODIC ASSISTANCE IN
	THE FORM OF COMMUNITY OUTREACH TO OTHER NONPROFIT ORGS IN THE SUPPORT
	OF SENIORS AND CHILDREN.
4b	(Code:) (Expenses \$
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
4e	Total program service expenses 2,744,892.
	Form 990 (2023)

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				·
			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	L	Х
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			
	simitar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	ļ <u>.</u>	ΪX
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u></u>	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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	,	l	· · · · · ·
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.	1		<u> </u>
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
		11a	X	ļ
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u> </u>		
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII	11b		х
_	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		х
4	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	- 		
u		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	-11
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	144		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
128	- · · · · · · · · · · · · · · · · · · ·	100		х
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	Х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		- -
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		·.
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	ļ		47
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, fines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	

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Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ĺ	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	
24:	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1-0	+	\top
	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
F	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	1	\vdash	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	+	
`			J	
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		╁
		24d	╁	┼
200	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05		v
	transaction with a disqualified person during the year? # "Yes," complete Schedule L, Part I	25a	┼──	X
,	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ĺ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	1	١,,
	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	J		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		ļ	
	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	ـــــــ	X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	1		1
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			ł
	"Yes," complete Schedule L, Part IV	28a	ļ	X
b	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? #			
	"Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in noncash 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	$\overline{}$	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	ĺ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	l	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_ 		 ~~ ~
٠.	Part V, line 1	34	x .	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338	 	
Ü				İ
26	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?			.
27	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	J I		3,
00	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?		7.	İ
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. a.				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	 1		<u>[</u>
	Establish makes and death of the state of th	,	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2	- I		
Þ	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		, ,	i
	(gambling) winnings to prize winners?	1 40 1	. х	

	1 internation		V	T.,
29	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
20	filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		ł	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u></u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	ļ	ļ	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		ļ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ļ	
	sponsoring organization have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds.			Į
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9</u> a	<u> </u>	<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	ļ
01	Section 501(c)(7) organizations. Enter:			ţ
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	İ		Ì
a	Gross income from members or shareholders 11a	4	{	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them.)		ļ	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-	ļ	
	Enter the amount of reserves on hand	-	-	77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	_	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			,,,
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		İ	יער
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X
_	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17_	 -	
	If "Yes," complete Form 6069.	L Ec	aon	(2023)
32005	12-21-23	FUIT	, ,,,,,,,	14070

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	m 990 (2023) ATTIC ANGEL PRAIRIE POINT, INC. 39-197	3106	F	o _{age} €
PE	art VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No"	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1	<u>)</u>	ļ	
	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	To the state of th		1	ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ļ		
	officer, director, trustee, or key employee?	2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1		ł
	of officers, directors, trustees, or key employees to a management company or other person?	_3_	ļ	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	X	<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
6	Did the organization have members or stockholders?	6	X	ļ
7a	o and the posterior of the original and the posterior to clock of appoint one of		ļ	
	more members of the governing body?	7a	Х	ļ
b	The state of the s	ŀ		İ
_	persons other than the governing body?	7b_	ļ 	Х
8	Oid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ļ		
a	g · · · g · · · · · · · · · · · · · · ·	8a	X	<u> </u>
ь	Each committee with authority to act on behalf of the governing body?	d8	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the]		
\$00	organization's mailing address? // "Yes." provide the names and addresses on Schedule O	9		X
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-			Yes	No
ıva	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	i l		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u>. </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	·
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12d	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
Ç	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
12	on Schedule O how this was done	12c	X	
13 14	Did the organization have a written whistleblower policy?	13	X	
15	Did the organization have a written document retention and destruction policy?	14	Х	
10	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ĺĺ	İ	
<u>а</u>	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a		<u> X</u>
D		15b		<u>X</u>
162	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		1	
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		ł	77
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		<u> </u>
Ü	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	_ [
	grouped about with annual to a short of the		- 1	
Sec	tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s			
	for public inspection. Indicate how you made these available. Check all that apply.	oniy) a	vailab	ie
19	Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	statements available to the public during the tax year.	imanci	al	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ATTIC ANGEL COMMUNITY - (608)662-8900			
	640 JUNCTION ROAD, MADISON, WI 53717			

Form 990 (2023)	ATTIC	ANGEL	PRAIRIE	POINT,	INC.	39-19781 <u>06</u>	Page
Part VII Compensatio	n of Office	rs, Direct	tors, Trustee	s, Key En	nployees,	Highest Compensated	

Employees, and Independent Contractors

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

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

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

Check this box if neither the organization (A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average		not cl	neck i	more	than c		Reportable	Reportable	Estimated
	hours per week		box, unless person is both a officer and a director/trustee					compensation from	compensation from related	amount of other
	(list any	Ë						the	organizations	compensation
	hours for	O:rec				8		organization	(W-2/1099-MISC/	from the
	related	16 9 J	slee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	150	al la		aariop	G w		1099-NEC)		and related
	below	Indiwidual trustee or director	Institutional Postee	Officer	Кеу етраючее	Highest compensated employee	Former			organizations
(1) MICHELLE GODFREY	9.60	<u>, ≅</u> .	Ĕ); (호	Ť.	윤		 	· · · ·
PRESIDENT/CEO	30.40	ł		х		}		0.	205,554.	8,413.
(2) DEREK BUCKLEY	13.00						_		300,302	-,
CHIEF OPERATIONAL OFFICER	27.00	ĺ				x		0.	149,365.	10,769
(3) KIMBERLY BLUM	1.00		_		Г	1	_			· · · · · · · · · · · · · · · · · · ·
DIRECTOR OF RESIDENT SERVICES	39.00	1				Х		0.	123,654.	34,351.
(4) JOHN KAISER	8.00				Γ					
CHIEF FINANCIAL OFFICER	32.00			Х	<u> </u>			0.	125,208.	16,916.
(5) KELLY DUBOIS	5.00								1	
VP MARKETING AND DONOR MGMT	35.00				<u> </u>	X		0.	119,529.	4,821.
(6) MARY LOU RASHKE	2.00							_	_	
CHAIR	0.00	X		Х	<u> </u>	ļ		0.	0.	0.
(7) KRISTEN PETERSON	2.00									_
VICE CHAIR	0.00	Х	<u> </u>	X	ļ_	ļ		0.	0.	0
(8) BOB ZELLERS	2.00	ļ								_
TREASURER	0.00	Х	<u> </u>	X	Ļ	<u> </u>		0.	0.	0 .
(9) ROB STROUD	2.00	١								_
SECRETARY	0.00	X	<u> </u>	X	<u> </u>		L.	0.	0.	0.
(10) ANN ATHAS	1.00	١	:	}					١ ,	۱ ,
DIRECTOR	0.00	Х	_		_			0.	0.	0 .
(11) DIANE HORNUNG	1.00	,,						0.	0.	0.
DIRECTOR	0.00	X.	-		\vdash	┝		· · · · · · · · · · · · · · · · · · ·		U .
(12) CRAIG HUNGERFORD	1.00	x	'	ĺ				0.	0.	0.
DIRECTOR (13) DELWYN KEANE	1.00	┝ᢚ	 		\vdash	\vdash		 		
DIRECTOR	0.00	x						0.	0.	0.
(14) ANDREA HENRICH	1.00	^	-		\vdash	\vdash		 		
DIRECTOR	0.00	x						0.	0.	0.
(15) LINDA TAYLOR	1.00			\vdash	_	\vdash		1	<u> </u>	
DIRECTOR	0.00	x						0.	0.	0.
		<u> </u>		\Box	\vdash	Г		1		
		1] :	}					
					Γ					
]				ļ			l	

Form 990 (2023) ATTIC AND	JEL PRAJ	RI	E	PO	IN	T,	I	INC.	39-1	.978	106	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloye	ees,	, and	Hig	ines	t <u>C</u>	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c unle	(C) Position ot check more than one inless person is both an r and a director/trustee)			an	(D) Reportable compensation from	(E) Reportable compensation from related		Est amo	(F) imated ount o ther	
	(list any hours for related organizations below line)	Individual trastee or director	institutional trustae	Olice:	Кеу етзюуее	Highest compensated employee	Sorme:	the organization (W-2/1099-MISC/ 1099-NEC)	organizatio (W-2/1099-MI 1099-NEC	ISC/	orga and	ensat m the nization relate nizatio	on id
									<u> </u>				
								The state of the s					
					ĺ								
								, , ,					
1b Subtotal								0.	723,3	10.	75	, 27	0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)						منتني		0.	723,3	10.	75	, 27	
Total number of individuals (including but no compensation from the organization	ot limited to the	ose li	isted	d abo	ove)	who	re	ceived more than \$100,0	000 of reportable	e 			0
3 Did the organization list any former officer,	director, truste	e, ke	ey e	mplo	yee	, or l	high	nest compensated empl	oyee on	Γ	\`	es	No
line 1a? If "Yes," complete Schedule J for su 4 For any individual fisted on line 1a, is the sur										····	3	1	X
and related organizations greater than \$150.Did any person listed on line 1a receive or ac	,000? f "Yes,"	con	nple	te So	chec	dule	J fo	or such individual			4	x	
rendered to the organization? If "Yes," comp								•			5		Х
1 Complete this table for your five highest com										pensati	on from)	
the organization. Report compensation for the (A)	ne cale <u>ndar ye</u>	ar en	din	g wit	h or	with	nin 1	the organization's tax ye (B)	ear.		(C)		
Name and business a	address	NO.	NE	•			+	Description of se	ervices	Co	mpens	ation	
							+						
	<u> </u>						+						
							\downarrow	<u></u>					
							_						
2 Total number of independent contractors (in- \$100,000 of compensation from the organizary)	-	t limi	ted	to th	ose 0	liste	ed a	above) who received mo	re than				
- · · · · · · · · · · · · · · · · · · ·									 -	F	orm 99	0 (20)23)

Form 990 (2023) ATTIC A

ATTIC ANGEL PRAIRIE POINT, INC.

1 4				ar nata ta anu linu	a in this Doct VIII			
	•	Check if Schedule O	contains a response (or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :		ributions) 1e grants, and labove 1f	25,485.				
ं दें	_1	1 Total. Add lines 1a-1f		·	25,485.		<u> </u>	
				Business Code				
Program Service Revenue	2 :	RESIDENT SERVICE REV	VENUE	623000	1,965,585.	1,965,585.		
ď.	1	All other program service	revenue					
		Total. Add lines 2a-2f			1,965,585.			
}	3	Income from investment of	of tax-exempt bond p	roceeds	282,040.			282,040.
	5	Royalties						 -
	(Less: rental expenses Rental income or (loss)	(i) Real 6a 6b 6c	(ii) Personal				
		Net rental income or (loss)	· ,	(2) (2)				
	7 :	Gross amount from sales of	(i) Securities	(ii) Other			:	
<u>e</u>	1	assets other than inventory Less: cost or other basis and sales expenses	7a 1,274,632. 7b 1,117,446.					
ੂਜ਼ ਵਿਸ਼	(
ther Revenue		Net gain or (loss) Gross income from fundraisir	ng events (not		157,186.			157,186.
ð	ŀ		8a					
		Net income or (loss) from t		,				
}	9 8	Gross income from gamin	g activities. See		,		*	
ł	Ŀ							
İ								
	10 a	Gross sales of inventory, less returns and allowances 10a			,			
	ŀ	Less: cost of goods sold						
		Net income or (loss) from :						
Miscellaneous Revenue	11 8	VI. 6 GOV. V. VII. OV. V. V. V. V. V. V. V. V. V. V. V. V. V		Business Code 900099	1,168.	1,168.		
lank	ŀ						<u> </u>	
Sev	(<u> </u>		
Σ. Esign	(2 2/6	·	1	<u> </u>
	12	Total Add lines 11a-11d Total revenue See instruction			1,168. 2,431,464.	1,966,753.	0.	439 226.

2023.05000 ATTIC ANGEL PRAIRIE POINT A2980911

000	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	· · ·	this Part IX		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
	and domestic governments. See Part IV, line 21	26,000.	26,000.		
2	Grants and other assistance to domestic	İ			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		ļ		
	individuals. See Part IV, lines 15 and 16		· · · · · · · · · · · · · · · · · · ·		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	82,968.	51,356.	21 612	
	trustees, and key employees	02,960.	21,330+1	31,612.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	******** ******* ***** ***************				
7	Other salaries and wages	568,826.	352,098.	216,728.	
8	Pension plan accruals and contributions (include	300,0201	332,030.	210,720.	
o	section 401(k) and 403(b) employer contributions)	10,365.	6,415.	3,950.	
9	Other employee benefits	77,762.	48,134.	29,628.	
10	Payroll taxes	47,121.	29,167.	17,954.	
11	Fees for services (nonemployees):	1,7121,	25,10,1	* **********	* *
··a			i		
b		6,228.		6,228.	
6		549.		549.	
d		3	·	- 3231	
e	Professional fundraising services. See Part IV, line 17	-			
f	·	37,630.		37,630.	
g:				27,7000	
٠	column (A), amount, list line 11g expenses on Sch O.)	67,901.	67,901.		
12	Advertising and promotion	47,472.		47,472.	-
13	Office expenses	51,314.	21,653.	29,661.	
14	Information technology	31,585.	,	31,585.	
15	Royalties	** **		^ * *	
16	Occupancy	298,608.	298,479.	129.	
17	Travel	713.	115.	598.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		}		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,763,922.	1,763,922.		
23	Insurance	61,145.		61,145.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MUNICIPAL SERVICES	117,512.	425.	117,087.	·
ď	REPAIRS AND MAINTENANCE	49,249.	48,830.	419.	
c	CATERING SERVICES	24,318.	24,318.		
đ	· · · · · · · · · · · · · · · · · · ·				
	All other expenses	6,365.	6,079.	286.	
25 	Total functional expenses. Add lines 1 through 24e	3,377,553.	2,744,892.	632,661.	0.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation.				
	Check here I offlowing SOP 98-2 (ASC 958-720)				

ATTIC ANGEL PRAIRIE POINT, INC.

	990 (rt X	2023) ATTIC ANGEL PRAIRIE POINT, INC. Balance Sheet	·	39-	1978106 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	690,880.	1	459,579.
	2	Savings and temporary cash investments	1,028,859.	2	1,632,567.
	3	Piedges and grants receivable, net		3	
	4	Accounts receivable, net	28,998.	4	20,842
	5	Loans and other receivables from any current or former officer, director,			,
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			<u> </u>
	,	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	355,000
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	78,921.	9	83,105
	i	Land, buildings, and equipment: cost or other	, , , , , , , , , , , , , , , , , , , ,	~~~	***
	'02	basis. Complete Part VI of Schedule D 10a 46,324,252.			
	"	Less: accumulated depreciation 10b 26,594,737.	20,470,805.	100	19,729,515
	11	Investments - publicly traded securities	10,690,300.	11	12,741,804
	12	Investments - other securities. See Part IV, line 11	20,000,000	12	
	13	Investments - orner securities, See Part IV, line 11		13	
	14			14	
	ļ	Intangible assets	79,027.	15	74,497
	15	Other assets. See Part IV, line 11	33,067,790.	16	35,096,909
_	16	Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses	281,226.	17	490,975
	18	ſ	201,2201	18	
	19	Grants payable	1,365,077.	19	1,496,066
	20	Deferred revenue	1,303,077.	20	1 2/450,000
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			 -
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			Ì
₽iŒ				22	İ
Lia	23	Control of the second control of the second control of the second of the	· · · · · · · · · · · · · · · · · · ·	23	
	24			24	
	25	Other liabilities (including federal income tax, payables to related third	···	24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			1
		10 0	46,301,628.	25	47,657,997
	0.0		47,947,931.	26	49,645,038
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	<u> </u>	40	20,020,000
ç		· —			
nce	0.7	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	-14,880,141.	27	-14,548,129
ala	27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14,000,242.	28	12,020,120
Net Assets or Fund Balances	28	Net assets with donor restrictions Organizations that do not follow EASR ASC 959, check here	 	_ & &_	· · · · · · · · · · · · · · · · · · ·
E		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			Ì
ğ	20			00	
sts.	29	Capital stock or trust principal, or current funds		29	
386	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
¥ .	31	Retained earnings, endowment, accumulated income, or other funds	_1/ 000 1/1	31	-14,548,129
ž	32	Total net assets or fund balances	-14,880,141.	32	-14,540,129, -25,006,000
	33	Total liabilities and net assets/fund balances	33,067,790.	33	35,096,909.

	990 (2023) ATTIC ANGEL PRAIRIE POINT, INC.	39-	1978106	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		i I	0.40		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,43		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,37		
3	Revenue less expenses. Subtract line 2 from line 1	3			89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-14,88		
5	Net unrealized gains (losses) on investments	5	1,27	8,1	<u>.01.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		~~~		
	column (B))	10	-14,54	8,1	.29.
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				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2a		X
	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:	5. , a	,		
	Separate basis Consolidated basis Both consolidated and separate basis				
'n	Were the organization's financial statements audited by an independent accountant?		2b	X	İ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hacie			
	consolidated basis, or both:	Dasis,			-
	Separate basis X Consolidated basis Both consolidated and separate basis		}		
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
٠				v	Ì
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
۸.	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	oule O.] }		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				,,,
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits] 3b]

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number 39-1978106

			AIRIE POINT,				3-13/0100
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	is part.) S	ee instructions.	
The organ	ization is not a private found	ation because it is: (f	For lines 1 through 12, cl	heck only o	one box.)		
1 []	A church, convention of ch					I)(A)(i).	
2	A school described in sect						
3 <u></u>	A hospital or a cooperative				tbY.1YAYti	i).	
∵ ⊟	A medical research organiz						the bospital's name.
• 🗀		ation operated in cor	gametion with a moophus	000011000	300113	ar it ofost the almas	,
- C	city, and state: An organization operated for	artha hanafit of a nal	laga ar university award	l or operate	nd by a go	vernmental unit describe	ad in
5 📖			lege of university owned	or operati	ed by a go	verninemai unit describe	7G III
	section 170(b)(1)(A)(iv). (C						
6	A federal, state, or local go						
7 📖	An organization that norma		ntial part of its support fr	rom a gove	rnmental	unit or from the general p	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8 <u> </u>	A community trust describe	, ,					
9 🔲	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	or
	university:						
10	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	ns, membership fees, and	d gross receipts from
	activities related to its exen						
	income and unrelated busin						
	See section 509(a)(2). (Co		(ood oddinon on the same mo			,	•
11 🔲	An organization organized	•	vely to test for public sat	fety See	section 50	19(a)(4).	
12 X	An organization organized						numoses of one or
12 []	more publicly supported or						
							SHOOK ING DOX ON
ſΨ	lines 12a through 12d that						ali da a
a [X							
	the supported organization			majority o	r the airea	tors or trustees or the st	pporung
_	organization. You must o	-					
ь 🗀	Type II. A supporting org						
	control or management of			ame perso	ns that co	ntrol or manage the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.				
c □	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	d with,
	its supported organizatio	n(s) (see instructions)). You must complete f	Part IV, Se	ctions A,	D, and E.	
a [.	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organia	zation(s)
	that is not functionally int						
	requirement (see instruct						
e X	¬ '						
•	functionally integrated, or					,, ,, ,, ,,	
f Ent	er the number of supported of			•			1
	vide the following information	•	d organization(s)				<u> </u>
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	mizalion listed	(v) Amount of monetary	(vi) Amount of other
,	organization	',	(described on lines 1-10	ni your gaverni		support (see instructions)	support (see instructions)
3 MMT O	3 3 (4.13.1		above (see instructions))	Yes	No		
	ANGEL	20 0054041	10	\ v		2,744,892.	0.
ASSUC	IATION	39-0854841	10	X		2,144,032.	
							{
				<u> </u>			
		ļ		<u> </u>		<u> </u>	
				<u> </u>			
			·				
				L			
Tatal		i				2,744,892.	0.

39-1978106 Page 2 ATTIC ANGEL PRAIRIE POINT, Schedule A (Form 990) 2023 INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain. or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f) 14 % 15 Public support percentage from 2022 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

Schedule A (Form 990) 2023

b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, 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

Se	ction A. Public Support	now, please comp	лете гатет.			 	• • • • • • • • • • • • • • • • • • • •
$\overline{}$	indar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						ı
2	Gross receipts from admissions,						
~	merchandise sold or services per-		i		Ì		
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose					Į.	
2	Gross receipts from activities that				† 		
•	are not an unrelated trade or bus-						
	iness under section 513		ļ		 	 -	
4	*					1	
	ization's benefit and either paid to		l				
	or expended on its behalf				 	 	
5	The value of services or facilities		ţ				
	furnished by a governmental unit to	'		,			
	the organization without charge					ļ <u>.</u>	<u>-</u>
6	Total. Add lines 1 through 5				ļ		
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		<u> </u>			<u> </u>	
ł) Amounts included on lines 2 and 3 received]		
	from other than disqualified persons that	I	ĺ			·	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		}				
	Add lines 7a and 7b		***************************************		`-		
	Public support. (Subtract time 7c from line 6.)	, , , , , , , , , , , , , , , , , , ,		· · · ·	† ····		~
	ction B. Total Support		<u> </u>		<u> </u>	<u> </u>	·
	indar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	- · · r	(a) 2015	(0) 2020	(0) 2021	(4) 2022	16/2020	317 10001
	Amounts from line 6				 	<u> </u>	
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				 	~ 	
i	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				<u> </u>	ļ	
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 Vt.)		,				
13	Total support. (Add lines 9, 10c, 11, and 12.)		,		Ĭ		
	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third, t	ourth, or fifth tax	vear as a section 5	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Public						
_	Public support percentage for 2023 (lin			olumn (ft)	^ /	15	%
16	Public support percentage from 2022					16	_%
_	ction D. Computation of Inves					1 101	
-	···			00 13 column (6)		17	%
17	· •					18	<u> </u>
18	Investment income percentage from 2			S d.A. and line		· · · · · · · · · · · · · · · · · · ·	
19	a 33 1/3% support tests - 2023. If the						ار اور اور در اور اور اور اور اور اور اور اور اور او
	more than 33 1/3%, check this box an	*	•				
I	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in:		V (Form 000) 2022

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		165	140
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1	х	
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		Х
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
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.	_3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	;		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	}		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	_	ł	x
h	was accomplished (such as by amendment to the organizing document).	5a		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	<u>d</u>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c	+	
U	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, (ii) intervaluals that also part of the charmable class	Ì		
	support or benefit one or more of the filling organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	1	Х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	— —		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		Х
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		X
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.	9a		Χ
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	[Ĭ	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		Х
С	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.	9c		<u>X</u>
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section	ŧ		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	{	ł	
	supporting organizations)? // "Yes," answer line 10b below.	10a		X
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		ĺ	
	determine whether the organization had excess business holdings.)	10b		

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Schedule A (Form 990) 2023

		TA VOTO	O P	age 5
Pa	rt IV Supporting Organizations (continued)			т
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	}		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	1	}	٠,
	11c below, the governing body of a supported organization?	11a	 	X
	A family member of a person described on line 11a above?	11b	-	 ^- -
¢	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1 440	Į	x
Sec	detail in Part VI. Stion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		1 163	I NO
٠	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	į	Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		i	-
	or management of the supporting organization was vested in the same persons that controlled or managed]
	the supported organization(s).	1_1_	<u> </u>	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ĺ		ł
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		}	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		<u> </u>
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		ļ	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		}	
800	supported organizations played in this regard. Ition E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
a	The organization satisfied the Activities Test. Complete line 2 helow.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	Instruction	1	LNI-
2	Activities Test. Answer lines 2a and 2b below.	(-	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
			1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
b	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2.0		
J	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		;	1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		[
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	market and the second of the s			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos." describe in Part VI the role clayed by the experiencies in this regard	3h		i

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 ATTIC ANGEL PRAIRIE Part V Type III Non-Functionally Integrated 509(a)(3) Supr	POINT, I	NC.	39-1978106 Page 6
			-
1 Check here if the organization satisfied the Integral Part Test as a quality of the Type III non functionally integrated supporting exceptions			n Part VI). See instructions.
All other Type III non-functionally integrated supporting organization	is 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		'
2 Recoveries of prior-year distributions	2	· · · · · · · · · · · · · · · · · · ·	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			1
maintenance of property held for production of income (see instructions)	6		1
7 Other expenses (see instructions)	7		<u> </u>
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	_		
a Average monthly value of securities	1a		<u> </u>
b Average monthly cash balances	1b		
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	1		
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amour	nt,		
see instructions).	4		}
6 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6	· · · · · · · · · · · · · · · · · · ·	<u> </u>
7 Recoveries of prior-year distributions	7		1
8 Minimum Asset Amount (add line 7 to line 6)	8	· · · · · · · · · · · · · · · · · · ·	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2	- 	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		***************************************
4 Enter greater of line 2 or line 3.	4	 -	
5 Income tax imposed in prior year	5	· \	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-func		1 Type III supporting are:	enization (see
instructions).	,	Near are are bound or Ar	and poo

Schedule A (Form 990) 2023

39-1978106 Page 7 ATTIC ANGEL PRAIRIE POINT, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 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. 8 Distributions to attentive supported organizations to which the organization is responsive forovide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder, Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3 and 4c. Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A	(Form 990) 2023	ATTIC	ANGEL	PRAIRIE	POINT,	INC.	39-1978106 P	age 8
Part VI	FARLIV, OBCOOK A, IIIIES 1	mation. Pr , 2, 3b, 3c, 4t lines 2 and 3:	ovide the ex 5, 4c, 5a, 6, Part IV, Se	xplanations requies, 9a, 9b, 9c, 11a, etion E. fines 1c	ired by Part II, 11b, and 11c; 2a, 2b, 3a, ar	line 10; Part II, line Part IV, Section B, ad 3b: Part V, line 1:	17a or 17b; Part III, tine 12; lines 1 and 2; Part IV, Section C, Part V, Section B, line 1e: Part V	
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Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

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

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

Employer identification number

Name of the organization	Employer identification number						
	ATTIC ANGEL PRAIRIE POINT, INC.						
Organization type (chec	k one):	-					
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	on is covered by the General Rule or a Special Rule. I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.					
General Rule							
_	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contri						
Special Rules							
sections 509(a) contributor, dui	ition described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sug (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 fing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	6b, and that received from any one					
contributor, dur literary, or educ	ition described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ring the year, total contributions of more than \$1,000 exclusively for religious, charita rational purposes, or for the prevention of cruelty to children or animals. Complete Pan (b) instead of the contributor name and address), II, and III.	ble, scientific,					
year, contribution is checked, ent purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total er here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becauble, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc., ruse it received nonexclusively					
	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedul						
	line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 iling requirements of Schedule B (Form 990).	90-PF, Part I, line 2, to certify					
For Paperwork Reduction	Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)					

	3 (Form 990) (2023)	<u> </u>	Page
Name of o	rganization		Employer identification number
ATTIC	ANGEL PRAIRIE POINT, INC.		39-1978106
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
1		\$25,4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
		\$	Person Payroll (Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payrofi Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
		 , \$	Person Payroll Onneash Complete Part II for noncash contributions.)
23452 12-26-2	3		Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

art II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

Schedule B (Form 990) (2023)

Name of or	rganization	-		Employer identification number			
ATTIC	ANGEL PRAIRIE POINT, IN	c.		39-1978106			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charter than the completing Part III additional sp	ns to organizations described in si hrough (e) and the following line en aritable, etc., contributions of \$1,000 or	try. For organizations	nat total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
				·			
-		(e) Transfer of gi	ft				
	Transferee's name, address, and	3 ZIP + 4	Relationship of tra	nsferor to transferee			

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
}							
		(e) Transfer of gif	ft				
	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift (c) Use of gi		(d) Description of how gift is h				
		(e) Transfer of gif	't				
-	Transferee's name, address, and	Relationship of trai	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
}							
_	(e) Transfer of gift						
	Transferee's name, address, and	Relationship of tran	nsferor to transferee				

Page 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.

2023
Open to Public Inspection

Name of the organization

ATTIC ANGEL PRAIRIE POINT, INC.

Employer identification number 39-1978106

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Similar Funds of	or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Assessments with a set amount of the set (storally assessed)		
4	Aggregate value at end of year		*** * ****
5	Did the organization inform all donors and donor advisors in w	iting that the assets held in donor advised	d funds
-	are the organization's property, subject to the organization's ex	•	
6	Did the organization inform all grantees, donors, and donor ad-		
•	for charitable purposes and not for the benefit of the donor or		-
	·		
Pa		nization answered "Yes" on Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	· · · · · · · · · · · · · · · · · · ·	historically important land area
	Protection of natural habitat	, <u>—</u>	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic struc		
-	Number of conservation easements included on line 2c acquire		
_	on a historic structure listed in the National Register	· ·	2d
3	Number of conservation easements modified, transferred, release		
	year	, , ,	3
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easements during the year
8	Does each conservation easement reported on line 2d above s	atisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial statemen	its that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furti	herance of public
	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under FASB ASC		•
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions f		Schedule D (Form 990) 2023

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	edute D (Form 990) 2023 ATTIC A	NGEL PRAIRIE	POINT,	INC.		3	<u>9-19</u>	78106	Page 2
Ра	rt III Organizations Maintaining C							S (contin	ued)
3	Using the organization's acquisition, access	on, and other records, ch	eck any of the	following th	at make sig	gnificant us	e of its		
	collection items (check all that apply).								
а	Public exhibition	ď [Loan or ex	change prog	gram				
b	Scholarly research	e [Other						
c	Preservation for future generations			·	•			•	
4	Provide a description of the organization's co	ollections and explain how	w they further	the organiza	tion's exem	pt purpose	in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations of art	, historical tre	asures, or ot	her similar a	assets			
	to be sold to raise funds rather than to be mi	aintained as part of the or	ganization's c	ollection?			[Yes	No No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	gements Complete if	the organization	on answered	"Yes" on F	orm 990, F	art IV, I		
12	Is the organization an agent, trustee, custodi		for contributio	na ar athar	nanta nati				
							_	٦	() .
h	on Form 990, Part X?						L-	Yes	∐_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	ng table:			,		A	
_	Confesion halana							Amount	
c	• • • • • • • • • • • • • • • • • • • •					10			
	Additions during the year								
e	Distributions during the year								
f	Ending balance			*******************************		1f			
	Did the organization include an amount on Fe					y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the explana	ation has been	provided in	Part XIII				
Pa	rt V Endowment Funds Complete if	the organization answere	ed "Yes" on Fo	rm 990, Par	t IV, line 10.				
		(a) Current year (t) Prior year	(c) Two ye	ars back (e	d) Three yea	rs back	(e) Four y	years back
1a	Beginning of year balance								
b	Contributions		•					·	
	Net investment earnings, gains, and losses		•	Ţ					
	Grants or scholarships			 					
	Other expenditures for facilities			Ť					
	and programs				ĺ				
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·		† <u>"</u>	<u> </u>				
g	End of year balance		 -	' 		· · · · · · · · · · · · · · · · · · ·			
2	Provide the estimated percentage of the curre	ent year and halance fline	1a cotumo (a	ll bold on:	<u> </u>				
	Board designated or quasi-endowment	-	rg, column (a	ijj neio as:					
a									
d	Permanent endowment	%							
С	 -	%							
_	The percentages on lines 2a, 2b, and 2c shou	•							
За	Are there endowment funds not in the posses	ssion of the organization t	hat are held a	nd administe	red for the			_	
	organization by:								res No
	(i) Unrefated organizations?							3a(i)	
	(ii) Related organizations?	***************************************						3a(ii)	<u> </u>
þ	If "Yes" on line 3a(ii), are the related organizat	ions fisted as required on	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		it funds.						
Par								.,	
	Complete if the organization answered	"Yes" on Form 990, Part	IV, line 11a, S	See Form 990), Part X, Iin	ne 10.			
	Description of property	(a) Cost or other basis (investment)		or other (other)		umulated eciation		(d) Book	value
1.2	Land	~ ~		3,466.	3001		٠,	3 223	,466.
	Buildings			5,972.	26 23	39,078		5,33 <u>3</u> 5,976	
	Leasehold improvements		34,41	2,216.	2.0,23	<i>35,</i> 070	1	010	,034.
			10	3,279.		EÉ CEA	. -	100	<u> </u>
	Equipment				<u>-</u> -:	55,659	•		,620.
	Other			1,535.	<u>L.</u>				,535.
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) must eq	rual Form 990. Part X, line	10c. column	(B))		*********		9,729	<u>,515.</u>

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ATTIC ANGEL PRAIRIE PO		39-1978106	Page
Part XI Reconciliation of Revenue per Audited Financial Sta		e per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, 1 Total revenue, gains, and other support per audited financial statements	une 12a.	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
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		
b Other (Describe in Part XIII.)	_4b		
c Add lines 4a and 4b	***************************************	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	2)	5	
Part XII Reconciliation of Expenses per Audited Financial St	atements With Expens	ses per Return	
Complete if the organization answered "Yes" on Form 990, Part IV, Ii			
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 †		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d			
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b			
5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information	8.)	5	
nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	, , , , , , , , , , , , , , , , , , ,		
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2 | Employer identification number 39-1978106 TO HELP FUND THE MADISON Open to Public OMB No. 1545-0047 2023 INNOVATIVE GRANT FUND. Inspection (h) Purpose of grant MITY SCHOOL DISTRICT or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the granteses' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States other Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. ď (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 26,000. INC. (c) IRC section (if applicable) POINT, 39-2043104 501(C)(3) ATTIC ANGEL PRAIRIE General Information on Grants and Assistance (B) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MADISON SCHOOL FOUNDATION 101 NOB HILL RD, STE 300 or government Name of the organization MADISON, WI 53713 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

Page 2 (f) Description of noncash assistance 39-1978106 (e) Method of valuation (book, FMV, appraisal, other) GRANTS TO THE MADISON PUBLIC SCHOOL FOUNDATION FOR INNOVATION GRANTS. IF THE REQUEST FOR Supplemental Information. Provide the information required in Part I, line 2: Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. THE DISBURSEMENT IS MADE FROM SCHOOL DISTRICT (d) Amount of non-cash assistance COMMITTEE THAT REVIEWS ANNUAL REQUESTS FOR (c) Amount of cash grant INC THE MADISON PUBLIC ATTIC ANGEL PRAIRIE POINT, (b) Number of recipients THE AAPP COMMUNITY, EAR-MARKED FOR (a) Type of grant or assistance ΒY SPECIAL GRANT IS APPROVED THAT ARE \sim LINE ď IS **!**—i THERE FUNDS Part IV Part III PART

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Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

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. Attach to Form 990. 2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

ATTIC ANGEL PRAIRIE POINT, INC.

Employer identification number

39-1978106

Pa	art (Questions Regarding Compensation			
				Yes	No
1a	Che	ck the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part	t VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
		First-class or charter travel			
		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 an	ry of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		abursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did ¹	the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trusf	tees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	India	cate which, if any, of the following the organization used to establish the compensation of the organization's			
		D/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to			
	esta	iblish compensation of the CEO/Executive Director, but explain in Part III.			
		Compensation committee			•
		Independent compensation consultant Compensation survey or study			
		Form 990 of other organizations Approval by the board or compensation committee			
4	Duri	ng the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	orga	anization or a related organization:			
a	Rece	eive a severance payment or change-of-control payment?	4a		X
b	Parti	icipate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
¢	Parti	icipate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Y	'es" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Onh	y section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	'		
5		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•		tingent on the revenues of:			
а		organization?	5a		х
		related organization?	5b		X
_		es" on line 5a or 5b, describe in Part III.			
6		persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
		tingent on the net earnings of:			
а		organization?	6a		X
b	Any	related organization?	6b		X
		es" on line 6a or 6b, describe in Part III.			
7		persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		i	
		described on lines 5 and 6? If "Yes," describe in Part III	7		X
8		e any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		al contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9		es" on line 8, did the organization also follow the rebuttable presumption procedure described in			
		ulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

39-1978106

Page 2

ATTIC ANGEL PRAIRIE POINT, INC.

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

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. Do not list any individuals that aren't listed on Form 990, Part VII.

		(B) Breakdown of W	-2 and/or 1099-MISC	and/or 1099-NEC	(C) Retirement and	(D) Nontaxable	(F) Total of columns	editoronomy (f)
		compensation	compensation		other deferred	benefits	(a) (b) (c) (a) (b) (c) (d)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE GODFREY	€	ıı	0	0	0	0.	0	C
Η.	(3)	200,554.	5,000.	0	6,167.	2,246.	213,967.	0
(2) DEREK BUCKLEY	ε		0.	0	0	1	4	
CHIEF OPERATIONAL OFFICER	Ξ	149,365.	0	0	6,721.	4.048.	160.13	
(3) KIMBERLY BLUM	Ξ	0	0	0	0	0		
DIRECTOR OF RESIDENT SERVICES	≘	123,654	0	0	5,564.	28,787.	158.00	
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Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

ATTIC ANGEL PRAIRIE POINT. INC. Employer identification number

39-1978106 PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE ATTIC ANGEL PRAIRIE POINT (AAPP) BOARD. THE EXECUTIVE COMMITTEE, EXCEPT TO THE EXTENT THAT ITS AUTHORITY MAY BE LIMITED BY RESOLUTION ADOPTED BY AN AFFIRMATIVE VOTE OF A MAJORITY OF THE AAPP BOARD, SHALL HAVE THE POWER TO TRANSACT ALL REGULAR BUSINESS OF AAPP DURING THE INTERIM BETWEEN MEETINGS OF THE AAPP BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE POWER TO ELECT OFFICERS OF THE AAPP BOARD. FORM 990, PART VI, SECTION A, LINE 4: BYLAWS WERE AMENDED TO INCLUDE ADDITIONAL RESPONSIBILITIES AND DUTIES ADDED TO THE BOARD OFFICER POSITION DESCRIPTIONS. DESCRIPTION OF COMMITTEES AND COMPOSITION OF EXECUTIVE COMMITTEE DESCRIPTION ADDED TO BYLAWS. FORM 990, PART VI, SECTION A, LINE 6: THE CORPORATION HAS A SINGLE CLASS OF MEMBERS, AND THE SOLE MEMBER OF THAT CLASS IS ATTIC ANGEL ASSOCIATION, EIN 39-0854841. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBER ELECTS THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE CFO REVIEWS THE DRAFT RETURN AND MAKES ANY NECESSARY CHANGES. THE CFO WILL REVIEW THE FINAL COPY OF THE RETURN AND PRESENT IT AT THE NEXT BOARD MEETING FOR REVIEW. AFTER THE RETURN IS PRESENTED TO THE BOARD, THE BOARD MINUTES REFLECT THAT MEMBERS HAD AN OPPORTUNITY TO REVIEW THE 990. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

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Name of the organization ATTIC ANGEL PRAIRIE POINT, INC.	Employer identification number 39-1978106
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD OF DIRECTOR MEMBERS ARE REQUIRED TO READ AND SIG	N AN ANNUAL
CONFLICT OF INTEREST POLICY. IT IS ALSO PART OF THE EMPLOY	EE HANDBOOK THAT
EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS	. PUBLIC
AUDITORS, AS PART OF THE ANNUAL AUDIT, REVIEW TRANSACTIONS	FOR ANY EVIDENCE
OF CONFLICTS OF INTEREST.	
	·
PREVIOUSLY FILED FEDERAL RETURNS ARE AVAILABLE UPON REQUES	T. CURRENT YEAR
RETURNS ARE AVAILABLE ON THE ATTIC ANGEL'S PUBLIC WEBSITE	
FORM 990, PART VI, SECTION C, LINE 19: ATTIC ANGEL PRAIRIE POINT'S FINANCIAL STATEMENTS AND TAX R AVAILABLE AT 8301 OLD SAUK ROAD, MIDDLETON, WI 53562.	ETURNS ARE
	
	
	

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Schedule R (Form 990) 2023 Employer identification number 39-1978106 (g) Section 512(b)(13) Open to Public Inspection ž OMB No. 1545-0047 × × × 2023 controlled entity? Direct controlling Yes entity Identification of Refated Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax exempt organizations during the tax year. Direct controlling entity ASSOCIATION ATTIC ANGEL ATTIC ANGEL ASSOCIATION End-of-year assets K/N **@** status (if section Public charity 501(c)(3)) LINE 12A, CINE 10 LINE 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships গু Exempt Code Go to www.irs.gov/Form990 for instructions and the latest information. section (C) (3) 01(C)(3) 501(C)(3) Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domícile (state or foreign country) foreign country) Attach to Form 990. WISCONSIN WISCONSIN VISCONSIN INC. PHILANTHROPY/OPERATION OF SENIOR RESIDENT HOUSING Primary activity Primary activity ATTIC ANGEL PRAIRIE POINT ONG TERM CARE HEALTH CENTER For Paperwork Reduction Act Notice, see the Instructions for Form 990. SERVICES Name, address, and EIN (if applicable) ATTIC ANGEL ASSOCIATION - 39-0854841 - 39-1919667 Name, address, and EIN of related organization of disregarded entity ATTIC ANGEL PLACE, INC. MIDDLETON, WI 53562 Name of the organization 8301 OLD SAUK ROAD 53717 53717 640 JUNCTION ROAD 640 JUNCTION ROAD Department of the Treasury Internal Revenue Service RIVERSONG, INC. SCHEDULE R MADISON, WI MADISON, WI (Form 990) Part II Parti

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Page 2 General or Percentage managing ownership Schedule R (Form 990) 2023 Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990. Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (i) Section 512(b)(13) controlled entity? 3 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV. line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership 39-1978106 Yesho 3 Code V-UBI camount in box 20 of Schedule K-1 (Form 1065) N Share of end-of-year assets Ξ 6 **Disproportionale** ž Placettons? Ê Share of total income Yes Share of end-of-year assets Type of entity (C corp., S corp, or trust) <u>@</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ত্ত <u>@</u> Legal domicile (state or foreign country) INC Direct controlling entity Ē Primary activity ATTIC ANGEL PRAIRIE POINT, (c)
Legal
domicile
(state or
foreign Primary activity 3 Name, address, and EIN of related organization Name, address, and EIN of related organization ê Schedule R (Form 990) 2023 æ 332162 09-26-23 Part III Part IV

37

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, INC.

Page 3

39-1978106

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ins with one or more re	lated organizations listed in	n Parts II-IV?			
	ifty			ţ		×
 b Gift, grant, or capital contribution to related organization(s) 				į ;		: >
(0)				2		:
d Loans or loan distantees to or for related organization(s)				ပ		×
המינה מינה אבשים ויכני ליו וכן וכומובי כיואמו ויכמוות וויכל		***************************************		₽		×
e Loans or loan guarantees by related organization(s)				9		×
China Commanded and Commanded				1		
				* -		×
g Sale of assets to related organization(s)				ţ		ļ×
h Purchase of assets from related organization(s)				7		(>
i Exchange of assets with related organization(s)			***************************************	=	†	4
i Lease of facilities, equipment, or other assets to related organization(s)				F		4
יייייייייייייייייייייייייייייייייייייי				=		×
k Lease of facilities, equipment, or other assets from related organization(s)						;
Performance of services or membership or fundasistate and services or membership or fundasistates for the services of services or membership or fundasistates for the services of services or membership or fundasistates for the services of services or membership or fundasistates for the services of services or membership or fundasistates for the services of services or membership or fundasistates for the services of services or membership or fundasistates for the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services or the services of services of services or the services or the services of services or the services of services or the services of services or the services of services or the services or the services of services or the services of services or the services of services or the services of services or the services or the services of services or the services of services or the services of services or the services of services or the services		***************************************		¥	1	×
Descriptions of services of members in portional assembles for the property of	related organization(s)			F		×
Sharing of services of the Incernity of Iundraland solicitations by	related organization(s)			Ę	×	
	tion(s)	***************************************		ţ	×	
o Sharing of paid employees with related organization(s)				٥	×	
				- 2	×	
 d Heimbursement paid by related organization(s) for expenses 				5	×	
				2	1	
r Other transfer of cash or property to related organization(s)				ţ		Þ
		b b p p p p p p p p p p p p p p p p p p		-	†	4
!	20120111111111111111111111111111111111		***************************************	13	7	×
The many of the above is the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	s line, including covered re	lationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(D)	.		
	type (a-s)		Method of determining amount involved	volved		
(I)						
(2)		•				
(3)						
(4)	:					
(9)		;				
<u>©</u>						
332165 09-28-23						-
79-07-07-07-07-07-07-07-07-07-07-07-07-07-			Schedule B (Form 990) 2023	R (Form	000	5000

39-1978106

Page 4

Schedule R (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, INC.

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

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

200	or Code V-UBI General of Perr	Yes No (Form 1065) Yes No		 							 						 		 	
(a)	ž č												 							
€)	ත <u>ි</u> *	-			W-W											,				
(9)	Are all continers sec. 501(5)(3)	Yes No			_		+			F						_		-		
esument partnersings.	Predominant income (related, unrelated,	excluded from tax und sections 512-514)	,								•									
sion for certain inve	micile	country)																***************************************		
ructions regarding exclus	Primary activity				•															
that was not a related organization, see instructions regarding exclusion for certain investment partitions.	Name, address, and EIN	60000					,	2 200		3										

Schedule R (F	Form 990) 2023 Supplemental Infor	ATTIC ANGEL	PRAIRIE	POINT,	INC.	39-1978106 Pa	age 5
·	Provide additional informa	ation for responses to a	estions on Scho	odula B. Saa in	structione		
	· · · · · · · · · · · · · · · · · · ·	and the transportation to the	2001.0113 017 00110	ddic (i. Çee ii	13110080113.		
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332165 09-28-23

Form 47

Wisconsin Exempt Organization Business Franchise or Income Tax Return

2023

Income Tax Return For catendar year 2023 or tax year beginning 04 01 2023 and ending 03 31 2024 MM DD YYYY Complete form using BLACK INK. Due Date: 15th day of 5th month (4th month for certain trusts and IRAs) following close of taxable year. **Exempt Organization Name** ATTIC ANGEL PRAIRIE POINT, INC. Suite Number 640 JUNCTION ROAD NOT STAPLE OR BIND State ZIP (+ 4 digit suffix if known) A Federal Employer ID Number City WI 53717 39 1978106 MADISON D Check if applicable and attach explanation: B Business Activity (NAICS) Code C State of Organization Enter abbreviation of state in box, or if a 1 ____ Amended return (Include Schedule AR) foreign country, enter below, 2 ____ First return - new corporation or entering Wisconsin 4 ____ Short period - change in accounting period 3 ____ Final return - corporation dissolved or withdrew 5 ____ Short period - stock purchase or sale 8 Check if applicable and see instructions: E _____ If you have an extension of time to file, enter extended due date F _____ If you have related entity expenses and are required to fite Schedule RT with this return G _____ If you changed your organization name Internal Revenue Service adjustments became final during the year Enter years adjusted I Check ✓ type of organization: J. Name of Trustee if Taxable as Trust 1 X Corporation 2 Trust - due 4th month 3 Trust - due 5th month ENTER NEGATIVE NUMBERS LIKE THIS ____ -1000 NOT LIKE THIS ____ (1000) NO COMMAS; NO CENTS Organizations Taxable as Corporations (Trusts do not fill in lines 1 through 13) _1 Unrelated business taxable income (from federal Form 990-T, Part 1, line 11) 4 Subtractions (from Part 2, Page 3) 5 Total net nonapportionable unrelated business taxable income (loss) (from Form N, line 8) APER CLIP check or money order here 6 Subtract lines 4 and 5 from line 3. This is apportionable unrelated business taxable income 6 7 Wisconsin apportionment percentage. Enter the apportionment schedule used: If 100% apportionment, check () the space after the arrow X If using separate accounting, check () the space after the arrow 8 Multiply line 6 by line 7 8 9 Wisconsin net nonapportionable unrelated business taxable income (loss) (from Form N, line 9) 10 Combine lines 8 and 9. This is Wisconsin unrelated business taxable income (loss) 11 Enter 7.9% (0.079) of amount on line 10. This is gross tax 11 12 Nonrefundable credits (from Schedule CR) 12 _ 13 Subtract line 12 from line 11. If line 12 is greater than line 11, enter zero (0). This is net tax ________13 Organizations Taxable as Trusts (Corporations do not fill in lines 14 through 23) 14 Unrelated business taxable income (from federal Form 990-T, Part 1, line 11 or attachment to federal Form 4720) 14 15 Additions (from Part 1, Page 3) 16 Add lines 14 and 15 17 Subtractions (from Part 2, Page 3) 18 Subtract line 17 from line 16. This is Wisconsin unrelated business taxable income _______18

19 Tax from tax table on amount on line 18. This is gross tax

202	3 Form 47		Page 2 of 3
<u>20</u>	Nonrefundable credits (from Schedule CR)		20
21	Net income tax paid to other states		21
22	Add lines 20 and 21		22
23	Subtract line 22 from line 19. If line 22 is greater than line 19, enter zero (C	1) This is not tay	22
24	Tax from line 13 or 23	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24
			24
25	Economic development surcharge (see instructions)		ac
26	Endangered resources donation (decreases refund or increases amount or	wed)	26
27	Veterans trust fund donation (decreases refund or increases amount owed	s)	27
28	Add lines 24 through 27		28
	Estimated tax payments less refund from Form 4466W 29 _		
30	Wisconsin tax withheld 30		
31	Refundable credits (from Schedule CR) 31		
			
32	Amended Return Only - amount previously paid		
33	Add lines 29 through 32 33	- · · · · · · · · · · · · · · · · · · ·	
34	Amended Return Only - amount previously refunded 34		
35	Subtract line 34 from 33		or.
		,,	
36	Interest, penaity, and late fee due (from Form U line 17 or 26, or Schedule I	If line 15 or 20\	
	If you annualized income on Form U or Schedule U, check (") the space a	of line 13 of 29).	00
37	Amount due. If the total of lines 28 and 36 is larger than line 35, subtract li	ing 25 from the total	36
	of lines 28 and 36 Overpayment. If line 35 is larger than the total of lines 28 and 36, subtract		37
20 (28 and 36 from line 35		38:
<u>39</u> E	Enter amount of line 38 you want credited on 2024 estimated tax 39		
40 (Publicant line 90 from the 90 MM		
<u>40</u> 8	Subtract line 39 from line 38. This is your refund		40
41 E	Enter total gross receipts from all unrelated trade or business activities		41
	itional Information Required		
	erson to contact concerning this return:	Phone #:	Fax #:
2 C	ity and state where books and records are located for audit purposes:		
3 Ar	re you the sole owner of any limited liability companies (LLCs)?	es X No If yes, complete	Schedule DE and include with this
re	turn. Did you include the incomes of these entities in this return?	Yes No	
			
4 Di	id you purchase any taxable tangible personal property or taxable services	for storage, use, or consumption	in Wisconsin without payment
		we Wisconsin use tax. See instru	
(Υ	ou will not be liable for Wisconsin use tax if you hold a Wisconsin Certificat	te of Exempt Status)	out to the report ass text.
	st the locations of your Wisconsin operations:	are an arrange at a second	
			
TL-:	Do you want to allow another person to discuss this return with the dopa	rtment? X Yes Complet	o the fallaction
Third	•	Tes Complet	e the following No
Party	y Print	Phone Number 🔻	Personal Identification Number (PIN)
Desig	Designee's gnee Name		
ı_ ı	nonaltias of law I doctors that this return and all attachments are two	ant and complete to the first	to an advantage of the state of
JNNAY		set, and complete to the best of m	v unnwiedde end hellef
	penalties of law, I declare that this return and all attachments are true, corre	1700	"] _
	periames of raw, receive mai mis return and all attachments are true, correspond to the corresponding of the corre	11 C9D	Date 11-19-24
Gign	Plus of Officer or Trustee Office Title Puil	wt/CEO	Date 11-19-24
Prep	Plus of Officer or Trustee Office Title Puil	WHICEO Employer ID Number	"] <u> </u>

Tou must file a copy of your federal Form 990-1 or 4/20, including attachments, with your Form 4T.

If you are not filing your return electronically, make your check payable to and mail your return to Wisconsin Department of Revenue PO Box 8908 Madison W! 53708-8908



2023	Form	43

Pa	rt 1 - Additions:			
1	Interest income (less related expenses) from state and municipal o	bligations	1 <u></u>	
2	State and local franchise or income taxes			
3	Capital gain/loss adjustment			
_	•			
<u>4</u>	Federal net operating loss carryover		4	
5	Related entity expenses (from Sch. RT, Part I or Sch. 2K-1, 3K-1, o	r 5K-1)	5	
6	Reserved for future use			
7	Transitional adjustments			
8	Credit computed (see instructions):			
	a Business development credit	8a	<u>.</u>	
	b Community rehabilitation program credit	8b	<u> </u>	
	<u>c</u> Development zones credits			
	d Economic development tax credit	8d		
	e Electronics and information technology manufacturing			
	zone credit	8e		
	<u>f</u> Employee college savings account contribution credit	8f		
	g Enterprise zone jobs credit	8g		
	h Farmland preservation credit			
	i Jobs tax credit	8i		
	* Manufacturing and animals are set to accompany	•		
	Manufacturing and agriculture credit (computed in 2022)			
	k Reserved for future use			
	Passaged for father use			
	m Reserved for future use	8m		
	n Total credits (add lines 8a through 8m)		Qn.	
9	Other additions:	***************************************		<u>·</u>
·	a	9a	_	
				
	b	9b		
	c	•		
	d Total other additions (add lines 9a through 9c)		9d	
10	Total additions (add lines 1 through 7, 8n, and 9d and enter on p	age 1)	10	•
Par	t 2 - Subtractions:			
1	Interest income (less related expenses) from United States government	ent obligations	1	<u>. </u>
2	Capital gain/loss adjustment		2	
<u>3</u>	Wisconsin net operating loss carryforward		3	<u>·</u>
4.	Deductible related entity expenses (from Sch. RT, Part II or Sch. 2K		4	.
<u>5</u>	Income from related entities whose expenses were disallowed (obta			
	related entity and submit with your return)			
<u>6</u>	Transitional adjustments		6	
_	Other transfer			
7	Other subtractions:	_		
	a			
	b	7b	<u> </u>	
		_		
	d. Total other authorities (add lines 7s through 7s)	7c		
	d Total other subtractions (add lines 7a through 7c)	45	7d	
<u>8</u>	Total subtractions (Add lines 1 through 6 and 7d and enter on pa	ige 1)	8	<u> </u>



** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

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.

Inspection

A I	For th	se 2023 calendar year, or tax year beginning APR 1, 2023 and ending	g M	AR 31, 20	024			
	Check :	C Name of organization	<u> </u>	D Employer id				
6	applicat		- 1					
	Addr chan	98 <u>ATTIC ANGEL PRAIRIE POINT, INC.</u>						
	Nam chan	ge 1 Doing business as		39-19	781	06		
	Initia _retori		/suite	E Telephone n				
	☐Final returi			(608)				
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	一寸	G Gross receipts \$		3,548,910.		
	_ Amer returi	A THADISON, WI 53/I/	Ī	H(a) Is this a gro	oup n			
	Appli	TENAME AND ADDRESS OF PRINCIPAL ORICER: MICHELLE GODFREI		for subordi				
_	pend	SAME AS C ABOVE	}	H(b) Are all subordin				
	I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions							
<u>J V</u>	J Website: WWW.ATTICANGEL.ORG H(c) Group exemption number							
		f organization: X Corporation Trust Association Other L				M State of legal domicile: WI		
Pa	rt I	Summary				· · · · · · · · · · · · · · · · · · ·		
40	1	Briefly describe the organization's mission or most significant activities: PROVIDE	HIG	H QUALIT	Y	SENIOR		
ž	j	HOUSING SERVICES IN A CARING AND PERSONALIZE	D A	<u>rmosphê</u> ri	<u> </u>			
rna	2	Check this box if the organization discontinued its operations or disposed of i	more t	han 25% of its no	et ass	sets.		
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	10				
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10				
SS	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5	O		
ŽĮŽ.	6	Total number of volunteers (estimate if necessary)			6	90		
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
_	b	Net unrelated business taxable income from Form 990 T, Part I, line 11			7b	0.		
		· · · · · · · · · · · · · · · · · · ·		Prior Year		Current Year		
ą,	8	Contributions and grants (Part VIII, line 1h)			0.	25,485.		
Revenue	9	Program service revenue (Part VIII, line 2g)		1,927,15	2.	1,965,585.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 317,				439,226.		
۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,63	2.	1,168.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		40,00	0.	26,000.		
-	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.		
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		625,40	4.	787,042.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.		
ê		Total fundraising expenses (Part IX, column (D), line 25)		· · ·				
μĵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,449,24	8.	2,564,511.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,114,65	2.	3,377,553.		
_		Revenue less expenses. Subtract line 18 from line 12		-865,68	0.	-946,089.		
58			Begi	nning of Current Y	eai	End of Year		
t Assets or of Balances	20	Total assets (Part X, line 16)	3	3,067,79	0.	35,096,909.		
器	21	Total liabilities (Part X, line 26)		7,947,93		49,645,038.		
	22	Net assets or fund balances. Subtract line 21 from line 20	-1	4,880,14	1.[-14,548,129.		
	rt (l	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta			of my	knowledge and belief, it is		
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	parer ha	s any knowledge.				
				l				
Sign		Signature of officer		Date				
Here	:	MICHELLE GODFREY, CEO						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Dai	14.7		PTIN		
bis ^o			P 11	/01/24 sell-s				
repa		Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41	L-0746749		
Jse ()nly	Firm's address 8215 GREENWAY BOULEVARD, SUITE 600						
		MIDDLETON, WI 53562		Phone no.	<u>608</u>	3-662-8600		
Иау	the IF	S discuss this return with the preparer shown above? See instructions		<u></u>		X Yes No		

Form	n 990 (2023) ATTIC ANGEL PRAIRIE POINT, INC.	39-1978106	Page 2
Pa	rt III Statement of Program Service Accomplishments		,
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	PROVIDE HIGH QUALITY SENIOR HOUSING SERVICES IN A CARING	AND	
	PERSONALIZED ATMOSPHERE THAT RESPECTS THE DIGNITY, ENCOU	RAGES THE	
	INDEPENDENCE, AND ENHANCES THE QUALITY OF LIFE OF EACH R	ESIDENT.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
-	If "Yes," describe these changes on Schedule O.		,,,,
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.	a, the total expenses, at	iu.
42	(Code:) (Expenses \$2,744,892. including grants of \$26,000.) (Revenue.	ues 1,966,	753.
40	PRAIRIE POINT COMMUNITY PROVIDES MAINTENANCE-FREE HOUSING	C VIII	/ 33 • /
	SUPPORTIVE SERVICE TO 179 RESIDENTS. RESIDENTS HAVE THE	· · · · · · · · · · · · · · · · · · ·	
	PARTICIPATE IN ACTIVITIES, ATTEND EVENTS, AND UTILIZE SE		7 0
	HOUSEKEEPING AND MEAL SERVICES, IN ADDITION TO HAVING PR		
	· · · · · · · · · · · · · · · · · · ·		<u> </u>
	TO OTHER LEVELS OF CARE WHEN NEEDED. PROVIDES PERIODIC A		
	THE FORM OF COMMUNITY OUTREACH TO OTHER NONPROFIT ORGS IN	N THE SUPPOR	<u>1</u> '
	OF SENIORS AND CHILDREN.	· · · · · · · · · · · · · · · · · · ·	
			
4b	(Code:) (Expenses \$	ue \$)
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code:) (Expenses \$	ue\$	1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		′

			<u></u>
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	<u> </u>	
4e	Total program service expenses 2,744,892.		
		Form 9	90 (2023)

Part IV | Checklist of Required Schedules

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х R Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, IX, or X, 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х Part VI 11a 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 Х 11b c. 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 Х 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes." 19 complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х Form 990 (2023)

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Par	990 (2023) ATTIC ANGEL PRAIRIE POINT, INC. 39-1978 † IV Checklist of Required Schedules (continued)	1100	P	'age 4
1 (2)	Tre Officerist of Required Schedules (continued)		.Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		.103	110
	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	<u> X</u>	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}		٠,
	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	١		
	any tax-exempt bonds?	24c	<u> </u>	├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 -	
20 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		 **
D	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? # "Yes," complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		**
20	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	<u> </u>		
	instructions for applicable filing thresholds, conditions, and exceptions):	{		1
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	Ì		ĺ
_	"Yes," complete Schedule L, Part IV	28a		х
ь	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? #			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and]
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			{
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u>L</u> .
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	<u> </u>	l
Par				
 -	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in hex 2 of Earm 1000 Enter A Start auxiliable	r	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter :0 if not applicable Enter the number of Forms W-26 included on line 1a. Enter :0 if not applicable.	1 :		}
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1		1
G	(gambling) winnings to prize winners?	1c	X	}
	Manual Manual and the transfer of the control of th			<u>. </u>

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Page 5

L:	Statements regarding other mornings and rax compliance (continued)			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No
Za	A			1
b		a.		1
3a	Did the exempization have unrelated hydrone exemple 4.4.000 as many divisor to a second	2b 3a		X
b	(1) A 1 1 1 2 2 4	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		\vdash
-,-	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	44		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		 -
6a				
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ŀ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ĺ	
9	Sponsoring organizations maintaining donor advised funds.	Ī		•
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a]		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ĺ	
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:	Į		
а	Gross income from members or shareholders		ŀ	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		I	
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.		ļ	
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	Ì	ĺ	
	organization is licensed to issue qualified health plans		İ	
	Enter the amount of reserves on hand			,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
þ	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	[
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or]	
	excess parachute payment(s) during the year?	15		<u> </u>
	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 income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.	}	j	
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	Ì		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	Í		

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	1 990 (2023) ATTIC ANGEL PRAIRIE POINT, INC. 39-197			age 6
Pai	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	ra "No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	·		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>LO</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.	+		
þ	Enter the number of voting members included on line 1a, above, who are independent	LO		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	. 2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?		Х	
7a		,		
, a	more members of the governing body?	7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	· ···		
D		7b		Х
_	persons other than the governing body?	· / -		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Х	
a		i	X	
b	Each committee with authority to act on behalf of the governing body?	. <u>8b</u>		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	. 9		_ <u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	~~		
		· ·	Yes	No
	Did the organization have local chapters, branches, or affiliates?	. 10a	-	_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			,
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? # "Yes," describe			
	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?		Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b		1 1		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
165	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
เบล		16a		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. 1.00		 -
В				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	105	,	
500	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 WI	· · · · · ·		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)	(J)S ONIY)	avallal	эie
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ATTIC ANGEL COMMUNITY - (608)662-8900			
	640 JUNCTION ROAD, MADISON, WI 53717			

Form 990 (2023)

ATTIC ANGEL PRAIRIE POINT, INC.

39-1978106

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

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

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

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

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)	(B)	7		-{(C)			(D)	(E)	(F)
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated
	hours per	bo	not c k, unle	ss pe	rson i	s boli	h aก	compensation	compensation	amount of
	week	<u> </u>	icer ar	nd a d	firecto	or/Irus	tes)	from	from related	other
	(list any	girector		ł	ļ	ŀ	ĺ	the	organizations	compensation
	hours for	5	1 2	ļ		P	ļ	organization	(W-2/1099-MISC/	from the
	related	1 88 SB	<u> </u>		22	Sec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	1 =	E E		Aold.	8	١.	1099-NEC)		and related organizations
	line)	Individual trustee or	Institutional austee	Officer	Key employes	Elghest compensated employee	former.			organizations
(1) MICHELLE GODFREY	9.60	┲	† - ~	<u> </u>	-		<u> </u>			·····
PRESIDENT/CEO	30.40	1		X	ł		<u> </u>	0.	205,554.	8,413.
(2) DEREK BUCKLEY	13.00	ľ								
CHIEF OPERATIONAL OFFICER	27.00]		<u> </u>	L	X		0.	149,365.	10,769.
(3) KIMBERLY BLUM	1.00		-		[_	ĺ				
DIRECTOR OF RESIDENT SERVICES	39.00			L.	L	Х		0.	123,654.	34,351.
(4) JOHN KAISER	8.00									
CHIEF FINANCIAL OFFICER	32.00			Х			<u></u> i	0.	125,208.	16,916.
(5) KELLY DUBOIS	5.00	1			ļ			,		
VP MARKETING AND DONOR MGMT	35.00	<u> </u>	<u> </u>		<u> </u>	X		0.	119,529.	4,821.
(6) MARY LOU RASHKE	2.00]]	İ						
CHAIR	0.00	X		Х	L.		<u> </u>	0.	0.	0.
(7) KRISTEN PETERSON	2.00									
VICE CHAIR	0.00	X	<u> </u>	Х		ļ		0.	0.	0.
(8) BOB ZELLERS	2.00	1							İ	
TREASURER	0.00	X		X			<u> </u>	0.	0.	
(9) ROB STROUD	2.00	ļ					li			
SECRETARY	0.00	X		X			Щ	0.	0,	0.
(10) ANN ATHAS	1.00									
DIRECTOR	0.00	X	Ш				i	0.	0.	0.
(11) DIANE HORNUNG	1.00	1	1							
DIRECTOR	0.00	X	Щ		Щ			0.	0.	0.
(12) CRAIG HUNGERFORD	1.00	ļ	ĺ					_		
DIRECTOR	0.00	X	<u> </u>					0.	0.	0.
(13) DELWYN KEANE	1.00								\$	
DIRECTOR	0.00	Х						0.	0.	0.
(14) ANDREA HENRICH	1.00							_		
DIRECTOR	0.00	Х					_	0.	0.	0.
(15) LINDA TAYLOR	1.00	ļ				l				
DIRECTOR	0.00	X					_	0.	0.	0.
	ļ	1								
	 	_	$\vdash \vdash$	\square		\dashv				
	<u> </u>	{								
-		<u> </u>	لـــا	لسبا				i	<u> </u>	G 000 (0000)

Form 990 (2023) ATTIC AND	EL PRAI	RIE	P	<u> ZIC</u>	ľ <u>,</u>	I	NC.	39-1	9781	06	Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loyee	s, ar	d Hi	ghes	t Co	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related	box, us officer	Po t check nless p and a	erson i	than o	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatic from relate organization (W-2/1099-MI 1099-NEC)	on d ns SC/	Esti amo o comp fro	(F) mate ount o ther ensat m the nizati	of tion
	organizations below line)	Individual Irostee or director	Gitteer	Кеу етрюуес	Eighest compansated employee	Former	1099-NEC)			•	relate	ed
											·	
			<u> </u>						\dashv			
· · · · · · · · · · · · · · · · · · ·						•						
				-								
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)	, Section A						0. 0. 0.	723,3	0.		, 27	0.
Total number of individuals (including but no compensation from the organization						re:	ceived more than \$100,	000 of reportable	ė	- 15	res l	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st				,		-		•		3		Х
 For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a 	,000? If "Yes,"	" com	olete	Sche	dule	J fo	or such individual	.		4	x	
rendered to the organization? If "Yes," composition B. Independent Contractors										5		Х
Complete this table for your five highest cor the organization. Report compensation for t	•						the organization's tax ye		pensatio			
(A) Name and business	address	NON	IE			1	(B) Description of s	ervices	Co	(C) mpens		<u> </u>
	· · · · · · · · · · · · · · · · · · ·					7						
						+		ĺ				
Total number of independent contractors (in \$100,000 of compensation from the organize)	•	t limit	ed to	thos		ed a	above) who received mo	ore than				
									F	orm 9	90 (2	(023)

Form	99	0 (P	RAIRIE PO	DINT, INC.		39-1978 <u></u>	106 Page 9
Pa	rt \	V []	Statement of Re	ver	nue						
			Check if Schedule O	cont	ains a respor	nse	or note to any lin			(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ν v	1	2	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues								
9.0			Fundraising events						ļ		
ifts Ir A			—		1d		25,485.				
S, G		e	Government grants (contr				·				
Š		f	All other contributions, gifts,		· —-						
but			similar amounts not included	abov	/e 1f				[
<u> </u>		g	Noncash contributions included in	lines '	1a-1f 1g \$						•
<u> ೧</u> ಚ		h	Total, Add lines 1a-1f	u	************			25,485.			
}							Business Code				
ě	2		RESIDENT SERVICE REV			_	623000	1,965,585.	1,965,585.		
e S		b				_					
S E		¢	· · · · · · · · · · · · · · · · · · ·								·
Be		ď									
Program Service Revenue		e f	All other program service	rovo	nue						
_			Total. Add lines 2a-2f					1,965,585.			· -
	3		Investment income (includ								
ĺ	Ť		·	•				282,040.			282,040.
	4		Income from investment of				i i				
İ	5		Royalties	. <u></u>							
				}	(i) Real		(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6c	<u> </u>					 	
			Net rental income or (loss)						* ***		·
	7	а	Gross amount from sales of		(i) Securitie		(ii) Other			į	
			assets other than inventory	7a	1,274,6	32.					
a		b	Less: cost or other basis	75	1,117,4	16					
evenue		_	and sales expenses	7b 7c	157,1	_					
			Net gain or (loss)	_	·	_		157,186.			157,186.
er R	8		Gross income from fundraisir		i			· ·			· ·
Other	_		including \$								
			contributions reported on								
			Part IV, line 18			8a				}	
		b	Less: direct expenses			8b					
1			Net income or (loss) from t		· 1	s				_ ·	
	9	а	Gross income from gamin	-	į.						
			Part IV, line 19		i	9a					
			Less: direct expenses			9b					
	**		Net income or (loss) from (_	- I						-
	w	a	Gross sales of inventory, leand allowances			10a					
}		'n	Less: cost of goods sold			10b					
}			Net income or (loss) from				*			^^	
			The state of the s				Business Code				
Stro	11	a	MISCELLANEOUS INCOME			_	900099	1,168.	1,168.		
ane		d									
Miscellaneous Revenue		С									
ž, Z			All other revenue								·
		e	Total. Add lines 11a-11d					1,168.			

439,226.

٥.

1,966,753.

2,431,464.

Total revenue, See instructions

Form 990 (2023)

ATTIC ANGEL PRAIRIE POINT, INC.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 26,000. 26,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 82,968. 51,356. trustees, and key employees 31,612. 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 568,826. 352,098. 216,728. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10,365. 6,415. 3,950. 48.134. 77,762. 29,628. Other employee benefits 47,121. 29,167. 17,954. Payroll taxes 10 11 Fees for services (nonemployees): a Management 6,228. 6,228. Legal 549. 549. Accounting Lobbying Professional fundraising services, See Part IV, line 17 Investment management fees _____ 37,630. 37,630. Other. (If line 11g amount exceeds 10% of line 25, 67,901. 67,901 column (A), amount, list line 11g expenses on Sch 0.) 47,472. 47.472. Advertising and promotion 12 29,661. Office expenses 51,314. 21,653. 13 31,585.Information technology 31,585. 14 15 Royalties , 298,608. 298,479. 129. 16 Occupancy 713. 115. 598. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 1,763,922. 1,763,922. Depreciation, deptetion, and amortization 22 61,145. 61,145. 23 Insurance 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.) MUNICIPAL SERVICES 117,512. 425. 117.087. REPAIRS AND MAINTENANCE 49,249. 48,830. 419. CATERING SERVICES 24,318. 24,318. ¢ þ 6,365. 6,079. 286. e All other expenses 3,377,553. 2,744,892. 632,661. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance

ATTIC ANGEL PRAIRIE POINT, INC.

39-1978106 Page 11

Pa	art X	Balance Sheet			1370100 Fage !!
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	690,880.	1	459,579.
	2	Savings and temporary cash investments	1,028,859.	2	1,632,567.
	3	Pledges and grants receivable, net		3	2,002,007
	4	Accounts receivable, net	28,998.	4	20,842.
	5	Loans and other receivables from any current or former officer, director.		 -	20,0121
	ł	trustee, key employee, creator or founder, substantial contributor, or 35%	ļ		
		controlled entity or family member of any of these persons	ļ	5	
	6	Loans and other receivables from other disqualified persons (as defined			
	1	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ø	7	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	355,000.
Assets	8	Inventories for safe or use	· · · · · · · · · · · · · · · · · · ·	8	333,0001
As	9	Prepaid expenses and deferred charges	78,921.	9	83,105.
	10a	Land, buildings, and equipment: cost or other	ļ — — — — — — — — — — — — — — — — — — —	<u> </u>	33,232.
	İ	basis. Complete Part VI of Schedule D 10a 46, 324, 252.			
	b	Less: accumulated depreciation 10b 26,594,737.	20,470,805.	10c	19,729,515.
	11	Investments - publicly traded securities	10,690,300.	11	12,741,804.
	12	Investments - other securities, See Part IV, line 11		12	
	13	investments - program-related. See Part IV, line 11		13	
	14	intangible assets	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets. See Part IV, line 11	79,027.	15	74,497.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	33,067,790.	16	35,096,909.
	17	Accounts payable and accrued expenses	281,226.	17	490,975.
	18	Grants payable	****	18	
	19	Deferred revenue	1,365,077.	19	1,496,066.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ς.	22	Loans and other payables to any current or former officer, director,			"
Liabilities	Ì	trustee, key employee, creator or founder, substantial contributor, or 35%		:	
abi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		Ì	
		of Schedule D	46,301,628.	25	<u>47,657,997.</u>
	26	Total liabilities. Add lines 17 through 25	47,947,931.	26	49,645,038.
rΛ		Organizations that follow FASB ASC 958, check here			
ě		and complete lines 27, 28, 32, and 33.	1	Ì	
lan	27	Net assets without donor restrictions	-14,880,141.	27	-14,548,129.
B	28	Net assets with donor restrictions		28	
ŭ		Organizations that do not follow FASB ASC 958, check here		ł	
<u> </u>		and complete lines 29 through 33.	ł		
ts c	29	Capital stock or trust principal, or current funds		29	<u> </u>
əss	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž		Total net assets or fund balances	-14,880,141.	32	-14,548,129.
	33	Total liabilities and net assets/fund balances	33,067,790.	33	35,096,909.

Forn	990 (2023) ATTIC ANGEL PRAIRIE POINT, INC.	39-3	197 <u>810</u>	6 F	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), iine 12)	1			464.
2	Total expenses (must equal Part IX, column (A), line 25)	2			553.
3	Revenue less expenses. Subtract line 2 from line 1	3			089.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-14,8		
5	Net unrealized gains (losses) on investments	5	1,2	78,	101.
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	-14,5	48,	<u> 129.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·			<u></u> _
			_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.	}		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				1
b	Were the organization's financial statements audited by an independent accountant?		21	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			1
	consolidated basis, or both:				}
	Separate basis X Consolidated basis Both consolidated and separate basis				İ
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,,,	20	: X	┷
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			1
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		38	a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				T
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3k	3	
			For	m 99	0 (2023)

SCHEDULE A

Department of the Treasury

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust, Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	ATT:	IC ANGEL PR	AIRIE POINT,	INC.				39-1978106	5	
Part I	Reason for Public	Charity Status.	(All organizations must	complete t	his part.) 9	See instruction	s.			
The orga	nization is not a private foun	dation because it is: ((For lines 1 through 12, o	check only	one box.)					
1 [A church, convention of c	hurches, or association	on of churches describe	d in section	on 170(b)(1)(A)(i).				
2 🗀	A school described in sec	ction 170(b)(1)(A)(ii).	(Attach Schedule E (For	m 990).}						
з 🗀	A hospital or a cooperative	e hospital service org	anization described in s	ection 17	O(b)(1)(A)(i	iit).				
4	A medical research organi	ization operated in co	njunction with a hospita	l described	d in section	on 170(b)(1)(A)	(iii), Ente	r the hospital's nar	me,	
	city, and state:									
5	An organization operated	for the benefit of a co	llege or university owne	d or operat	ted by a go	overnmental ur	nit describ	ed in		
	section 170(b)(1)(A)(iv).	(Complete Part II.)								
6 <u>L</u>	A federal, state, or local go	overnment or government	nental unit described in	section 1	70(b)(1)(A)(v).				
7 🗀	An organization that norm	rganization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
_	section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Pa	rt II.)						
9 🗀	An agricultural research or	rganization described	in section 170(b)(1)(A)	(ix) operat	ed in conji	unction with a l	and-grant	t college		
	or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he coileg	e or		
	university:									
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment									
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.									
_	See section 509(a)(2). (Complete Part III.)									
11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
12 X	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
	more publicly supported o	_	,,				. ,, .	Check the box on		
Г	lines 12a through 12d that									
a 1.4	Type I. A supporting org									
	the supported organizati			majority o	of the direc	ctors or trustee	s of the s	upporting		
	organization. You must	•								
ь <u> </u>	☐ Type II. A supporting org									
	control or management of			ame perso	ns that co	ntrol or manag	e the sup	ported		
	organization(s). You mus	*								
C (.	☐ Type III functionally into						/ integrate	ed with,		
, F	its supported organization	•	·	•	-	•	,			
d ∟	☐ Type III non-functionali that is not functionally in						•	, ,		
	that is not functionally in	•		,		•	an attentr	veness		
e D	requirement (see instruct			-			Tues (0)			
e <u>1</u>	Check this box if the org functionally integrated, or					Type I, Type II	, туре ш			
f Ent	er the number of supported	- ·	•	ng organiz	ation.			f ***	1	
	vide the following informatio		d organization(s)		*			L		
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	invalion histad	(v) Amount of i	nonetary	(vi) Amount of at	ther	
	organization		(described on lines 1-10 above (see instructions))	iń your governi Yes	No Nio	support (see ins	tructions)	support (see instruc	ctions)	
TTIC	ANGËL		REDOVE (See Instructions))	1				 		
	IATION	39-0854841	10	X		2,744	.892.		0.	
			——————————————————————————————————————				<u>, , , , , , , , , , , , , , , , , , , </u>	 		
				ļ						
		1	<u>"</u>							
]						
•	· · · · · · · · · · · · · · · · · · ·			,				<u> </u>		
		<u> </u>						1		
	<u> </u>		<u> </u>							
otal						2,744	,892.	I	0.	

332021 12-21-23

Schedule A (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, INC.

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

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

Se	ction A. Public Support				·	····	
Cale	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and				T		``
	membership fees received. (Do not						
	include any "unusual grants.")			ļ			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			†			
	or expended on its behalf			l		ł	
3	The value of services or facilities						
	furnished by a governmental unit to					Ì	
	the organization without charge						
4	Total, Add lines 1 through 3						
5	The portion of total contributions		-				,
	by each person (other than a	ĺ					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	Į					
	amount shown on line 11,	;					
	column (f)			l			
6	Public support, Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						· · · · · · · · · · · · · · · · · · ·
8	Gross income from interest,						
	dividends, payments received on			ĺ		i	
	securities loans, rents, royalties,					1	
	and income from similar sources		<u></u>		ļ		
9	Net income from unrelated business			ł			
	activities, whether or not the					}	
	business is regularly carried on					ļ	
10	Other income. Do not include gain		}				
	or loss from the sale of capital				ł		
	assets (Explain in Part VI.)		ļ			<u> </u>	
11	Total support. Add lines 7 through 10			l		ļ	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	,
	organization, check this box and stop	here					<u> </u>
	ction C. Computation of Publi	·				1	
	Public support percentage for 2023 (li		•			_14	
	Public support percentage from 2022					15	%
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or n	nore, check this box	and
	stop here. The organization qualifies	. ,	•				
b	33 1/3% support test - 2022. If the o	-			l line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	-	-				Ш
17a	10% -facts-and-circumstances test	•					-
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts and circumstances te				*		
b	10% -facts-and-circumstances test						IU% or
	more, and if the organization meets th				-		
	organization meets the facts-and-circu		•	•			
18	Private foundation. If the organization	л ака пот спеск а	pax on line 13, 16	a, 100, 1/a, or 1/b	o, eneck this box a		
						ocnedule A	(Form 990) 2023

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39-1978106 Page 3

Schedule A (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, 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.)

Se	ction A. Public Support	olow, piedee dome	sioto i die ing				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	ĺ	1		1		
	include any "unusual grants.")			ļ			j
2	Gross receipts from admissions,]
	merchandise sold or services per-			1			1
	formed, or facilities furnished in		ļ				
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		<u> </u>				
v	are not an unrelated trade or bus-						
	incom under continu E19					1	

4	Tax revenues levied for the organ-					Í	
	ization's benefit and either paid to				1		ŀ
_	or expended on its behalf	<u> </u>			-		
5	The value of services or facilities				}		1
	furnished by a governmental unit to	İ					
	the organization without charge				 		
6	Total. Add lines 1 through 5				 		<u> </u>
78	Amounts included on lines 1, 2, and					-	
	3 received from disqualified persons				1	ļ	
Ŀ	Amounts included on lines 2 and 3 received	Į į	:			1	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				ì		
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtractions 7c from line 6.)						
	ction B. Total Support					•	•
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) = 3 + 5	(2) 2424	(0) = 00	,5,202	(5) 5 5 5	147 - 4-1
	Gross income from interest,	<u> </u>			 		
	dividends, payments received on						
	securities loans, rents, royalties,					ļ	
	and income from similar sources		~		 		· · · · · · · · · · · · · · · · · · ·
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975						
	Add lines 10a and 10b					ļ	
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.)				<u> </u>		
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	ourth, or fifth tax	year as a section 5	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage	····			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15	Public support percentage for 2023 (li	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	%
	Public support percentage from 2022	•	•			16	%
	ction D. Computation of Inves						
	Investment income percentage for 20	~ ^ ^^	~~~~	ne 13. column (fil		17	%
	Investment income percentage from :					18	
	: 33 1/3% support tests - 2023. If the			on line 14, and line			
193						474.4	
	more than 33 1/3%, check this box ar	•	-	•			
b	33 1/3% support tests - 2022. If the	-					
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	ı, or 19b, check th	nis box and see ins	structions	<u></u>

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Sec	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain,	1	x	
2	Did the organization have any supported organization that does not have an IRS determination of status		1	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2	i i	X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
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.	3c	j	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? #	1	·	
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		Х
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	ĺ]	
	despite being controlled or supervised by or in connection with its supported organizations.	4b	ÌΙ	
С	Did the organization support any foreign supported organization that does not have an IRS determination	1-7		
	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)	İ		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1.5		
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ŀ		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	ŀ		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1		
	was accomplished (such as by amendment to the organizing document).	5a	Ìl	Х
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b	l İ	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		<u> </u>	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		j	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	i l	Х
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	Ì		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		Х
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.	9a	ĺĺ	X
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.	9b	1	X
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.	9c	<u> </u>	X
0a	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.	10a		Х
h	Did the organization have any excess business holdings in the tay year? If the School to C. Form 4700 to			

determine whether the organization had excess business holdings.) 332024 12-21-23 Schedule A (Form 990) 2023

	edule A (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, INC.	39-1978	106	Pa	age 5
Pe	rt IV Supporting Organizations (continued)		\neg		
4.	Like the avancientian accounted a sift or such its size to a such its		\dashv	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	ĺ			ĺ
а	11c below, the governing body of a supported organization?	1	.		v
h	A family member of a person described on line 11a above?	11			X
	•	11	"		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	J	.		x
Sec	stion B. Type I Supporting Organizations	[11	c		Λ
				V	N.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o		\rightarrow	Yes	No
٠	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off		ı		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	,			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp				
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among		.]	x	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1	-+	^	
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			i	
			.	ľ	X
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		1	
			<u> </u>	Yes	B.t.s.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		\rightarrow	res	No
٠	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		Ì	-	
	•	ļ		ļ	
	or management of the supporting organization was vested in the same persons that controlled or managed				
Sec	tion D. All Type III Supporting Organizations				
		n	1.	7 T	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		-+	Yes	IVO
٠	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ļ			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	+	+	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			İ	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	<u> </u>		+	
•	significant voice in the organization's investment policies and in directing the use of the organization's	j	1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ļ		1	
		3			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	actions).			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.				
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.		اممما		
2	Activities Test. Answer lines 2a and 2b below.	y (see msnuct		res T	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		-+'	163	NO
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify				
	those supported organizations and explain how these activities directly furthered their exempt purposes,	İ			
	how the organization was responsive to those supported organizations, and how the organization determined		-	1	
	that these activities constituted substantially all of its activities.	2a	. 🕴		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		\neg	<u> </u>	
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		}		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in				
	these activities but for the organization's involvement.	2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	20	+	\dashv	
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or				
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	-	+	—
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		Ì	
					

332025 12-21-23

Schedule A (Form 990) 2023

	edule A (Form 990) 2023 ATTIC ANGEL PRAIRIE POI			39-1978106 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		<u></u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	maintenance of property held for production of income (see instructions)	6		<u> </u>
7	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u> </u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year):			1
а	Average monthly value of securities	1a		_]
b	Average monthly cash balances	1b		I
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		I
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			<u>. l</u>
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3]
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			}
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1 1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3 [
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting orga	anization (see
	instructions).	-		

Schedule A (Form 990) 2023

ATTIC ANGEL PRAIRIE POINT, INC. 39-1978106 Page 7 Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt use assets 4 5 Qualified set-aside amounts (prior IRS approval required provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 Underdistributions, if any, for years prior to 2023 (reasonable cause required · explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D. a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4, Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2023, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

e Excess from 2023

Schedule A	(Form 990) 2023	ATTIC	ANGEL	PRAIRIE	POINT,	INC.		<u> 39-1978106</u>	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	r mation. P 1, 2, 3b, 3c, 4 , lines 2 and 3	rovide the e b, 4c, 5a, 6, B; Part IV, Se	xplanations requ 9a, 9b, 9c, 11a, ection E, lines 1c	ired by Part 11b, and 11 2, 2a, 2b, 3a,	II, line 10; P c; Part IV, S and 3b; Par	ection B, lines t V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pa	C.
	(See instructions.)			 					
	~								
								<u> </u>	
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Schedule B

Department of the Treasury

(Form 990)

Schedule of Contributors

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

OMB No. 1545-0047

2023

Internal Revenue Service Name of the organization Employer identification number ATTIC ANGEL PRAIRIE POINT, 39-1978106 INC. 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 [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ___ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _____ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)	Page 2
Name of organization	Employer identification number

ATTIC ANGEL PRAIRIE POINT, INC.

39-1978106

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,485.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZI P + 4	(c) Total contributions	(d) Type of contribution
23452 12.26.5		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number ATTIC ANGEL PRAIRIE POINT, INC. 39-1978106

art II	Noncash Property (see instructions). Use duplicate copies of I	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
4			
(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)	· · · · · · · · · · · · · · · · · · ·		<u> </u>
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
153 12-26-2		\$	Schedule B (Form 990) (2

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

AMMTO ANGEL PRAIRIE POINT TATO Employer identification number 20 1070106

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered Tes on Form 990, Fait IV, link	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(6) 55/15/ 52/15/5	(a) t allos allo sillot accounts
2	Aggregate value of contributions to (during year)		·
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		 .
5	Did the organization inform all donors and donor advisors in w		od fundo
ŭ	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
·	for charitable purposes and not for the benefit of the donor or	¥ 5	,
	and the second s	construction and strict purpose to	· · · · · · · · · · · · · · · · · · ·
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreati	· · · · · · · · · · · · · · · · · · ·	a historically important land area
	Protection of natural habitat	· <u> </u>	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure.		
ď	Number of conservation easements included on line 2c acquir		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year	,	•
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it i	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservati	on easements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	• • • • • •	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial statemen	nts that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	er Similar Assets.
	Complete if the organization answered "Yes" on Form S		
1a	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
þ	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furthe	rance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial (gain, provide
	the following amounts required to be reported under FASB AS	•	
а	Revenue included on Form 990, Part VIII, line 1		\$
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.	Schedule D (Form 990) 2023

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Schedule D (Form 990) 2023

	dule D (Form 990) 2023 ATTIC A	NGEL PRAIR ollections of Ar				r Other		39-19 Asset s		
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	Public exhibition	c	i 🗀	Loan or exc	hange progr	am				
ь	Scholarly research	€	• 🔲	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	offections and explain	n how th	ney further th	ne organizatio	on's exem	pt purpos	e in Part	XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical treas	sures, or othe	er similar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	llection?	<u> ,</u>			Yes	No.
Pai	t IV Escrow and Custodial Arran	gements Comple	ete if the	organization	n answered "	Yes" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other interme	diary for	contribution	ns or other as	sets not i	nciuded		_	
	on Form 990, Part X?	***************************************						L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ilowing t	table:						
									Amount	<u> </u>
c	Beginning balance				***************************************		1c			
ď	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabilit	y?	,, L.	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if		swered '	"Yes" on For					•	
		(a) Current year	(b) F	Prior year	(c) Two year	rs back ((d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions	,,								
С	Net investment earnings, gains, and losses		ļ		<u> </u>		_			
d	Grants or scholarships									
e	Other expenditures for facilities					-				
	and programs		ļ					,		
f	Administrative expenses	·	ļ							
g	End of year balance					[<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1ç	g, column (a))) held as:					
a	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
c	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held ar	nd administer	red for the)		,	, .
	organization by:									Yes No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?		• • • • • • • • • • • • • • • • • • • •						3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	funds.						
Par	t VI Land, Buildings, and Equipm	ent								
	Complete if the organization answered	d "Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990	, Part X, li	ine 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Bool	k value
		basis (investr	ment)	1	(other)	dep	reciation			
1a	Land				3,466.					3 <u>,466.</u>
b	Buildings	l l		42,21	5,972.	26,2	39,07	8. 1	<u>5,97€</u>	5,894.
C	Leasehold improvements			ļ						
đ	Equipment			•	3,279.	3	55,65	9.		7,620.
_ е	Other] 7	1,535.	L.,			71	- ,
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. line 1:	0c. column	(B))			1	9,729	€,515.

Schedule D (Form 990) 2023

hedule D (Form 990) 2023 ATTIC ANGEL Part VII Investments - Other Securities Complete if the organization answered "Yes" of			39-1978106 Pag
a) Description of security or category (including name of security)	(b) Book value		z. et or end-of-year market value
Financial derivatives			
Closely held equity interests			
Other			
(A)			 -
(B)			
(C)			
(D)			
(E)	<u> </u>		
<u>(F)</u>	-		
(G)			
(H)			· · · · · · · · · · · · · · · · · · ·
at. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) art VIII Investments - Program Related. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990. Part X line 1	-
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	 -
(1)			
(2)		İ	
(3)		<u> </u>	
(4)			······································
(5)			·
6)			
7)	·		
8)			
(9)			
art IX Other Assets Complete if the organization answered "Yes" or	n Form 990 Part IV line	11d See Form 990 Part Y line 15	
~~~	escription	174.000 101111000  1 01171, 1110 10	(b) Book value
(1)			
(2)			
(3)			
(4)			***
(5)			
6)			
7)			
8)			
9)	<del></del>		
al. (Column (b) must equal Form 990, Part X, line 15, col., art X Other Liabilities	(B))		NI PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PARTITION OF THE PAR
Complete if the organization answered "Yes" or	Form 990, Part IV Jine 1	11e or 11f. See Form 990. Part Y	ting 25
(a) Description of liability		TO S. THE COOT OFFI GOO, FAIT A,	(b) Book value
(1) Federal income taxes	<del></del>		(2) 2001 1200
2) UNEARNED RESIDENCY FEES	· · · · · · · · · · · · · · · · · · ·	<del> </del>	47,600,024
3) RESIDENCY FEE & REFUNDABLE		<del></del>	2.,,200,041
4) DEPOSITS	· · · · · · · · · · · · · · · · · · ·		20,000
5) STREET ASSESSMENT LIABILITY	Ÿ.	<del></del>	37,973
	<del></del>		
<del> </del>			
6)			
(6) (7) (8)	·····		
6) (7)			

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Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT		39-1978106 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenu	ie per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	
1 Total revenue, gains, and other support per audited financial statements	,	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a ]	
b Donated services and use of facilities	1	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
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	<b> </b>
	I I	<del></del>
b Other (Describe in Part XIII.) c Add lines 4a and 4b		4c
		***************************************
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial State	ments With Eynen	ses ner Return
	•	oes per neturn
Complete if the organization answered "Yes" on Form 990, Part IV, line 1	<del>-</del>	
,		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	i _ 1	
a Donated services and use of facilities		<del></del>
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 15 and 25; F	art V, line 4; Part X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	edditional information.	
	~ ~ ~	
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	<del></del>	
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ž Employer identification number Schedule 1 (Form 990) 2023 39-1978106 TO HELP FUND THE MADISON Open to Public OMB No. 1545-0047 Inspection INNOVATIVE GRANT FUND. (h) Purpose of grant or assistance CITY SCHOOL DISTRICT X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States other Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Ö (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 26,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. (c) IRC section (if applicable) POINT, 39-2043104 \$01(C)(3) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table ATTIC ANGEL PRAIRIE Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization MADISON SCHOOL FOUNDATION 101 NOB HILL RD, STE 300 or government Name of the organization MADISON, WI 53713 Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Part

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Schedule (form 990) 2023 ATTIC ANGEL PRAIRIE		POINT, INC.			39-1978106 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Comple Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ete if the organization answered "Yes" on Form 990, Part IV, line 22	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	3	¢			, , , , , , , , , , , , , , , , , , ,
Part IV   Supplemental Information, Provide the information required in		e 2: Part III, column	Part I, line 2: Part III, column (b); and any other additional information.	ditional information.	
PART I, LINE 2:	j			¢ — monoto	
THERE IS A SPECIAL COMMITTEE THAT I	THAT REVIEWS A	ANNUAL REOU	REQUESTS FOR G	GRANTS TO THE	
MADISON PUBLIC SCHOOL FOUNDATION FO	FOR INNOVATION	TION GRANTS.	H	THE REQUEST FOR	
GRANT IS APPROVED BY THE AAPP COMM	UNITY, TH	COMMUNITY, THE DISBURSEMENT	MENT IS MADE	OE FROM	
FUNDS THAT ARE EAR-MARKED FOR THE 1	THE MADISON P	PUBLIC SCHO	SCHOOL DISTRICT.	ľ.	
				5 5 5 5 5	
332102 11-01-23					Schedule 1 (Form 990) 2023

## 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.

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

ATTIC ANGEL PRAIRIE POINT, INC.

Employer identification number 39-1978106

P	art I Questions Regarding Compensation			
_			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		1.00	1
	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		!	1
	Tax indemnification and gross up payments Health or social club dues or initiation fees	İ		
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
ħ	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	}		
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	15		·
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	TOSTOCOS, AIND OTHEOTOS, INCIDATING AND OFFICE OFFICE OFFICE OFFICE TOSTOCOS, INCIDATING AND OFFICE TOSTOCOS,	-		<b></b>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	<b> </b>		
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee	j l		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling	<u> </u>		ı
	organization or a related organization:		i	; I
a	Receive a severance payment or change-of-control payment?	4a	j	X
þ	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		ł	
•	contingent on the revenues of:			
а	The organization?	5a		Х
h		5tb	$\neg$	X
	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ļ	ļ	
٠	contingent on the net earnings of:		1	
2	· ·	6a		Х
h	The organization? Any related organization?	<u> </u>		<u>x</u>
ņ	If "Yes" on line 6a or 6b, describe in Part III.	6b		
7	·			
,	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
o	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u> .
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		ł	
	Regulations section 53,4958-6(c)?	ŧ 9-l		

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

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

39-1978106

Page 2

ATTIC ANGEL PRAIRIE POINT, INC.

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	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	<u>5</u>	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHELLE GODFREY	≘	0.	0	0	0	0	0	0
PRESIDENT/CEO	_ ⊕	0 200,554.	5,000.	0.	6,167.	2,246.	213,967.	0
(2) DEREK BUCKLEY	Ξ	0.	0	0	0	0.	0	0
CHIEF OPERATIONAL OFFICER	<u>(E)</u>	149,365.	0	0.	6,721.	4,048.	160,134.	0
(3) KIMBERLY BLUM	Ξ	[`0 ](	0.	0.	0	0.	0	•0
DIRECTOR OF RESIDENT SERVICES	≘	123,654.	0.	0.	5,564.	28,787.	158,005.	0
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	39-1978106	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b. 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	part for any additional information,	
PART I, LINE 3:		3
ATTIC ANGEL ASSOCIATION IS THE EMPLOYER OF ALL THE EMPLOYEES OF ATTIC ANGEL		
ASSOCIATION AND ATTIC ANGEL PLACE. THERE IS AN HR COMMITTE THAT REPORTS		
TO THE BOARD OF DIRECTORS. THE CEO/PRESIDENT'S JOB DESCRIPTION IS REVIEWED		
ANNUALLY BY THE HR COMMITTEE AND SALARY RECOMMENDATIONS ARE MADE TO THE		
BOARD FOR APPROVAL AND IMPLEMENTED BY THE PAYROLL AREA.		
		<u> </u>
THE HR DIRECTOR AND THE HR DIRECTOR'S TEAM REVIEW MARKET DATA THROUGH		
SALARY SURVEYS AND ONLINE MARKET COMPENSATION TOOLS. ANY RECOMMENDATIONS		
ARE DOCUMENTED IN THE MINUTES OF THE HR COMMITTEE AND ANY RECOMMENDATIONS		
APPROVED BY THE BOARD ARE APPROVED IN THE MINUTES OF THE BOARD MEETING.		
	•	\$
	,	
	Schedule J (Form 990) 2023	990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

ATTIC ANGEL PRAIRIE POINT, INC.

Employer identification number 39-1978106

FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE ATTIC ANGEL PRAIRIE POINT (AAPP) BOARD. THE EXECUTIVE COMMITTEE, EXCEPT TO THE EXTENT THAT ITS AUTHORITY MAY BE LIMITED BY RESOLUTION ADOPTED BY AN AFFIRMATIVE SHALL HAVE THE POWER TO TRANSACT ALL VOTE OF A MAJORITY OF THE AAPP BOARD, REGULAR BUSINESS OF AAPP DURING THE INTERIM BETWEEN MEETINGS OF THE AAPP THE EXECUTIVE COMMITTEE DOES NOT HAVE THE POWER TO BOARD OF DIRECTORS. ELECT OFFICERS OF THE AAPP BOARD. FORM 990, PART VI, SECTION A, LINE 4: BYLAWS WERE AMENDED TO INCLUDE ADDITIONAL RESPONSIBILITIES AND DUTIES ADDED TO THE BOARD OFFICER POSITION DESCRIPTIONS. DESCRIPTION OF COMMITTEES AND COMPOSITION OF EXECUTIVE COMMITTEE DESCRIPTION ADDED TO BYLAWS. PART VI, SECTION A, LINE 6: FORM 990, AND THE SOLE MEMBER OF THAT THE CORPORATION HAS A SINGLE CLASS OF MEMBERS, CLASS IS ATTIC ANGEL ASSOCIATION, EIN 39-0854841. FORM 990, PART VI, SECTION A. LINE 7A: THE MEMBER ELECTS THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11B: THE CFO REVIEWS THE DRAFT RETURN AND MAKES ANY NECESSARY CHANGES. THE CFO WILL REVIEW THE FINAL COPY OF THE RETURN AND PRESENT IT AT THE NEXT BOARD MEETING FOR REVIEW. AFTER THE RETURN IS PRESENTED TO THE BOARD, THE BOARD MINUTES REFLECT THAT MEMBERS HAD AN OPPORTUNITY TO REVIEW THE 990.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization  ATTIC ANGEL PRAIRIE POINT, INC.	Employer identification number 39-1978106
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD OF DIRECTOR MEMBERS ARE REQUIRED TO READ AND SIG	N AN ANNUAL
CONFLICT OF INTEREST POLICY. IT IS ALSO PART OF THE EMPLOY	EE HANDBOOK THAT
EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS	. PUBLIC
AUDITORS, AS PART OF THE ANNUAL AUDIT, REVIEW TRANSACTIONS	FOR ANY EVIDENCE
OF CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 18:	
PREVIOUSLY FILED FEDERAL RETURNS ARE AVAILABLE UPON REQUES	T. CURRENT YEAR
RETURNS ARE AVAILABLE ON THE ATTIC ANGEL'S PUBLIC WEBSITE	
FORM 990, PART VI, SECTION C, LINE 19:	
ATTIC ANGEL PRAIRIE POINT'S FINANCIAL STATEMENTS AND TAX R	ETURNS ARE
AVAILABLE AT 8301 OLD SAUK ROAD, MIDDLETON, WI 53562.	
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Schedule R (Form 990) 2023 (g) Section 512(b)(13) Š Employer identification number 39-1978106 Open to Public Inspection × OMB No. 1545-0047 × × controlled 2023 Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling ATTIC ANGEL ASSOCIATION STIC ANGEL ASSOCIATION End-of-year assets N/N <u>e</u> status (if section Public charity Н 501(c)(3)) LINE 12A, LINE 10 LINE 10 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code 9 section Go to www.irs.gov/Form990 for instructions and the latest information. 501(C)(3) 501(C)(3) 01(c)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) Attach to Form 990. WISCONSIN MISCONSIN MISCONSIN PHILANTHROPY/OPERATION OF HNC. SENIOR RESIDENT HOUSING Primary activity Primary activity ATTIC ANGEL PRAIRIE POINT, LONG TERM CARE HEALTH CENTER For Paperwork Reduction Act Notice, see the Instructions for Form 990. SERVICES Name, address, and EIN (if applicable) - 39-0854841 - 39-1919667 Name, address, and EIN of related organization of disregarded entity ATTIC ANGEL ASSOCIATION INC. MIDDLETON, WI 53562 Name of the organization 8301 OLD SAUR ROAD MADISON, WI 53717 ATTIC ANGEL PLACE, 53717 640 JUNCTION ROAD 640 JUNCTION ROAD Department of the Treasury Internal Revenue Service RIVERSONG, INC. SCHEDULE R MADISON, WI (Form 990) Part 11 Part

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ATTIC ANGEL PRAIRIE POINT, Schedule R (Form 990) 2023

INC.

Page 2 General or Percentage managing ownership ₹ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Yes No 39-1978106 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) y  $\boldsymbol{\epsilon}$ Cisproportionale Yes No allecations? Ξ Share of end-of-year assets 9 Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity <u>@</u> Name, address, and EIN of related organization Part III

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

(a)	æ	[ [	] 					
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	(a) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled
								Yes
								<u> </u> 
					·-			
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Schedule R (Form 990) 2023

39-1978106

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Schedule R (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, INC.

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

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schoolule					ـــــ	1
1 During the tax year, did the organization encace in any of the following transactions with one or more related organizations listed in Parts ILIV?	s with one or more rel	ated organizations listed i	Dark ILIV		S	2
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Α.	•		7		×
b Gift, grant, or capital contribution to related organization(s)		***************************************		÷		×
Gift, grant, or capital contribution from related organization(s)				2 4		×
d Loope or loop discontabe to or for related proposition(c)				;		>
				Ö	1	اه
e Loans or loan guarantees by related organization(s)				<u>e</u>		×
						;
† Dividends from related organization(s)				<b>‡</b>	1	×
g Sale of assets to related organization(s)				2		×
Purchase of assets from related organiza		h h h p p p p p p p p p p p p p p p p p		‡ 		×
	***************************************		***************************************		1	4
i Exchange of assets with related organization(s)				F	`	×
j Lease of facilities, equipment, or other assets to related organization(s)				#	_	×
k Lease of facilities, equipment, or other assets from related organization(s)				<b>*</b>	_	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			#		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×	
Charles to be a second to the second section of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second	(1 + (+)	***************************************			<b>\$</b> >	
	ion(s)			٤	4	Ī
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×	
				:		
p Reimbursement paid to related organization(s) for expenses					×	
Reimbursement paid by related organization(s) for expenses				-	×	
				- - - -	+	
a Other transfer of many or proposition to relation and analysis of				,		Þ
Other transies of cash of property to related organization(s)	***************************************			-		()
s Other transfer of cash or property from related organization(s)	***************************************			\$		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete this	s line, including covered r	elationships and transaction thresholds.			Ī
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(F)	<b>!</b>					
(2)		VA.				
(3)						Ī
(4)					3	Ī
(5)						
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Schedule R (Form 990) 2023 ATTIC ANGEL PRAIRIE POINT, INC.

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

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

nicile Predominatinome same same same same same same same sa	(a) (b) (c) (d)	(q)	(c)	(d) (e)	<b>(2)</b>	(B)	Œ	9	8	<u>\$</u>
Sections 512-514) Vess No income assets Ves No	Name. address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income parters (related, unrelated, 501 cg.			Disproper- tionate allocations?	Code V-UBI	General or managing	Percentage ownership
			country)	sections 512-514) yes N			Yes No	oi scredule K-1 (Form 1065)	Yes No	<u>.</u>
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Schedule I	R (Form 990) 2023	ATTIC ANGEL	PRAIRIE	POINT,	INC.	<u> 39-1978106</u>	Page 5
Part VI	R (Form 990) 2023  Supplemental Info	ormation		<del></del>		<del></del>	<del></del> -
		mation for responses to qu	estions on Sch	edule R. See in	estructions.		
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Form	.990-T	F	Exempt Organization Busines	s Income Tax Ret	urn	OMB No. 1545-0047
			(and proxy tax under sec	tion 6033(e))		
		Forca	lendar year 2023 or other tax year beginning $ { m APR}    1$ , $   202$	3 and ending MAR 31,	2024	2023
Oepar	tment of the Treasury		Go to www.irs.gov/Form990T for instruction	is and the latest information.		
Interna	al Revenue Service	ļ :	Do not enter SSN numbers on this form as it may be made			Open to Public Inspection for 501(c)(3) Organizations Only
A L	Check box if address changed.	ļ [	Name of organization (	ind see instructions.)	D &	inployer identification number
	xempt under section	Print	ATTIC ANGEL PRAIRIE POINT,			39-1978106
	] 501(c )( 3 ) ] 408(e)220(e)	Type	Number, street, and room or suite no. If a P.O. box, see ins 640 JUNCTION ROAD	tructions.		roup exemption number se instructions)
	] 408A530(a)		City or town, state or province, country, and ZIP or foreign	postal code		
	∫529(a) []529A		MADISON, WI 53717	25 206 200	F [	Check box if
G (	 Check organization t		ok value of all assets at end of year	35,096,909.  O1(a) trust Other trust		an amended return.
· (	Shook organization (	ype	X 6417(d)(1)(A) Applicable entity	Origination Other trust	State	e college/university
H	Check if filing only to	claim		on Form 2439 X Elective pa	vment am	ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleh			
J E	nter the number of	attache	10 1 1 1 4 / 400 -			
			corporation a subsidiary in an affiliated group or a pa			Yes No
	f "Yes," enter the na	me and	d identifying number of the parent corporation		_	
			ATTIC ANGEL COMMUNITY	Telephone number	(608	3)662-8900
Par	rt I Total Unr	elate	Business Taxable Income			
1	Total of unrelated	busine	ess taxable income computed from all unrelated trades	s or businesses (see instructions)	1	
2	Reserved				. 2	
3	Add lines 1 and 2				3	<u> </u>
4	Charitable contrib	utions	(see instructions for limitation rules)	***************************************	4	
5			taxable income before net operating losses. Subtract	line 4 from line 3	5	
6					6	ļ
7			ss taxable income before specific deduction and sect	ion 199A deduction.		
_	Subtract line 6 fro		*·····································		7_	<u> </u>
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)		8	
9	Trusts, Section 19	99A de	duction. See instructions		9	<del></del>
10 11	lotal deductions.	. Add II	nes 8 and 9			<del>                                     </del>
Par	t II   Tax Comp	outati	<del></del>		11	
1			s corporations. Multiply Part I, line 11 by 21% (0.21)		1	
2			ates. See instructions for tax computation. Income ta		]	
	Part I, line 11, fron	n: <u>X</u>	Tax rate schedule or Schedule D (Form 10	)41)	2	ļ
3	Proxy tax, See ins					0.
4	Other tax amounts	s. See i	nstructions		4	ļ <u> </u>
5	Alternative minimu	ım tax			5	ļ
6	Tax on noncompl	liant fa 	cility income. See instructions		6	
Par	t III Tax and F	throug Paymi	h 6 to line 1 or 2, whichever applies		7	0.
	<del></del>		~ ·		<del></del>	<del>,</del>
1a b	Other credits (see		ations attach Form 1118; trusts attach Form 1116)			1
C	•		tions) Attach Form 3800 (see instructions)	1b		ĺ
ď			num tax (attach Form 8801 or 8827)		—	
e	Total credits. Add			······	┥,	
2			la through 1d t B, line 7		<u>1e</u>	<del> </del> _
~ За	Amount due from I			1 1	2	<del></del>
ь	Amount due from !		^<+		<del>-</del>	
c	Amount due from f		667			
ď	Amount due from f				$\dashv$	
e	Other amounts due				$\dashv$	
f		,	ines 3a through 3e		<b>⊣</b> ,, ∣	}
4	Total tax. Add line	s 2 and	d 3f (see instructions).	riously deferred under	3f	<del></del>
•			amount here	,	4	
_5	Current net 965 tax	x liabilit	y paid from Form 965-A, Part II, column (k)		. 5	. v
LHA	For Paperwork Red	duction	Act Notice, see instructions. 323701 11-20-23		··_,ı •	Form <b>990-T</b> (2023)

	90-1 (2023)		<del></del>		<del> </del>	Page 2
Part I	II Tax and Payments (continued)					
6 a	Payments: Preceding year's overpayment credited to the current year	6a				
b	Current year's estimated tax payments. Check if section 643(g) election	_		}		
	applies	6b		] [		
c	Tax deposited with Form 8868	6c		] {		
đ	Foreign organizations: Tax paid or withheld at source (see instructions)	6d_		] [		
e	Backup withholding (see instructions)	6e		] }		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		] }		
g	Elective payment election amount from Form 3800	6g	20,665.	] {		
h	Payment from Form 2439	6h		]		
	Credit from Form 4136			] {		
	Other (see instructions)			] }		
7	Total payments. Add lines 6a through 6j			7	20,0	665.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		<i></i>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	aid	***************************************	10		<u> 665.</u>
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax		Refunded	11	20,0	<u> 565.</u>
Part I	V Statements Regarding Certain Activities and Other Informati	on (se	e instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or	a signate	ure or other authority		Yes	No.
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organizat	tion may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name o	f the foreign country			
	here					<u> </u>
2	During the tax year, did the organization receive a distribution from, or was it the gran	itor of, a	r transferor to, a		1	
	foreign trust?					
	If "Yes," see instructions for other forms the organization may have to file.					ŧ
3	Enter the amount of tax-exempt interest received or accrued during the tax year		\$ <u> </u>			
4	Enter available pre-2018 NOL carryovers here \$ Do not in	nciude a	ny post-2017 NOL ca	rryover	ļ	ŀ
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	iny dedu	ction reported on Part	t I, line 6	3. j	
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	NOL car	ryovers. Don't reduce	•		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	the tax y	year. See instructions.			
	Business Activity Code	Ava	ilable post-2017 NOL	carryov	rer	
		<u> </u>				
	<u></u>	<del></del>				
<del></del>		<u> </u>				
		<u>,                                    </u>				
6а	Reserved for future use					
	Reserved for future use		·····		<u></u>	
Part \	/ Supplemental Information					
Provide	any additional information. See instructions.					
	<u> </u>					
Cian.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare			dge and be	stief, it is true,	
Sign			M	ay the IRS	discuss this return	with
Here	CEO		th	e preparer	shown below (see	_
	Signature of officer Date Title		ins	structions)	? X Yes	No
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ate	Check i	( PTIN	J	
Paid	LAURA SCHWEITZER, LAURA SCHWEITZER, self-employed					_
Prepai		<u>1/01,</u>			1760010	
Use O	niv Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41	L-074674	<u> 19</u>
	8215 GREENWAY BOULEVARD, SUITE	600				
	Firm's address MIDDLETON, WI 53562		Phone no. 6	08-6	62-8600	)

Form 990-T (2023)

Department of the Treasury Internal Revenue Service Name(s) shown on return

## **General Business Credit**

Go to www.irs.gov/Form3800 for instructions and the latest information. You must include all pages of Form 3800 with your return.

OMB No. 1545-0895

Identifying number

ΑΊ	TIC ANGEL PRAIRIE POINT, INC.	3	9-1978106			
	Corporate Alternative Minimum Tax (CAMT) and Base Erosion Anti-Abuse Tax (BEAT). Are you both (a) an "app					
	corporation" within the meaning of section 59(k)(1) for the CAMT, and (b) an "applicable taxpayer" within the meaning of					
	section 59A(e) for the BEAT? See instructions	`	Yes X No			
Pa	art I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)					
_	Go to Part III before Parts I and II. See instructions.					
1	Non-passive credits from Part III, line 2: combine column (e) with non-passive amounts from column		· · · · · · · · · · · · · · · · · · ·			
	(g). See instructions	1 1				
2	Passive credits from Part III, line 2: combine column (f) with passive amounts		_ <del>````</del>			
	in column (g). See instructions					
3	Enter the applicable passive activity credits allowed for 2023. See instructions	3				
4	Carryforward of general business credit to 2023. See instructions for statement to attach	4				
	Check this box if the carryforward was changed or revised from the original reported amount					
5	Carryback of general business credit from 2024. See instructions	5				
6	Add lines 1, 3, 4, and 5	6				
Pá	art II Allowable Credit	· · · · · ·				
7	Regular tax before credits:					
	● Individuals, Enter the sum of the amounts from Form 1040, 1040-SR, or					
	1040-NR, line 16; and Schedule 2 (Form 1040), line 2.	1				
	● Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 1;					
	or the applicable line of your return.	7	0.			
	• Estates and trusts. Enter the sum of the amounts from Form 1041,					
	Schedule G, lines 1a and 1b, plus any Form 8978 amount included on	•				
	line 1d; or the amount from the applicable line of your return.					
8	Alternative minimum tax:					
	● Individuals. Enter the amount from Form 6251, line 11.					
	Corporations. Enter the amount from Form 4626, Part II, line 13.	8	0.			
	• Estates and trusts. Enter the amount from Schedule ! (Form 1041), line 54.					
	· · · · · · · · · · · · · · · · · · ·					
9	Add lines 7 and 8	9				
10a	Foreign tax credit	↓				
t	Certain allowable credits (see instructions)	]				
C	: Add lines 10a and 10b	10c				
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	0.			
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-					
13	Enter 25% (0.25) of the excess, if any, of line 12 (line 11 for corporations) over					
	\$25,000. See instructions	1 1				
14	Tentative minimum tax:					
	Individuals. Enter the amount from Form 6251, line 9.					
	• Corporations. Enter ·0·.					
	Estates and trusts. Enter the amount from Schedule I					
	(Form 1041), line 52.					
15	Enter the greater of line 13 or line 14	15	^			
16	Subtract line 15 from line 11, if zero or less, enter -0-	16	0.			
17		17	<del></del>			
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or					
_	reorganization.					
FAR	Paperwork Reduction Act Notice, see separate instructions.		Form <b>3800</b> (2023)			

	rm 3800 (2023)		Page 2
	art II Allowable Credit _(continued)		
No	te: If you are not required to report any amounts on line 22 or line 24 below, skip lines 18 through 25 and enter -0- on li	ne 26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	<del></del>
21	Subtract line 17 from line 20. If zero or less, enter ·0·	21	
22	Combine the amounts from line 3 of Part III, column (e), with the sum of the non-passive activity credit amounts in Part IV, line 3, column (e) plus column (f)	22	<del></del>
23	Passive activity credit from line 3 of Part III, column (f) plus the sum of the passive activity credit amounts in Part IV, line 3, column (e) plus column (f)	<u> </u>	
24	Enter the applicable passive activity credit allowed for 2023. See instructions	24	
25	Add lines 22 and 24	25	
26		26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	0.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	0.
30	Enter the general business credit from line 5 of Part III: combine column (e) with non-passive amounts in column (g). See instructions	30	20,665.
31	Reserved	31	· · · · · · · · · · · · · · · · · · ·
32	Passive activity credits from line 5 of Part III: combine column (f) with passive amounts in column (g). See instructions		
33	Enter the applicable passive activity credits allowed for 2023. See instructions	33	
34	Carryforward of business credit to 2023. Enter the amount from line 5 of Part IV, column (f), and line 6 of Part IV, column (g). See instructions for statement to attach	34	
	Check this box if the carryforward was changed or revised from the original reported amount		
35	Carryback of business credit from 2024. Enter the amount from line 5 of Part IV, column (e). See instructions	35	
36	Add lines 30, 33, 34, and 35	36	20,665.
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37.  Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36; see instructions) as indicated below or on the applicable line of your return.		
	<ul> <li>Individuals. Schedule 3 (Form 1040), line 6a.</li> <li>Corporations. Form 1120, Schedule J, Part I, line 5c.</li> </ul>	38	0.
	● Estates and trusts. Form 1041, Schedule G, line 2b.	- <del></del> -	
			Form 3800 (2023)