

**ELO Prof LLC
PO Box 249
Mitchell, SD 57301
605-996-7717**

September 28, 2022

CONFIDENTIAL

DAKOTA COUNSELING INSTITUTE, INC
910 WEST HAVENS
MITCHELL, SD 57301

Dear Michelle:

We have prepared the enclosed returns from information you provided; we suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

Your Form 990 for the year ended 12/31/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

ELO Prof LLC
PO Box 249
Mitchell, SD 57301

***Important:* Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.**

Also enclosed is any material you furnished for use in preparing the returns. If any of the returns are examined by taxing authorities, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Thank you for the opportunity to provide you with our services.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 2021, and ending 20

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service
Name of filer

DAKOTA COUNSELING INSTITUTE, INC

EIN or SSN
46-0308930

Name and title of officer or person subject to tax **MICHELLE CARPENTER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	6,948,847
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **ELO PROF LLC** to enter my PIN **23095** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **09/28/22**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

46034977172

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **AARON M. MOLLER, CPA**

Date **09/28/22**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.
DAA

Form **8879-TE** (2021)

Form **990**

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

2021
Open to Public Inspection

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.**

A For the 2021 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **DAKOTA COUNSELING INSTITUTE, INC**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
910 WEST HAVENS
 City or town, state or province, country, and ZIP or foreign postal code
MITCHELL SD 57301

D Employer identification number: **46-0308930**
E Telephone number: **605-996-9686**
G Gross receipts\$ **6,948,847**

F Name and address of principal officer:
MICHELLE CARPENTER

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.DAKOTACOUNSELING.COM** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1970** **M** State of legal domicile: **SD**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	115
	6 Total number of volunteers (estimate if necessary)	6	11
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	117,060	1,201,780
	9 Program service revenue (Part VIII, line 2g)	6,470,365	5,746,568
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	251	499
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,587,676	6,948,847
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,528,821	4,988,075
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,246,748	1,313,909
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,775,569	6,301,984
19 Revenue less expenses. Subtract line 18 from line 12	812,107	646,863	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,912,455	End of Year 4,702,062
	21 Total liabilities (Part X, line 26)	2,469,070	1,611,814
	22 Net assets or fund balances. Subtract line 21 from line 20	2,443,385	3,090,248

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.

Sign Here Signature of officer: _____ Date: _____
MICHELLE CARPENTER **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name: **AARON M. MOLLER, CPA** Preparer's signature: **AARON M. MOLLER, CPA** Date: **09/28/22** Check if PTIN self-employed
 Firm's name ▶ **ELO PROF LLC** Firm's EIN ▶ _____
 Firm's address ▶ **PO BOX 249 MITCHELL, SD 57301** Phone no. **605-996-7717**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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:

SEE SCHEDULE O

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 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 No

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 \$ **879,895** including grants of\$) (Revenue \$)

MENTAL HEALTH OUTPATIENT - THE MENTAL HEALTH OUTPATIENT PROGRAM CONSISTS OF MARITAL, GROUP, AND/OR INDIVIDUAL THERAPY IN WHICH APPROXIMATELY 5,400 HOURS OF SERVICES WAS PROVIDED. IN COLLABORATION WITH AREA UNIVERSITIES, THE AGENCY PARTICIPATES IN A GRADUATE-STUDENT TRAINING PROGRAM. REFERRALS ARE MADE FOR THESE SERVICES FROM PHYSICIANS, CLERGY, INPATIENT HOSPITALS, COURTS, MILITARY, FAMILY, AND SELF. A WIDE VARIETY OF DIAGNOSIS SUCH AS POST TRAUMATIC STRESS DISORDER, DEPRESSION, GRIEF, ADJUSTMENT DISORDERS, MARITAL AND/OR PARENT RELATIONS ARE TREATED ROUTINELY. AGES OF CLIENTS VARY FROM 18 MONTHS TO GERIATRIC AND THERAPY CLIENTS ARE TYPICALLY SEEN FOR AN HOUR WEEKLY.

4b (Code:) (Expenses \$ **234,032** including grants of\$) (Revenue \$)

TRANSITIONAL HOUSING - THE HALFWAY HOUSE PROGRAM IS LICENSED FOR 76 BEDS, MALE AND FEMALE. THE RESIDENTS LIVE AT THE FACILITY, RECEIVE THREE MEALS DAILY, AND ARE PROVIDED WITH MOST BASIC NEEDS INCLUDING LAUNDRY FACILITIES. THE AVERAGE STAY IS 3 MONTHS. RESIDENTS ARE REQUIRED TO PARTICIPATE IN A MINIMUM OF 5 HOURS OF INDIVIDUAL AND GROUP SERVICES PER WEEK WITH SOME PROGRAMS REQUIRING UP TO 30 HOURS WITH ALMOST 13,700 DAYS OF SERVICE PROVIDED. REFERRALS TO THIS PROGRAM ARE GENERALLY MADE BY UNITED STATES PROBATION, STATE PAROLE, PHYSICIANS, OTHER DRUG AND ALCOHOL FACILITIES, FAMILIES AND SELF. EDUCATION PROVIDED TO THE RESIDENTS INCLUDES PARENTING, ANGER MANAGEMENT, LIFE SKILLS, AA/NA MEETINGS, RELAPSE PREVENTION AND WELLNESS.

4c (Code:) (Expenses \$ **619,496** including grants of\$) (Revenue \$)

MENTAL HEALTH CHILDREN'S SERVICES - THE CHILDREN'S SERVICES PROGRAM USES A SYSTEMS OF CARE APPROACH IN PROVIDING SERVICES TO CHILDREN AND ADOLESCENTS. THE FAMILY IS LINKED TO ALL APPLICABLE COMMUNITY RESOURCES AND COLLABORATIVE MEETINGS ARE HELD WITH AGENCIES INVOLVED WHICH MAY INCLUDE THE SCHOOL, COURT SERVICES, SOCIAL SERVICES, CLERGY, PHYSICIANS, AND PLACEMENT FACILITIES. CASE MANAGERS WORK WITH THE CHILD, SIBLINGS, FAMILY MEMBERS, AND IF THE CLIENT IS PLACED OUT OF THE HOME WILL HELP PREPARE ALL MEMBERS FOR THE TRANSITION HOME. THIS IS A VERY INTENSIVE SERVICE THAT MAY REQUIRE ANYWHERE FROM 1 TO 12 HOURS PER WEEK WITH ALMOST 8,700 HOURS PROVIDED THIS FISCAL YEAR.

4d Other program services (Describe on Schedule O.)

(Expenses \$ **4,092,612** including grants of\$) (Revenue \$)

4e Total program service expenses **5,826,035**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 115		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
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:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Section 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 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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
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?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 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 only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial 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 **▶**

EXECUTIVE DIRECTOR

910 W HAVENS

MITCHELL

SD 57301

605-996-9686

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE CARPENTER	40.00									
EXECUTIVE DIRECTOR	0.00			X			113,623	0	54,622	
(2) JOHN BUMGARDNER	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) SUE BURRIS	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) STEVE HARR	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) DENNIS KINER	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) ELIZABETH KITCHENS	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) MIKE KOSTER	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) JOSHUA KLUMB	2.00									
VICE PRESIDENT	0.00			X			0	0	0	
(9) THERESA KRIESE	2.00									
PRESIDENT	0.00			X			0	0	0	
(10) JP SKELLY	2.00									
SECRETARY/TREASURER	0.00			X			0	0	0	
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							113,623		54,622	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							113,623		54,622	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,179,780			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22,000			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f			1,201,780		
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	5,746,568	5,746,568		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			5,746,568		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		499	499		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
		b Less: cost or other basis and sales exps.	7b			
	c Gain or (loss)	7c				
	d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
	8a					
	b Less: direct expenses	8b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions			6,948,847	5,747,067	0	0

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,623	113,623		
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,598,768	3,305,341	293,427	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	104,791	93,997	10,794	
9 Other employee benefits	911,896	859,261	52,635	
10 Payroll taxes	258,997	239,446	19,551	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	21,516		21,516	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	195,101	192,767	2,334	
12 Advertising and promotion	11,354	10,390	964	
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	247,095	231,475	15,620	
17 Travel	20,405	13,320	7,085	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,574	16,993	581	
20 Interest	48,600	48,600		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,616	110,042	10,574	
23 Insurance	80,735	71,209	9,526	
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.)				
a FOOD	198,618	198,227	391	
b SUPPLIES	148,041	136,468	11,573	
c EQUIPMENT REPAIR & RENTAL	79,230	72,043	7,187	
d BAD DEBTS	62,498	62,498		
e All other expenses	62,526	50,335	12,191	
25 Total functional expenses. Add lines 1 through 24e	6,301,984	5,826,035	475,949	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,512,891	1	1,695,252
	2 Savings and temporary cash investments	3,988	2	3,088
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	585,860	4	1,270,197
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	5,536	9	4,116
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,311,362		
	b Less: accumulated depreciation	10b 1,581,953	1,804,180	10c 1,729,409
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		4,912,455	16	4,702,062
Liabilities	17 Accounts payable and accrued expenses	1,324,930	17	544,311
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,144,140	23	1,067,503
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		2,469,070	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,443,385	27	3,090,248
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,443,385	32	3,090,248	
33 Total liabilities and net assets/fund balances	4,912,455	33	4,702,062	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,948,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,301,984
3	Revenue less expenses. Subtract line 2 from line 1	3	646,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,443,385
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,090,248

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

DAKOTA COUNSELING INSTITUTE, INC

Employer identification number

46-0308930

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization 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 described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 331/3% 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 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 organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
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

Table with 3 columns: Description, Percentage, and Unit. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2020 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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
b 10%-facts-and-circumstances test—2020. 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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		
1		
2		

Section 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section 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 instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>		
2 Activities Test. <i>Answer lines 2a and 2b below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
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	
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 (<i>explain in detail in Part VI</i>):		
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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization DAKOTA COUNSELING INSTITUTE, INC	Employer identification number 46-0308930
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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).

Name of organization

Employer identification number

DAKOTA COUNSELING INSTITUTE, INC

46-0308930

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CITY OF MITCHELL 612 N MAIN MITCHELL SD 57301	\$ 26,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DAVISON COUNTY 200 E 4TH MITCHELL SD 57301	\$ 25,626	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MITCHELL UNITED WAY 304 N LAWLER MITCHELL SD 57301	\$ 22,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2021

Open to Public Inspection

Name of the organization

Employer identification number

DAKOTA COUNSELING INSTITUTE, INC

46-0308930

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 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):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ %
 - b** Permanent endowment ▶ %
 - c** Term endowment ▶ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		243,150		243,150
b Buildings		1,399,037	1,008,492	390,545
c Leasehold improvements				
d Equipment		82,432	82,242	190
e Other		1,586,743	491,219	1,095,524
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,729,409

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... ▶		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	6,948,847
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	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIII.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	6,948,847
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.)	6,948,847

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	6,301,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIII.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	6,301,984
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.)	6,301,984

Part XIII Supplemental Information.

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

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2021

Open to Public Inspection

DAKOTA COUNSELING INSTITUTE, INC

Employer identification number
46-0308930

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- 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 contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHELLE CARPENTER	(i)	113,623	0	0	54,622	0	168,245	0
1 EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

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**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**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

2021**Open to Public
Inspection**

Name of the organization

DAKOTA COUNSELING INSTITUTE, INC

Employer identification number

46-0308930

FORM 990 - ORGANIZATION'S MISSION

DAKOTA COUNSELING INSTITUTE'S MISSION IS TO PROVIDE A WIDE ARRAY OF SERVICES TO INDIVIDUALS AND FAMILIES WITH MENTAL ILLNESS, BEHAVIORAL DISABILITIES, AND SUBSTANCE ABUSE. WE ARE COMMITTED TO ASSISTING INDIVIDUALS IN REACHING THEIR FULL POTENTIAL THROUGH PREVENTION, TREATMENT, AND COMMUNITY EDUCATION.

FORM 990, PART I, LINE 6

THE ORGANIZATION HAS A VOLUNTEER BOARD OF DIRECTORS

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

IN ADDITION TO THE PROGRAMS LISTED ABOVE, DAKOTA COUNSELING INSTITUTE PROVIDES SERVICES UNDER THE FOLLOWING PROGRAMS - COMPREHENSIVE ASSISTANCE WITH RECOVERY AND EMPOWERMENT FOR ADULTS DIAGNOSED AS SEVERELY MENTALLY ILL WHICH PROVIDED OVER 11,600 DAYS OF MANAGEMENT; 24 HOUR EMERGENCY ON-CALL CARE; MEDICATION EVALUATION AND MANAGEMENT; SOCIAL DETOXIFICATION; SUBSTANCE ABUSE PREVENTION; TREATMENT NEEDS SCREENINGS AND ASSESSMENTS IN WHICH ALMOST 500 CLIENTS WERE EVALUATED, AND INTENSIVE OUTPATIENT SERVICES FOR SUBSTANCE ABUSE TO INCLUDE AN INTENSIVE METHANPHETAMINE PROGRAM; RELAPSE PREVENTION; AND MEDICALLY MONITORED INPATIENT TREATMENT WHICH PROVIDED 1,110 DAYS THIS YEAR. THE AGENCY OPERATES A 24-UNIT APARTMENT LOW INCOME HOUSING APARTMENT COMPLEX SUBSIDIZED BY HUD. THE AGENCY IS ACCREDITED BY THE DEPARTMENT OF HEALTH FOR A 16-BED BEHAVIORAL HEALTH FOCUSED ASSISTED LIVING FACILITY. DAKOTA COUNSELING INSTITUTE, INC IS ACCREDITED FOR MENTAL HEALTH AND SUBSTANCE ABUSE CENTER AS WELL AS A CORE

Name of the organization DAKOTA COUNSELING INSTITUTE, INC	Employer identification number 46-0308930
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DRUG AND ALCOHOL FACILITY. THE CATCHMENT AREA INCLUDES BUT IS NOT LIMITED TO THE COUNTIES OF DAVISON, AURORA, BRULE, HANSON, MCCOOK, AND SANBORN. FUNDING FOR SERVICES INCLUDES PRIVATE PAY/INSURANCE, SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES DIVISION OF BEHAVIORAL HEALTH, MEDICAID, UNITED JUDICIAL SERVICES, AND UNITED STATES PROBATION. THE ORGANIZATION RECEIVES CONTRIBUTIONS FROM THE CITY OF MITCHELL, AURORA COUNTY, DAVISON COUNTY, HANSON COUNTY, HUTCHINSON COUNTY, MCCOOK COUNTY, AND SANBORN COUNTY TO HELP WITH FEES FOR INDIGENT CLIENTS. APPROXIMATELY 1,800 CLIENTS ARE RECEIVING SERVICES AT ANY GIVEN TIME THROUGHOUT THE AGENCY'S PROGRAMS. A FULL-TIME SATELLITE OUTREACH OFFICE WITH ALL OUTPATIENT IS OPEN IN CHAMBERLAIN, SD.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 REVIEWED BY EXECUTIVE DIRECTOR BEFORE SUBMISSION.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
POTENTIAL CONFLICTS OF INTEREST INVOLVING MEMBERS ARE IDENTIFIED AND RESOLVED AS NEEDED BY THE BOARD. AS A GENERAL STATEMENT, CONFLICT OF INTEREST IS DEFINED AS ANY OCCASION WHERE THERE IS AN APPEARANCE OF PUTTING PERSONAL OR PROFESSIONAL INTERESTS AHEAD OF THE AGENCY. MEMBERS HAVE THE RESPONSIBILITY TO DECLARE POSSIBLE OR KNOWN CONFLICTS BEFORE VOTING OR DISCUSSING ANY MATTER AND MAY VOLUNTARILY ABSTAIN FROM VOTING ON A MATTER IN WHICH THEY HAVE A CONFLICT. THIS ABSTENTION SHOULD BE NOTED IN THE MINUTES. VOTING OF OTHER MEMBERS SHOULD OCCUR BY SECRET BALLOT. IF THE MEMBER DOES NOT VOLUNTARILY ABSTAIN FROM VOTING, THE PRESIDENT OF THE BOARD IS RESPONSIBLE FOR MAKING A DETERMINATION REGARDING THE POTENTIAL OR KNOWN CONFLICT, EITHER BY RULING ON THE MATTER OR REQUESTING A VOTE OF THE BOARD.

Name of the organization

Employer identification number

DAKOTA COUNSELING INSTITUTE, INC

46-0308930

ANY MEMBER NOTED HAVING A CONFLICT OF INTEREST ON A SUBJECT SHALL ABSTAIN FROM VOTING AND SHALL NOT BE COUNTED IN DETERMINING A QUORUM FOR THE MEETING AS TO THAT ISSUE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BI-ANNUAL SALARY SURVEYS ARE CONDUCTED TO DETERMINE AND ADJUST RANGES. THE ORGANIZATION'S BOARD DETERMINES THE EXECUTIVE DIRECTOR'S SALARY AND BENEFITS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS N/A

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

Tax Depreciation

FYE: 12/31/2021

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: Building												
72	Alarm System	12/31/94		S/L-MO	10.00	775	0	0	775	0	775	0
84	Backflow Preventer	7/15/02		S/L-MO	10.00	2,113	0	0	2,113	0	2,113	0
85	Basement Furnace	8/15/03		S/L-MO	15.00	2,565	0	0	2,565	0	2,565	0
86	Basement Remodeling	7/15/02		S/L-MO	30.00	24,790	0	0	15,287	826	16,113	8,677
87	Bathroom Fixtures	8/01/88		S/L-MO	35.00	603	0	0	559	17	576	27
96	BUILDING & IMPROVEMENTS	10/15/94		S/L-MO	40.00	92,414	0	0	64,971	2,310	67,281	25,133
97	Building costs - PCII	2/01/94		S/L-MO	30.00	497,772	0	0	446,552	16,592	463,144	34,628
98	BUILDING IMPROVEMENTS	10/15/94		S/L-MO	40.00	1,194	0	0	784	29	813	381
99	Burglar Alarm - Pathway Bldg Med Room	2/15/04		S/L-MO	10.00	735	0	0	735	0	735	0
105	Carpet and installation	10/15/04		S/L-MO	15.00	3,549	0	0	3,549	0	3,549	0
111	CHUCK NOLZ	7/29/97		S/L-MO	40.00	5,370	0	0	3,155	134	3,289	2,081
127	Deck	7/15/03		S/L-MO	15.00	2,470	0	0	2,470	0	2,470	0
139	Electrical	2/01/89		S/L-MO	35.00	515	0	0	469	15	484	31
157	Fire Door Outpatient Office	4/15/04		S/L-MO	30.00	3,431	0	0	1,916	114	2,030	1,401
174	Garage	6/01/84		S/L-MO	10.00	1,770	0	0	1,770	0	1,770	0
175	Garage door	1/01/98		S/L-MO	15.00	497	0	0	497	0	497	0
180	Group Room Remodeling	1/15/04		S/L-MO	30.00	10,220	0	0	5,791	341	6,132	4,088
234	MUTH ELECTRIC	9/04/97		S/L-MO	40.00	1,640	0	0	957	41	998	642
240	NEW FURNACE	8/29/99		S/L-MO	15.00	26,228	0	0	26,228	0	26,228	0
241	NEW ROOF	11/29/01		S/L-MO	20.00	32,231	0	0	32,231	0	32,231	0
243	Office Building	11/30/81		S/L-MO	30.00	135,000	0	0	135,000	0	135,000	0
259	PAULSEN SHEET METAL	8/13/97		S/L-MO	40.00	5,089	0	0	2,979	128	3,107	1,982
262	Pitch Roof	10/01/87		S/L-MO	35.00	15,050	0	0	14,297	430	14,727	323
277	RAIL	12/15/02		S/L-MO	10.00	1,457	0	0	1,457	0	1,457	0
278	Rear entrance doors	11/01/97		S/L-MO	15.00	3,551	0	0	3,551	0	3,551	0
282	Remodel Materials	6/01/88		S/L-MO	35.00	11,617	0	0	10,814	332	11,146	471
283	Remodel Materials	8/01/88		S/L-MO	35.00	20,011	0	0	18,534	572	19,106	905
284	REMODELING	4/26/02		S/L-MO	20.00	4,047	0	0	3,794	202	3,996	51
285	RENOVATION	2/12/95		S/L-MO	40.00	8,468	0	0	5,487	211	5,698	2,770
286	RENOVATION-TOWER	11/15/95		S/L-MO	40.00	3,300	0	0	2,076	83	2,159	1,141
288	REPLACE GUTTER	11/13/03		S/L-MO	20.00	2,202	0	0	1,890	110	2,000	202
291	Roof - Partial	6/15/02		S/L-MO	20.00	6,160	0	0	5,723	308	6,031	129
292	Roof on back of building	12/29/04		S/L-MO	40.00	1,051	0	0	423	26	449	602
293	ROOF RENOVATION	6/30/97		S/L-MO	40.00	10,000	0	0	5,896	250	6,146	3,854
305	Sidewalk Replacement	4/15/03		S/L-MO	15.00	649	0	0	649	0	649	0
336	UPSTAIRS HALLWAY TILE FLOOR	12/15/02		S/L-MO	10.00	3,103	0	0	3,103	0	3,103	0
351	WEST ENTRANCE ALUMINUM DOOR	9/30/02		S/L-MO	10.00	1,390	0	0	1,390	0	1,390	0
353	WIRE MESH IN GUTTER	12/15/02		S/L-MO	15.00	545	0	0	545	0	545	0
363	ROOF/ATTIC RENNOVATIONS	4/01/08		S/L-MO	10.00	1,438	0	0	1,438	0	1,438	0
364	BOILER/CONDENSATION TANK	6/01/08		S/L-MO	10.00	2,684	0	0	2,684	0	2,684	0
376	BUILDING - WESTVIEW APTS	6/30/09		S/L-MO	40.00	436,501	0	0	127,243	10,912	138,155	298,346
377	DEADBOLT LOCKS - WESTVIEW	6/01/09		S/L-MO	5.00	1,055	0	0	1,055	0	1,055	0
378	SIDEWALK - MH/PTWY	11/01/09		S/L-MO	15.00	1,702	0	0	1,267	114	1,381	321
380	RESIDENTIAL DESK REMODEL	12/01/09		S/L-MO	15.00	12,067	0	0	8,916	805	9,721	2,346
388	STST DAY ROOM UPDATE	1/01/10		S/L-MO	3.00	1,874	0	0	1,874	0	1,874	0
389	STST DAY ROOM FLOORING	2/01/10		S/L-MO	5.00	11,959	0	0	11,959	0	11,959	0
390	RESIDENTIAL DESK REMODELING	3/01/10		S/L-MO	15.00	6,489	0	0	4,687	432	5,119	1,370
395	ROSEWOOD COURT	10/25/10		S/L-MO	30.00	186,965	0	0	62,756	6,232	68,988	117,977
399	Pathway Reshingle	4/15/11		S/L-MO	20.00	23,420	0	0	11,417	1,171	12,588	10,832
401	Rosewood Court Remodel	7/01/11		S/L-MO	30.00	252,607	0	0	79,992	8,421	88,413	164,194
403	WATER HEATER	4/01/12		S/L-MO	3.00	6,170	0	0	6,170	0	6,170	0
404	EXHAUST SYSTEM	9/01/12		S/L-MO	5.00	9,141	0	0	9,141	0	9,141	0
405	ROSEWOOD ROOF	8/01/12		S/L-MO	15.00	6,141	0	0	3,446	409	3,855	2,286
406	WESTVIEW ROOF (PATCH)	9/01/12	d	S/L-MO	3.00	4,700	0	0	4,700	0	4,700	0
407	SPRINKLER SYSTEM	12/01/12		S/L-MO	25.00	125,558	0	0	40,597	5,022	45,619	79,939

Tax Depreciation

FYE: 12/31/2021

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: Building (continued)												
408	CARPET - MH	1/15/13		S/L-MO	10.00	6,062	0	0	4,850	606	5,456	606
410	SPRINKLERS - STST	1/15/13		S/L-MO	25.00	4,479	0	0	1,448	180	1,628	2,851
414	Rosewood - Refinished Cabinets	3/15/15		S/L-MO	5.00	4,300	0	0	4,300	0	4,300	0
416	ROSEWOOD SIGN	5/01/16		S/L-MO	5.00	3,264	0	0	3,046	218	3,264	0
420	PATHWAY CARPET	10/01/17		S/L-MO	10.00	6,469	0	0	2,102	647	2,749	3,720
421	ROSEWOOD SHACK	5/01/17		S/L-MO	5.00	4,267	0	0	3,129	854	3,983	284
424	WESTVIEW PARKING LOT	8/18/18		150DBHY	15.0	8,095	0	8,095	8,095	0	8,095	0
425	ROSEWOOD PARKING LOT	8/08/18		150DBHY	15.0	14,038	0	14,038	14,038	0	14,038	0
429	STEPPING STONES PARKING LOTS	9/24/19		S/L-MO	15.00	28,993	0	0	2,416	1,933	4,349	24,644
430	MENTAL HEALTH PARKING LOT	7/23/19		S/L-MO	15.00	28,953	0	0	2,734	1,931	4,665	24,288
431	ROSEWOOD ADDITION	7/08/19		S/L-MO	30.00	497,820	0	0	24,891	16,594	41,485	456,335
435	MENTAL HEALTH ADA DOOR	6/11/19		S/L-MO	10.00	2,650	0	0	420	265	685	1,965
436	STEPPING STONES FRONT DOOR	6/11/19		S/L-MO	10.00	3,787	0	0	600	378	978	2,809
				Building		2,647,220	0	22,133	1,282,393	80,195	1,362,588	1,284,632
				*Less: Dispositions and Transfers		4,700	0	0	4,700	0	4,700	0
				Net Building		2,642,520	0	22,133	1,277,693	80,195	1,357,888	1,284,632
Group: Furniture & Equipment												
73	ALARM SYSTEM	3/31/95		S/L-MO	12.00	5,504	0	0	5,504	0	5,504	0
134	DISHWASHER	8/30/02		S/L-MO	7.00	600	0	0	600	0	600	0
136	DOOR STATION & INSTALLATION	12/23/02		S/L-MO	10.00	1,010	0	0	1,010	0	1,010	0
244	Office Desk	10/15/03		S/L-MO	20.00	1,089	0	0	939	55	994	95
245	Office Desk	10/15/03		S/L-MO	20.00	1,089	0	0	939	55	994	95
264	Pool Table	9/01/88		S/L-MO	5.00	1,000	0	0	1,000	0	1,000	0
298	SECURITY SYSTEM	9/07/00		S/L-MO	7.00	5,205	0	0	5,205	0	5,205	0
368	MIDWEST SECURITY	11/01/08		S/L-MO	10.00	2,800	0	0	2,800	0	2,800	0
379	FURNITURE & EQUIPMENT - WESTVIEW	6/01/09		S/L-MO	5.00	24,000	0	0	24,000	0	24,000	0
396	Rosewood Furnaces	3/15/11		S/L-MO	10.00	3,526	0	0	3,467	59	3,526	0
397	Westview Boiler	9/15/11		S/L-MO	20.00	33,276	0	0	15,529	1,664	17,193	16,083
412	CARPETING - SUPPORT OFFICES	7/14/14		S/L-MO	10.00	1,110	0	0	721	111	832	278
413	DESKS	7/14/14		S/L-MO	10.00	5,798	0	0	3,769	580	4,349	1,449
415	Rosewood - Superheater	4/15/15		S/L-MO	3.00	3,500	0	0	3,500	0	3,500	0
417	MH RECEPTION DESK	3/15/16		S/L-MO	5.00	7,147	0	0	6,909	238	7,147	0
418	STEPPING STONES RECEPTION DESK	5/01/16		S/L-MO	5.00	4,967	0	0	4,636	331	4,967	0
426	ROSEWOOD AIR/FURNACE	6/18/18		150DBHY	15.0	12,000	0	12,000	12,000	0	12,000	0
433	ROSEWOOD GENERATOR	2/27/19		S/L-MO	5.00	12,000	0	0	4,400	2,400	6,800	5,200
434	STREAMLINE (EHR SYSTEM)	12/31/19		S/L-MO	5.00	106,004	0	0	0	21,201	21,201	84,803
437	STREAMLINE (EHR SYSTEM)	12/31/21		S/L-MO	5.00	45,845	0	0	0	0	0	45,845
				Furniture & Equipment		277,470	0	12,000	96,928	26,694	123,622	153,848
Group: Land												
206	Land	10/15/94	--		0.00	20,000	0	0	0	0	0	20,000
207	Land--Original	3/01/80	--		0.00	16,529	0	0	0	0	0	16,529
208	Land--Pc II	3/12/92	--		0.00	35,121	0	0	0	0	0	35,121
375	LAND - WESTVIEW APTS	6/30/09	--		0.00	106,500	0	0	0	0	0	106,500
400	Land Rosewood Court	1/13/11	--		0.00	65,000	0	0	0	0	0	65,000
				Land		243,150	0	0	0	0	0	243,150

Tax Depreciation

FYE: 12/31/2021

Asset	Property Description	Date Acquired	d t	Tax-Meth Conv	Tax Period	Tax Cost	Tax Sec 179 Exp	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Adj Basis
Group: Office Equipment												
92	Black/White Sec Camera	9/15/01		S/L-MO	5.00	1,021	0	0	1,021	0	1,021	0
381	iMAC 2.4 GHZ INTEL CORE 2 DUO	3/01/09	d	S/L-MO	3.00	1,056	0	0	1,056	0	1,056	0
382	iMAC 2.4 GHZ INTEL CORE 2 DUO	5/01/09	d	S/L-MO	3.00	1,029	0	0	1,029	0	1,029	0
384	MACBOOK 2.4 GHZ	7/01/09	d	S/L-MO	3.00	1,690	0	0	1,690	0	1,690	0
385	MACBOOK 2.4 GHZ	8/01/09	d	S/L-MO	3.00	1,690	0	0	1,690	0	1,690	0
386	CLINICAL SUPERVISOR DESK	12/01/09		S/L-MO	5.00	1,320	0	0	1,320	0	1,320	0
	Office Equipment					7,806	0	0	7,806	0	7,806	0
	*Less: Dispositions and Transfers					5,465	0	0	5,465	0	5,465	0
	Net Office Equipment					2,341	0	0	2,341	0	2,341	0
Group: Vehicles												
161	Ford Escape	9/30/04		S/L-MO	5.00	17,049	0	0	17,049	0	17,049	0
387	2009 DODGE GRAND CARAVAN	1/01/09		S/L-MO	5.00	20,745	0	0	20,745	0	20,745	0
394	2008 CHEVY EXPRESS G3500	5/01/10		S/L-MO	5.00	25,528	0	0	25,528	0	25,528	0
402	2011 CHEVY MALIBU	10/01/12		S/L-MO	5.00	16,595	0	0	16,595	0	16,595	0
422	OP FOCUS	7/01/17		S/L-MO	5.00	11,999	0	0	8,399	2,400	10,799	1,200
423	STST VAN	1/15/17		S/L-MO	3.00	6,848	0	0	6,848	0	6,848	0
427	PATHWAY ESCAPE	4/18/18		200DBHY	5.0	15,366	0	15,366	15,366	0	15,366	0
428	ROSEWOOD GRAND CARAVAN	10/18/18		200DBHY	5.0	15,500	0	15,500	15,500	0	15,500	0
432	2016 CHEVY CRUZ	10/22/19		S/L-MO	5.00	16,233	0	0	3,788	3,246	7,034	9,199
	Vehicles					145,863	0	30,866	129,818	5,646	135,464	10,399
	Grand Total					3,321,509	0	64,999	1,516,945	112,535	1,629,480	1,692,029
	Less: Dispositions and Transfers					10,165	0	0	10,165	0	10,165	0
	Net Grand Total					3,311,344	0	64,999	1,506,780	112,535	1,619,315	1,692,029

AMT Depreciation

FYE: 12/31/2021

Asset	Property Description	Date Acquired	d	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: Building										
72	Alarm System	12/31/94				0.0	0	0	0	0
84	Backflow Preventer	7/15/02				0.0	0	0	0	0
85	Basement Furnace	8/15/03				0.0	0	0	0	0
86	Basement Remodeling	7/15/02				0.0	0	0	0	0
87	Bathroom Fixtures	8/01/88				0.0	0	0	0	0
96	BUILDING & IMPROVEMENTS	10/15/94				0.0	0	0	0	0
97	Building costs - PCII	2/01/94				0.0	0	0	0	0
98	BUILDING IMPROVEMENTS	10/15/94				0.0	0	0	0	0
99	Burglar Alarm - Pathway Bldg Med Room	2/15/04				0.0	0	0	0	0
105	Carpet and installation	10/15/04				0.0	0	0	0	0
111	CHUCK NOLZ	7/29/97				0.0	0	0	0	0
127	Deck	7/15/03				0.0	0	0	0	0
139	Electrical	2/01/89				0.0	0	0	0	0
157	Fire Door Outpatient Office	4/15/04				0.0	0	0	0	0
174	Garage	6/01/84				0.0	0	0	0	0
175	Garage door	1/01/98				0.0	0	0	0	0
180	Group Room Remodeling	1/15/04				0.0	0	0	0	0
234	MUTH ELECTRIC	9/04/97				0.0	0	0	0	0
240	NEW FURNACE	8/29/99				0.0	0	0	0	0
241	NEW ROOF	11/29/01				0.0	0	0	0	0
243	Office Building	11/30/81				0.0	0	0	0	0
259	PAULSEN SHEET METAL	8/13/97				0.0	0	0	0	0
262	Pitch Roof	10/01/87				0.0	0	0	0	0
277	RAIL	12/15/02				0.0	0	0	0	0
278	Rear entrance doors	11/01/97				0.0	0	0	0	0
282	Remodel Materials	6/01/88				0.0	0	0	0	0
283	Remodel Materials	8/01/88				0.0	0	0	0	0
284	REMODELING	4/26/02				0.0	0	0	0	0
285	RENOVATION	2/12/95				0.0	0	0	0	0
286	RENOVATION-TOWER	11/15/95				0.0	0	0	0	0
288	REPLACE GUTTER	11/13/03				0.0	0	0	0	0
291	Roof - Partial	6/15/02				0.0	0	0	0	0
292	Roof on back of building	12/29/04				0.0	0	0	0	0
293	ROOF RENOVATION	6/30/97				0.0	0	0	0	0
305	Sidewalk Replacement	4/15/03				0.0	0	0	0	0
336	UPSTAIRS HALLWAY TILE FLOOR	12/15/02				0.0	0	0	0	0
351	WEST ENTRANCE ALUMINUM DOOR	9/30/02				0.0	0	0	0	0
353	WIRE MESH IN GUTTER	12/15/02				0.0	0	0	0	0
363	ROOF/ATTIC RENNOVATIONS	4/01/08				0.0	0	0	0	0
364	BOILER/CONDENSATION TANK	6/01/08				0.0	0	0	0	0
376	BUILDING - WESTVIEW APTS	6/30/09				0.0	0	0	0	0
377	DEADBOLT LOCKS - WESTVIEW	6/01/09				0.0	0	0	0	0
378	SIDEWALK - MH/PTWY	11/01/09				0.0	0	0	0	0
380	RESIDENTIAL DESK REMODEL	12/01/09				0.0	0	0	0	0
388	STST DAY ROOM UPDATE	1/01/10				0.0	0	0	0	0
389	STST DAY ROOM FLOORING	2/01/10				0.0	0	0	0	0
390	RESIDENTIAL DESK REMODELING	3/01/10				0.0	0	0	0	0
395	ROSEWOOD COURT	10/25/10				0.0	0	0	0	0
399	Pathway Reshingle	4/15/11				0.0	0	0	0	0
401	Rosewood Court Remodel	7/01/11				0.0	0	0	0	0
403	WATER HEATER	4/01/12				0.0	0	0	0	0
404	EXHAUST SYSTEM	9/01/12				0.0	0	0	0	0
405	ROSEWOOD ROOF	8/01/12				0.0	0	0	0	0
406	WESTVIEW ROOF (PATCH)	9/01/12	d			0.0	0	0	0	0
407	SPRINKLER SYSTEM	12/01/12				0.0	0	0	0	0
408	CARPET - MH	1/15/13				0.0	0	0	0	0
410	SPRINKLERS - STST	1/15/13				0.0	0	0	0	0
414	Rosewood - Refinished Cabinets	3/15/15				0.0	0	0	0	0
416	ROSEWOOD SIGN	5/01/16				0.0	0	0	0	0
420	PATHWAY CARPET	10/01/17				0.0	0	0	0	0
421	ROSEWOOD SHACK	5/01/17				0.0	0	0	0	0
424	WESTVIEW PARKING LOT	8/18/18				0.0	0	0	0	0
425	ROSEWOOD PARKING LOT	8/08/18				0.0	0	0	0	0
429	STEPPING STONES PARKING LOTS	9/24/19				0.0	0	0	0	0
430	MENTAL HEALTH PARKING LOT	7/23/19				0.0	0	0	0	0
431	ROSEWOOD ADDITION	7/08/19				0.0	0	0	0	0
435	MENTAL HEALTH ADA DOOR	6/11/19				0.0	0	0	0	0
436	STEPPING STONES FRONT DOOR	6/11/19				0.0	0	0	0	0
						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
					Building	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Group: Furniture & Equipment										
73	ALARM SYSTEM	3/31/95				0.0	0	0	0	0
134	DISHWASHER	8/30/02				0.0	0	0	0	0
136	DOOR STATION & INSTALLATION	12/23/02				0.0	0	0	0	0
244	Office Desk	10/15/03				0.0	0	0	0	0
245	Office Desk	10/15/03				0.0	0	0	0	0

AMT Depreciation

FYE: 12/31/2021

Asset	Property Description	Date Acquired	d	AMT Method	AMT Period	AMT Cost	AMT Sec 179 Exp	AMT Prior Depreciation	AMT Curr Depreciation	AMT End Depr
Group: Furniture & Equipment (continued)										
264	Pool Table	9/01/88				0.0	0	0	0	0
298	SECURITY SYSTEM	9/07/00				0.0	0	0	0	0
368	MIDWEST SECURITY	11/01/08				0.0	0	0	0	0
379	FURNITURE & EQUIPMENT - WESTVIEW	01/01/09				0.0	0	0	0	0
396	Rosewood Furnaces	3/15/11				0.0	0	0	0	0
397	Westview Boiler	9/15/11				0.0	0	0	0	0
412	CARPETING - SUPPORT OFFICES	7/14/14				0.0	0	0	0	0
413	DESKS	7/14/14				0.0	0	0	0	0
415	Rosewood - Superheater	4/15/15				0.0	0	0	0	0
417	MH RECEPTION DESK	3/15/16				0.0	0	0	0	0
418	STEPPING STONES RECEPTION DESK	5/01/16				0.0	0	0	0	0
426	ROSEWOOD AIR/FURNACE	6/18/18				0.0	0	0	0	0
433	ROSEWOOD GENERATOR	2/27/19				0.0	0	0	0	0
434	STREAMLINE (EHR SYSTEM)	12/31/19				0.0	0	0	0	0
437	STREAMLINE (EHR SYSTEM)	12/31/21				0.0	0	0	0	0
Furniture & Equipment						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Group: Land										
206	Land	10/15/94				0.0	0	0	0	0
207	Land--Original	3/01/80				0.0	0	0	0	0
208	Land--Pc II	3/12/92				0.0	0	0	0	0
375	LAND - WESTVIEW APTS	6/30/09				0.0	0	0	0	0
400	Land Rosewood Court	1/13/11				0.0	0	0	0	0
Land						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Group: Office Equipment										
92	Black/White Sec Camera	9/15/01				0.0	0	0	0	0
381	iMAC 2.4 GHZ INTEL CORE 2 DUO	3/01/09	d			0.0	0	0	0	0
382	iMAC 2.4 GHZ INTEL CORE 2 DUO	5/01/09	d			0.0	0	0	0	0
384	MACBOOK 2.4 GHZ	7/01/09	d			0.0	0	0	0	0
385	MACBOOK 2.4 GHZ	8/01/09	d			0.0	0	0	0	0
386	CLINICAL SUPERVISOR DESK	12/01/09				0.0	0	0	0	0
Office Equipment						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Group: Vehicles										
161	Ford Escape	9/30/04				0.0	0	0	0	0
387	2009 DODGE GRAND CARAVAN	1/01/09				0.0	0	0	0	0
394	2008 CHEVY EXPRESS G3500	5/01/10				0.0	0	0	0	0
402	2011 CHEVY MALIBU	10/01/12				0.0	0	0	0	0
422	OP FOCUS	7/01/17				0.0	0	0	0	0
423	STST VAN	1/15/17				0.0	0	0	0	0
427	PATHWAY ESCAPE	4/18/18				0.0	0	0	0	0
428	ROSEWOOD GRAND CARAVAN	10/18/18				0.0	0	0	0	0
432	2016 CHEVY CRUZ	10/22/19				0.0	0	0	0	0
Vehicles						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Total						<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

FYE: 12/31/2021

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Building											
72	Alarm System	12/31/94	775	0	0	775	0	775	0	S/L	10.00
84	Backflow Preventer	7/15/02	2,113	0	0	2,113	0	2,113	0	S/L	10.00
85	Basement Furnace	8/15/03	2,565	0	0	2,565	0	2,565	0	S/L	15.00
86	Basement Remodeling	7/15/02	24,790	0	0	16,113	827	16,940	7,850	S/L	30.00
87	Bathroom Fixtures	8/01/88	603	0	0	576	17	593	10	S/L	35.00
96	BUILDING & IMPROVEMENTS	10/15/94	92,414	0	0	67,281	2,311	69,592	22,822	S/L	40.00
97	Building costs - PCII	2/01/94	497,772	0	0	463,144	16,593	479,737	18,035	S/L	30.00
98	BUILDING IMPROVEMENTS	10/15/94	1,194	0	0	813	30	843	351	S/L	40.00
99	Burglar Alarm - Pathway Bldg Med F	2/15/04	735	0	0	735	0	735	0	S/L	10.00
105	Carpet and installation	10/15/04	3,549	0	0	3,549	0	3,549	0	S/L	15.00
111	CHUCK NOLZ	7/29/97	5,370	0	0	3,289	134	3,423	1,947	S/L	40.00
127	Deck	7/15/03	2,470	0	0	2,470	0	2,470	0	S/L	15.00
139	Electrical	2/01/89	515	0	0	484	15	499	16	S/L	35.00
157	Fire Door Outpatient Office	4/15/04	3,431	0	0	2,030	114	2,144	1,287	S/L	30.00
174	Garage	6/01/84	1,770	0	0	1,770	0	1,770	0	S/L	10.00
175	Garage door	1/01/98	497	0	0	497	0	497	0	S/L	15.00
180	Group Room Remodeling	1/15/04	10,220	0	0	6,132	341	6,473	3,747	S/L	30.00
234	MUTH ELECTRIC	9/04/97	1,640	0	0	998	41	1,039	601	S/L	40.00
240	NEW FURNACE	8/29/99	26,228	0	0	26,228	0	26,228	0	S/L	15.00
241	NEW ROOF	11/29/01	32,231	0	0	32,231	0	32,231	0	S/L	20.00
243	Office Building	11/30/81	135,000	0	0	135,000	0	135,000	0	S/L	30.00
259	PAULSEN SHEET METAL	8/13/97	5,089	0	0	3,107	127	3,234	1,855	S/L	40.00
262	Pitch Roof	10/01/87	15,050	0	0	14,727	323	15,050	0	S/L	35.00
277	RAIL	12/15/02	1,457	0	0	1,457	0	1,457	0	S/L	10.00
278	Rear entrance doors	11/01/97	3,551	0	0	3,551	0	3,551	0	S/L	15.00
282	Remodel Materials	6/01/88	11,617	0	0	11,146	332	11,478	139	S/L	35.00
283	Remodel Materials	8/01/88	20,011	0	0	19,106	572	19,678	333	S/L	35.00
284	REMODELING	4/26/02	4,047	0	0	3,996	51	4,047	0	S/L	20.00
285	RENOVATION	2/12/95	8,468	0	0	5,698	212	5,910	2,558	S/L	40.00
286	RENOVATION-TOWER	11/15/95	3,300	0	0	2,159	82	2,241	1,059	S/L	40.00
288	REPLACE GUTTER	11/13/03	2,202	0	0	2,000	110	2,110	92	S/L	20.00
291	Roof - Partial	6/15/02	6,160	0	0	6,031	129	6,160	0	S/L	20.00
292	Roof on back of building	12/29/04	1,051	0	0	449	26	475	576	S/L	40.00
293	ROOF RENOVATION	6/30/97	10,000	0	0	6,146	250	6,396	3,604	S/L	40.00
305	Sidewalk Replacement	4/15/03	649	0	0	649	0	649	0	S/L	15.00
336	UPSTAIRS HALLWAY TILE FLOC	12/15/02	3,103	0	0	3,103	0	3,103	0	S/L	10.00
351	WEST ENTRANCE ALUMINUM I	9/30/02	1,390	0	0	1,390	0	1,390	0	S/L	10.00
353	WIRE MESH IN GUTTER	12/15/02	545	0	0	545	0	545	0	S/L	15.00
363	ROOF/ATTIC RENNOVATIONS	4/01/08	1,438	0	0	1,438	0	1,438	0	S/L	10.00
364	BOILER/CONDENSATION TANK	6/01/08	2,684	0	0	2,684	0	2,684	0	S/L	10.00
376	BUILDING - WESTVIEW APTS	6/01/09	436,501	0	0	138,155	10,913	149,068	287,433	S/L	40.00
377	DEADBOLT LOCKS - WESTVIEW	6/01/09	1,055	0	0	1,055	0	1,055	0	S/L	5.00
378	SIDEWALK - MH/PTWY	11/01/09	1,702	0	0	1,381	113	1,494	208	S/L	15.00
380	RESIDENTIAL DESK REMODEL	12/01/09	12,067	0	0	9,721	804	10,525	1,542	S/L	15.00
388	STST DAY ROOM UPDATE	1/01/10	1,874	0	0	1,874	0	1,874	0	S/L	3.00
389	STST DAY ROOM FLOORING	2/01/10	11,959	0	0	11,959	0	11,959	0	S/L	5.00
390	RESIDENTIAL DESK REMODELI	3/01/10	6,489	0	0	5,119	433	5,552	937	S/L	15.00
395	ROSEWOOD COURT	1/13/11	186,965	0	0	68,988	6,233	75,221	111,744	S/L	30.00
399	Pathway Reshingle	4/15/11	23,420	0	0	12,588	1,171	13,759	9,661	S/L	20.00

Tax Future Depreciation FYE: 12/31/22

FYE: 12/31/2021

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Building (continued)											
401	Rosewood Court Remodel	7/01/11	252,607	0	0	88,413	8,420	96,833	155,774	S/L	30.00
403	WATER HEATER	5/01/12	6,170	0	0	6,170	0	6,170	0	S/L	3.00
404	EXHAUST SYSTEM	9/01/12	9,141	0	0	9,141	0	9,141	0	S/L	5.00
405	ROSEWOOD ROOF	8/01/12	6,141	0	0	3,855	410	4,265	1,876	S/L	15.00
407	SPRINKLER SYSTEM	12/01/12	125,558	0	0	45,619	5,023	50,642	74,916	S/L	25.00
408	CARPET - MH	1/15/13	6,062	0	0	5,456	606	6,062	0	S/L	10.00
410	SPRINKLERS - STST	1/15/13	4,479	0	0	1,628	179	1,807	2,672	S/L	25.00
414	Rosewood - Refinished Cabinets	3/15/15	4,300	0	0	4,300	0	4,300	0	S/L	5.00
416	ROSEWOOD SIGN	5/01/16	3,264	0	0	3,264	0	3,264	0	S/L	5.00
420	PATHWAY CARPET	10/01/17	6,469	0	0	2,749	647	3,396	3,073	S/L	10.00
421	ROSEWOOD SHACK	5/01/17	4,267	0	0	3,983	284	4,267	0	S/L	5.00
424	WESTVIEW PARKING LOT	8/18/18	8,095	0	0	8,095	0	8,095	0	150DB	15.00
425	ROSEWOOD PARKING LOT	8/08/18	14,038	0	0	14,038	0	14,038	0	150DB	15.00
429	STEPPING STONES PARKING LC	9/24/19	28,993	0	0	4,349	1,933	6,282	22,711	S/L	15.00
430	MENTAL HEALTH PARKING LO	7/23/19	28,953	0	0	4,665	1,930	6,595	22,358	S/L	15.00
431	ROSEWOOD ADDITION	7/08/19	497,820	0	0	41,485	16,594	58,079	439,741	S/L	30.00
435	MENTAL HEALTH ADA DOOR	6/11/19	2,650	0	0	685	265	950	1,700	S/L	10.00
436	STEPPING STONES FRONT DOO	6/11/19	3,787	0	0	978	379	1,357	2,430	S/L	10.00
	Building		<u>2,642,520</u>	<u>0</u>	<u>0</u>	<u>1,357,888</u>	<u>78,974</u>	<u>1,436,862</u>	<u>1,205,658</u>		
Group: Furniture & Equipment											
73	ALARM SYSTEM	3/31/95	5,504	0	0	5,504	0	5,504	0	S/L	12.00
134	DISHWASHER	8/30/02	600	0	0	600	0	600	0	S/L	7.00
136	DOOR STATION & INSTALLATIC	12/23/02	1,010	0	0	1,010	0	1,010	0	S/L	10.00
244	Office Desk	10/15/03	1,089	0	0	994	54	1,048	41	S/L	20.00
245	Office Desk	10/15/03	1,089	0	0	994	54	1,048	41	S/L	20.00
264	Pool Table	9/01/88	1,000	0	0	1,000	0	1,000	0	S/L	5.00
298	SECURITY SYSTEM	9/07/00	5,205	0	0	5,205	0	5,205	0	S/L	7.00
368	MIDWEST SECURITY	11/01/08	2,800	0	0	2,800	0	2,800	0	S/L	10.00
379	FURNITURE & EQUIPMENT - WI	6/01/09	24,000	0	0	24,000	0	24,000	0	S/L	5.00
396	Rosewood Furnaces	3/15/11	3,526	0	0	3,526	0	3,526	0	S/L	10.00
397	Westview Boiler	9/15/11	33,276	0	0	17,193	1,663	18,856	14,420	S/L	20.00
412	CARPETING - SUPPORT OFFICES	7/14/14	1,110	0	0	832	111	943	167	S/L	10.00
413	DESKS	7/14/14	5,798	0	0	4,349	579	4,928	870	S/L	10.00
415	Rosewood - Superheater	4/15/15	3,500	0	0	3,500	0	3,500	0	S/L	3.00
417	MH RECEPTION DESK	3/01/16	7,147	0	0	7,147	0	7,147	0	S/L	5.00
418	STEPPING STONES RECEPTION	5/01/16	4,967	0	0	4,967	0	4,967	0	S/L	5.00
426	ROSEWOOD AIR/FURNACE	6/18/18	12,000	0	0	12,000	0	12,000	0	150DB	15.00
433	ROSEWOOD GENERATOR	2/27/19	12,000	0	0	6,800	2,400	9,200	2,800	S/L	5.00
434	STREAMLINE (EHR SYSTEM)	12/31/20	106,004	0	0	21,201	21,201	42,402	63,602	S/L	5.00
437	STREAMLINE (EHR SYSTEM)	12/31/21	45,845	0	0	0	9,169	9,169	36,676	S/L	5.00
	Furniture & Equipment		<u>277,470</u>	<u>0</u>	<u>0</u>	<u>123,622</u>	<u>35,231</u>	<u>158,853</u>	<u>118,617</u>		
Group: Land											
206	Land	10/15/94	20,000	0	0	0	0	0	20,000	Land	0.00
207	Land--Original	3/01/80	16,529	0	0	0	0	0	16,529	Land	0.00

FYE: 12/31/2021

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: Land (continued)											
208	Land--Pc II	3/12/92	35,121	0	0	0	0	0	35,121	Land	0.00
375	LAND - WESTVIEW APTS	6/01/09	106,500	0	0	0	0	0	106,500	Land	0.00
400	Land Rosewood Court	1/13/11	65,000	0	0	0	0	0	65,000	Land	0.00
	Land		<u>243,150</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>243,150</u>		
Group: Office Equipment											
92	Black/White Sec Camera	9/15/01	1,021	0	0	1,021	0	1,021	0	S/L	5.00
386	CLINICAL SUPERVISOR DESK	12/01/09	1,320	0	0	1,320	0	1,320	0	S/L	5.00
	Office Equipment		<u>2,341</u>	<u>0</u>	<u>0</u>	<u>2,341</u>	<u>0</u>	<u>2,341</u>	<u>0</u>		
Group: Vehicles											
161	Ford Escape	9/30/04	17,049	0	0	17,049	0	17,049	0	S/L	5.00
387	2009 DODGE GRAND CARAVAN	1/01/09	20,745	0	0	20,745	0	20,745	0	S/L	5.00
394	2008 CHEVY EXPRESS G3500	5/01/10	25,528	0	0	25,528	0	25,528	0	S/L	5.00
402	2011 CHEVY MALIBU	10/01/12	16,595	0	0	16,595	0	16,595	0	S/L	5.00
422	OP FOCUS	7/01/17	11,999	0	0	10,799	1,200	11,999	0	S/L	5.00
423	STST VAN	1/15/17	6,848	0	0	6,848	0	6,848	0	S/L	3.00
427	PATHWAY ESCAPE	4/18/18	15,366	0	0	15,366	0	15,366	0	200DB	5.0
428	ROSEWOOD GRAND CARAVAN	10/18/18	15,500	0	0	15,500	0	15,500	0	200DB	5.0
432	2016 CHEVY CRUZ	10/22/19	16,233	0	0	7,034	3,247	10,281	5,952	S/L	5.00
	Vehicles		<u>145,863</u>	<u>0</u>	<u>0</u>	<u>135,464</u>	<u>4,447</u>	<u>139,911</u>	<u>5,952</u>		
	Grand Total		<u>3,311,344</u>	<u>0</u>	<u>0</u>	<u>1,619,315</u>	<u>118,652</u>	<u>1,737,967</u>	<u>1,573,377</u>		